Chapter V.
The World Health Assembly

Introduction to the World Health Assembly

In keeping with the tradition of presenting a unique simulation of a United Nations body or affiliated organization, AMUN 2003 will simulate the World Health Assembly (WHA). Participation will be voluntary and open to one representative from any delegation attending AMUN. WHA will meet for all four days of the Conference.

Before delving into the substantive issues, representatives should understand why this Assembly is distinctive. In the tradition of AMUN special simulations, WHA will give participants a diverse, more challenging atmosphere in which to use their skills of diplomacy, research and analysis. The topics to be discussed are detailed, and will require careful preparation prior to conference. In order to participate fully in the simulation, it will be imperative that representatives have a working knowledge of the structure and mission of WHA and the World Health Organization (WHO), the relevant policies of the Member State they represent, and an awareness of health and human rights issues worldwide. While the range of subject matter before WHA may seem daunting, significant work on the topics of discussion is nonetheless achievable with thoughtful preparation.

About WHA

The WHO, the UN specialized agency for health, was established on 7 April 1948. WHO's objective, as set out in its constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The WHA is the annual meeting of the WHO's 192 Member States. Its primary function is to determine the policies of WHO. It similarly considers reports of the Executive Board, which it instructs concerning matters upon which further action, study, investigation, or report may be required. The WHA also appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the proposed program budget. The 56th WHA was held from 19-28 May 2003 in Geneva, Switzerland.

The Simulation

During the 2003 AMUN Conference the simulation of the WHA will be a special session. As mentioned before, a regular session involves many issues encompassing all regions of the world and discussed in detail over nine days. For the purposes of facilitating a simulation in four days, the special session will focus on four issues: the protection of medical missions in armed conflict; the Southern Africa humanitarian crisis; Severe Acute Respiratory Syndrome (SARS); and transparency in tobacco control. WHA will also present a report, including their resolution of each of the four issues, to the General Assembly Plenary session during the last session of the Conference.

Preparation

As a foundation for subsequent research, representatives should familiarize themselves not only with foundation documents, such as the UN Charter and WHO supporting documents, but also the 2002 reports from the WHA and the UN's Millennium Declaration. Careful review of these topic overviews and bibliographies will provide some assistance in this regard. It should be noted however that the topic overviews should not serve as the terminal point for research efforts but only as the beginning.

Background Research

Protection of Medical Missions During Armed Conflict

Bound by the dual philosophies of "first, do no harm" and neutrality or impartiality, the role of medical personnel in armed conflict is complex. Medical personnel, whether permanent or temporary, official or volunteer, are classified as non-combatants and as such are afforded protected status from attack. However, they are not afforded the same protections provided to POWs. In return, medical missions (including military medics, hospitals, and humanitarian medical groups) have the responsibility to treat all parties involved in armed conflict. Recently, attacks on medical missions and violations of medical neutrality have increased. These attacks and violations include actions such as: directly attacking protected medical personnel or sites, preventing or inhibiting civilians from receiving medical care, preventing or inhibiting the transport of wounded persons or medical supplies, or preventing medical personnel from treating certain persons.

Medical personnel, their guard attachments, and humanitarian personnel providing medical assistance are entitled to special protections under the 1949 Geneva Conventions and the

1977 Protocols Additional to the Geneva Conventions. There are only two recognized emblems that can be displayed on medical personnel and installations in order to claim protected status, which are the Red Cross and the Red Crescent on a white background. In light of increasing attacks and violations, WHO, through its policy making body, WHA issued a resolution during its 55th session (WHA55.13) in 2002. The resolution calls for full adherence to the applicable rules of International Humanitarian Law (IHL), for all states to condemn all attacks on health personnel, for all organizations involved to promote the safety of health officials, and to increase cooperation with other UN bodies in hopes of stemming the increased incidence of attacks on medical personnel.

Currently, WHO and other international organizations are focused on lessening the impact of armed conflict on health services in specific conflicts. Because armed conflict is so prevalent and widespread in the world, it has been difficult to launch a concentrated, direct campaign at reducing attacks on medical missions and violations of medical neutrality. The issues involved in protecting medical missions and personnel are tightly linked to issues regarding civilian protection, the use of children in armed conflict, and the status of non-combatants in armed conflict.

One challenge that faces WHO and other international organizations interested in these issues is that the line between combatants and non-combatants is constantly being blurred as interstate conflict becomes less common. The role of paramilitary groups and underground fighters who are not technically bound by acknowledged IHL will be at the forefront of future discussions. Similarly, questions of military strategy and tactics come into play. For example, some groups have argued that attacks on medical installations are militarily justifiable when there is evidence that medical personnel are involved in military activities. There is growing evidence of breaches of rules governing the use of protected emblems (i.e. using the emblem to transport military supplies or attacking military targets from protected vehicles). Future discussions regarding the protection of medical missions in armed conflict are most likely to revolve around enforcement of existing conventions and rules.

