MERIDIAN MUN 2021

WHO

BACKGROUND GUIDE

Discussion on the Northern Ethiopian Crisis with special emphasis on the Health Disparities in the Region

WORLD HEALTH ORGANISATION

Message from the Executive Board:

Greetings Delegates!

We feel privileged and honored to welcome you all to the World Health Organisation at Meridian MUN 2021. We are looking forward to working with you all and ensuring a constructive debate. We hope that this simulation proves fruitful to you and you take something valuable back from it. This MUN aims at giving you a better and thorough insight into the working and functioning of the UN and its sub-committees.

We also hope that by the end of the MUN you will have a better understanding of the MUN procedures, rules and objectives of the WHO and that you will be willing to participate in more such MUNs. We have designed a Background Guide for you to start off your research process. The Background Guide is a major resource for you but should not provide a hindrance to your external research. The Background Guide will help you get familiar with the agenda and its background but for the committee to progress as a delegate, you must carry forward external research. The Background Guide will provide you with the guiding questions for your external research and background research on your portfolio.

We urge all members of the committee to take the time to read the background guide and use it as a starting point for their research.

We urge every delegate to come to the conference with an open mind, ready to meet and work with new people, and actively participate in the debate in the committee, argue solutions and problems and help form a thorough and effective resolution.

The Executive Board looks forward to your presence at Meridian MUN 2021.

Happy MUNning and Researching!

Regards,

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About the World Health Organization:

In the 1800s, markedly increased trade and travel with the East led to outbreaks of cholera and other epidemic diseases in Europe. In response to cholera epidemics in 1830 and 1847, which killed tens of thousands in Europe, the first International Sanitary Conference was convened in Paris in 1851. At the time, the cause of cholera was unknown and due to political differences little was accomplished at this or the next several meetings. Nonetheless, the conferences were the first attempt at establishing a mechanism for international cooperation for disease prevention and control. The effort finally paid off with the adoption in 1892 of the International Sanitary Convention for the control of cholera and 5 years later with a Convention that addressed control of the plague. In the Americas, the forerunner of the Pan American Health Organisation (PAHO), the International Sanitary Bureau, was established in 1902, making PAHO the oldest international health agency in the world.

In Europe, L'Office International d'Hygiene Publique was established in 1907, and in 1919 the League of Nations established the Health Organisation of the League of Nations in Geneva. In 1926, the International Sanitary Convention was revised to include provisions against smallpox and typhus. The last International Sanitary Conference was held in Paris in 1938 on the eve of World War II. Immediately after World War II, in 1945, the UN Conference on International Organisations in San Francisco voted to establish a new international health organisation and a year later the International Health Conference in New York approved the Constitution of the World Health Organisation. Between 1946 and 1948 an Interim Commission, with 18 states, took over the work of L'Office International d'Hygiene Publique, the Health Organisation of the League of Nations, and the Health Division of the UN Relief and Rehabilitation Administration. In 1948, the WHO Constitution obtained enough

signatures to bring it into force. The Pan American Health Organisation became one of WHO's six regional organisations. The First World Health Assembly met in Geneva in the summer of 1948 and established as priorities for the organisation: malaria, tuberculosis, venereal diseases, maternal and child health, sanitary engineering, and nutrition. The organisation had a budget of US$5 million in 1948. In addition, the Organisation was involved in wide-ranging disease prevention and control efforts including mass campaigns against yaws, endemic syphilis, leprosy, and trachoma.

Examples of WHO activities over the years Doctors parade dummy representing cholera, by Heath, 1832 Smallpox eradication In 1958, the USSR proposed a WHO-led smallpox eradication programme. By 1977, the last confirmed case of smallpox was identified in Somalia. In 1980, the Global Commission for Certification of Smallpox Eradication recommends a halt to routine smallpox vaccination.

Disease control and eradication In the 1960s WHO promoted mass campaigns against yaws, endemic syphilis, leprosy, and trachoma and helped control a major cholera pandemic in Asia and the Western Pacific and the large epidemic of yellow fever in Africa.