Questions to consider from your government's perspective on this issue include:

- How does your country feel about expanding the number of "protected emblems" identified by the conventions to recognize other religious or cultural traditions? For example, the red Star of David, or the Green Cross.
- How can medical neutrality be preserved in times of armed conflict, especially regarding civilian facilities such as hospitals, ambulance services, and medical personnel?
- Are enforcement mechanisms available at the international and national level robust enough to deal with breaches of the protected status for medical personnel and transport?
- Does your country identify any differences between military and civilian medical personnel and facilities?
- What types of awareness campaigns can be used to inform civilians and paramilitary and underground fighters on the role of medical personnel?

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Severe Acute Respiratory Syndrome (SARS)

As the first major emerging infectious disease of the 21st century, SARS presents a unique challenge to the global health community. The virus highlights the potential dangers uncontrolled viruses pose to global health. The distinctive nature of viruses presents a twofold challenge to the international community: controlling the spread of the virus while at the same time honoring the sovereignty of afflicted Member States.

The first documented appearance of SARS was in China in November 2002. However, it was not until February 2003 that the Chinese government announced to the global community the presence of the virus within its borders. In March, WHO issued an emergency travel advisory cautioning airline employees to watch for travelers with pneumonia-like symptoms in addition to issuing a heightened global health alert. In April, a WHO-sponsored team of infectious disease experts traveled to the Guangdong province of China to investigate the origins of the outbreak. By April, WHO issued a travel alert restricting all non-essential travel to Guangdong province and Hong Kong. Shortly thereafter, Toronto and Beijing were added to the alert. As of May 2003, over 8,000 confirmed cases of the SARS virus have been reported to WHO.

While SARS is a newly identified virus, WHO has long been aware of the dangers communicable diseases pose to international health. The International Health Regulations (IHR), which were adopted in 1969 and revised in 1971, deal with the reporting and containment of infectious diseases. The IHR serve as the framework for WHO's outbreak alert and response activities. The regulations as they currently stand only require

mandatory reporting of plague, cholera and yellow fever. Partly in response to the SARS outbreak but also in line with ongoing efforts to update the current IHR, the 56th WHA adopted Resolution WHA56.29 which broadened WHO's authority to verify outbreaks by official and unofficial sources. The resolution also gave the WHO the authority, if required, to conduct site investigations to determine the scope of the outbreak. In addition, the WHA passed a resolution calling for the final revisions of the IHR to be prepared for adoption in 2005 at the 58th WHA. These revisions would help to strengthen WHO's authority in monitoring diseases across borders and expand the list of diseases, whose reporting is mandatory.

WHO has focused on effective outbreak monitoring and control. After being alerted to the presence of SARS in China, WHO had two different monitoring systems, the Global Outbreak Alert and Response Network and Global Influenza Network in place to begin international monitoring of the disease as well as to serve as frameworks for an adapted SARS monitoring system. Through this system, epidemiologists were able to establish that the virus was spread from China via international air travel and the subsequent alerts that followed helped to halt the spread of the virus in countries with imported cases of the virus (A/56/48, 17 May 2003). The SARS network also allowed scientists from all over the world to collaborate, leading to the swift identification of the virus; a new form of coronavirus.

Although WHO was not caught unprepared by the sudden appearance of SARS, the sudden emergence of this virus illustrated that the system already in place had weaknesses. In particular, it became clear that many public health systems do not have the resources necessary to handle the influx of patients had SARS developed to pandemic status. In order for WHO to be successful in disease control, future measures that are brought about to contain newly emerging diseases should be flexible in order to adapt to rapidly changing conditions.

Questions to consider from your government's perspective on this issue include:

- What is your government's position on the reporting of communicable diseases, other than plague, cholera and yellow fever?
- What is your government's position on WHO site inspection? How much access should be allowed?
- What should be considered essential travel? What actions should be taken to offset the negative effects travel advisories can have on trade, tourism and other economic activities?
- In addition to the revision to the IHR, what other long-term measures should WHO consider to combat the spread of infectious diseases?

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www.cdc.gov/ncidod/sars/, Centers for Disease Control and Prevention SARS site

my.webmd.com/content/article/63/72068.htm, WebMD SARS: Timeline of the outbreak

www.health.library.mcgill.ca/resource/sars.htm, Severe Acute Respiratory Syndrome (SARS) Resources-McGill University Health Sciences Library and Osler Library of the History of Medicine

SOUTHERN AFRICA HUMANITARIAN CRISIS

In Southern Africa alone, approximately 4.2 million adults are infected with HIV, and the infant mortality rate is expected to double by 2010 as a result of HIV/AIDS. 1.6 million people in the Southern African region are in urgent need of food aid and other humanitarian assistance, including the control of epidemics (HIV/AIDS), immunizations, management of essential drugs and medical supplies. The region is currently experiencing a number of interrelated crises that have resulted in an extreme humanitarian crisis. These devastating crises in-

clude: a shortage of food, the HIV/AIDS epidemic, the rampant spread of other communicable and preventable diseases, water safety, a lack of immunizations, and rising infant mortality rates. There is also a serious funding emergency among the various UN agencies, NGOs and other national and regional institutions that are attempting to responded to these and other serious issues. These challenges have prevented and/or set back the region's capability to modernize and develop. James Morris, the UN Secretary-General's Special Envoy for Humanitarian Needs in Southern Africa, proclaims that the "humanitarian crisis is not only devastatingly real, it is also worsening faster than was originally projected. This crisis must be an absolute top priority for the international community."