Family planning In 1970, WHO launched its Expanded Programme of Research, Development, and Research Training in Human Reproduction, which was to focus on fertility regulation and birth-control methods.

Childhood immunisation In 1974, WHO launched its Expanded Programme on Immunization, which aimed to vaccinate children worldwide against diphtheria, pertussis, tetanus, measles, poliomyelitis, and tuberculosis. This goal remains unachieved but is now being pursued by the Global Alliance for Vaccines and Immunisation.

Alma-Ata In 1978, WHO adopted the Declaration of Alma-Ata, calling on all governments to make high-quality primary health care an essential feature of their national health systems. Following this declaration, in 1981 WHO adopted a global strategy for achieving health for all by 2000. The key to achieving this goal was to make primary health care the "central function and main focus of the country's health system".

Maternal morbidity In 1987, WHO launched the Safe Motherhood Initiative, which aimed to reduce maternal morbidity and mortality by 50% by the year 2000. The initiative did not succeed and maternal health continues to be a major focus of WHO efforts.

Polio eradication In 1988, WHO formulated an ambitious plan to achieve global eradication of poliomyelitis by 2000. This goal was not met, but efforts continue with the goal of polio eradication by 2005.

Diseases of lifestyle In the 1990s, growing awareness of the threat of "lifestyle" diseases, such as cardiovascular disease, cancer, and diabetes led WHO to launch programmes promoting healthy living and tobacco-free societies.

Environment and health Following the 1992 UN Conference on Environment and Development (the "Earth Summit") in Rio de Janeiro, WHO launched initiatives addressing the health hazards posed to environmental degradation.

UNAIDS In 1993, the WHO initiated the joint UN programme on HIV/AIDS replacing WHO's Global Programme on AIDS. WHO works worldwide to promote health, keep the world safe, and serve the vulnerable. Its goal is to ensure that a billion more people have universal health coverage, to protect a billion more

people from health emergencies, and provide a further billion people with better health and well-being.

For Universal Health Coverage :

- focus on primary health care to improve access to quality essential services
- work towards sustainable financing and financial protection
- improve access to essential medicines and health products
- train the health workforce and advise on labour policies
- support people's participation in national health policies
- improve monitoring, data and information.

For Health Emergencies :

- prepare for emergencies by identifying, mitigating and managing risks
- prevent emergencies and support development of tools necessary during outbreaks
- detect and respond to acute health emergencies
- support delivery of essential health services in fragile settings.

For Health and Well-being :

- address social determinants
- promote intersectoral approaches for health
- prioritize health in all policies and healthy settings.

Through our work, we address:

- human capital across the life-course
- noncommunicable diseases prevention
- mental health promotion
- climate change in small island developing states
- antimicrobial resistance
- elimination and eradication of high-impact communicable diseases.

Preamble of the WHO's Constitution:

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

- The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

- Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.

- Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.
- The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.

- Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

- Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.
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Keep in mind that by early June, there were already 350,000 people facing starvation in Tigray. Four million people, 70 percent of the population, needed food aid. After the government's unilateral ceasefire declaration, humanitarian workers said that roads, notably through the neighboring Amhara region, were blocked off. On July 1 a bridge you have to cross to enter central Tigray was destroyed and a convoy of 29 trucks carrying food aid was forced to turn back. One aid convoy made it into Tigray two weeks ago, but another was attacked ten days ago in the Afar region. Another convoy is currently blocked in Afar awaiting government clearance.

Humanitarian workers have been largely unable to bring in food and medical supplies. The UN World Food Program (WFP) warned earlier this week that their supplies in Tigray are within days of running out.

To make matters worse, humanitarian workers have been threatened and attacked. Since the conflict began, 12 aid workers have been killed, including three Médecins sans Frontières (Doctors without Borders) staff killed in late June. Ethiopian defense forces entered and raided UNICEF offices in late June, dismantling critical

communication equipment. Warring parties, notably Eritrean government forces, have deliberately attacked and occupied medical facilities. Over the last three weeks, social media influencers have repeatedly made false online claims against aid workers, putting them at greater risk.

Why is food aid necessary?

Ethiopian troops and their allies from Eritrea and the Amhara region have looted and burned crops, and attacked factories and infrastructure. This war started during harvesting season. We interviewed Tigrayans who fled to Sudan who reported that farming equipment and crops were burned and their harvest and livestock looted, notably by Amhara and Eritrean forces.

For months, people were also just too scared to move, given the risks they faced.

Disadvantages of the Ethiopian federal government's communication restriction:

The internet has been cut off since the beginning of the conflict. No phone service makes it difficult for people to receive key information, like which areas may be safe, or where to go if they need medical help.

People also can't get information about family and friends.

It also makes it incredibly difficult for humanitarian workers to help people, and to make decisions around security or to assess a community's needs. And it hinders the ability of journalists and human rights groups like ours to collect information and report on unfolding abuses.

Damage to Medical Facilities:

Health facilities across Ethiopia's Tigray region have been looted, vandalised and destroyed in a deliberate and widespread attack on healthcare, according to teams from Médecins Sans Frontières (MSF). Of 106 health facilities visited by MSF teams between mid-December 2020 and early March 2021, nearly 70% had been looted, and more than 30% had been damaged; just 13% were functioning normally.

In some health facilities across Tigray, the looting of health facilities continues, according to MSF teams. While some looting may have been opportunistic, health facilities in most areas appear to have been deliberately vandalised to make them non-functional. In many health centres, such as in Debre Abay and May Kuhli in North-West Tigray, teams found destroyed equipment, smashed doors and windows, and medicine and patient files scattered across floors.

Lack of Sanitation:

In Ethiopia, 60 to 80 percent of communicable diseases are attributed to limited access to safe water and inadequate sanitation and hygiene services. In addition, an estimated 50 percent of the consequences of undernutrition are caused by environmental factors that include poor hygiene and lack of access to water supply and sanitation. There are strong links between sanitation and stunting, and open defecation can lead to fecal-oral diseases such as diarrhoea, which can cause and worsen malnutrition. Diarrhoea is the leading cause of under-five mortality in Ethiopia, accounting for 23 per cent of all under-five deaths – more than 70,000 children a year.

Regional and Cross-Border Dimensions

Article 99 of the UN Charter empowers the secretary-general with an explicit political responsibility to formally "bring to the attention of the Security Council any

matter which in his opinion may threaten the maintenance of international peace and security." The fighting in Tigray has also involved Eritrean forces that have been accused of serious atrocities.

Preliminary findings by the Office of the UN High Commissioner for Human Rights found grave violations committed by Eritrean forces in Axum and Dengelet. In March, Ethiopian Prime Minister Abiy Ahmed acknowledged that Eritrean troops had crossed into border areas. He said that Eritrea had agreed to withdraw its troops, but Eritrean troops have remained in Ethiopia. Available information indicates that the armed conflict continues. The conflict in Tigray has forced at least 70,000 people to flee into Sudan, led to the destruction of two refugee camps that hosted around 20,000 Eritrean refugees, and also exacerbated cross-border clashes with the Sudanese Armed Forces in eastern Sudan.

Conflict-Related Sexual Violence

In April 2021, the secretary-general's special representative on sexual violence in conflict, Pramila Patten, sounded the alarm, telling the Security Council that in Tigray "women and girls are being subjected to sexual violence with a level of cruelty beyond comprehension." She said that healthcare workers were documenting new cases of rape and gang rape daily. OCHA reported at least 504 cases of gender-based violence, including rape, in May 2021, including 69 cases against girls under 18, and 129 cases during the first week of June 2021 alone. Survivors and service providers have also reported their fear of reprisals and attacks on the limited shelters and clinics still in operation.

Further Reference and Research

https://reports.unocha.org/en/country/ethiopia

The constitution can be found at:

https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua= 1

The WHO Framework for Health System Performance Assessment can be found at:

https://www.who.int/healthinfo/paper0