Considering the complexity of these concerns, the WHA has teamed up with various UN agencies, NGOs, and Member States in mobilizing the necessary logistical and financial resources to mitigate the effects of malnutrition and famine, increasing chronic poverty, the spread of communicable diseases, in particular HIV/AIDS, natural disasters, armed conflict, corruption and weak governance. These issues are not independent of each other, rather they are compounded considering the prevalence of corruption and the lack of sustainable development and security in the region. Despite this, the importance of social and economic rehabilitation measures through assistance programs, emergency humanitarian deployments, and recovery plans are necessary and vital to the region's development now and into the future. In particular, WHO's role is and continues to be predominantly in the development of assistance programs in assessing the health needs of those affected by emergencies and disaster, providing health information and assisting in coordination and planning. Emergency programs are also conducted in areas such as nutritional and epidemiological surveillance. At its 55th session in May 2002, the WHA specifically committed much of WHO's work toward addressing the numerous health and development issues facing Southern Africa (A/55/1 Rev.1, 13 May 2002).

The international community continues to work with WHO as well as the Food and Agriculture Organization (FAO), the World Food Programme (WFP), and various other UN agencies to provide multi-sectoral response mechanisms to this multi-causal crisis. There is a need to strengthen the importance of human rights issues as well as the health, economic, and social sector capacity in order to: a) absorb and manage resources; b) improve planning, prioritization, development of human resources, program management, integration and implementation of key interventions, mobilization of NGOs, and assurance of service quality; and c) support research as part of national responses. Humanitarian missions play a fundamental role in enabling the region to respond to food, health, security, and social insecurities while providing the people with a means to recover and engage into establishing sustainable development.

However, in addition to other regional problems, the plight of HIV/AIDS creates an urgency that warrants immediate action to educate, prevent, and contain the spread of this lethal virus. Moreover, WHO's role in addressing and alleviating the severity of HIV/AIDS on the African continent is related to its status as a cosponsor of the Joint UN Programme on HIV/AIDS (UNAIDS) and in ensuring that the Declaration of Commitment on HIV/AIDS of the GA Special Session on HIV/AIDS (June 2001) is adhered to, and expanded upon. Additionally, in an effort to address specifically the serious infectious disease crises threatening Southern Africa, the UN established the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Global Fund, with representatives from donor nations, developing countries, NGOs and other entities, is championed by UN Secretary-General Kofi Annan and responds to Consolidated Appeals (CAP) from affected countries. As of April 2003, the Fund had forwarded 145 proposals to its Technical Panel for review, and the Fund's Secretariat is currently working on the arrangements through which successful applicants may receive money from the Fund.

In November 2002, the UN Regional Inter-Agency Coordination and Support Office (RIACSO), with UNAIDS, met in Johannesburg to discuss the crises. The "Meeting Report of the Consultation on HIV/AIDS and the Southern African Humanitarian Crisis" shows the joint work of the UN System, NGOs, governments, and the private sector in tackling these issues. With an overall concentration on the support of the affected states, the inter-agency report focused on information and advocacy, education and protection, health and water sanitation, coordination, preparedness and resource mobilization, and assessment, surveillance, and monitoring. While this meeting produced a clear and specific plan to help alleviate the crisis, it also pointed to key issues -- such as education and funding -- that must be dealt with before real mitigation of the humanitarian crisis. Although this meeting only addressed one of the major problems, its work signified the importance the international community has placed on alleviating the Southern Africa humanitarian crisis.

Finally, as the effects of the humanitarian crisis touch the citizens of the region in numerous capacities, the Secretary-General, speaking through his spokesman in November 2002, again drew attention to the situation. "The Secretary-General expresses his grave concern about the humanitarian crisis in Southern Africa. He appeals to the international community to continue to provide additional assistance." This call from the Secretary General is a reminder to the whole of the international community as to the importance of this problem.

Questions to consider from your government's perspective in this issue include:

- How can the international community better respond to the humanitarian crisis in Southern Africa?
- What current initiatives does your country support to enhance the humanitarian response in Southern Africa?
- Should WHO convene similar meetings like the UNAIDS "Meeting Report of the Consultation on HIV/AIDS and the Southern African Humanitarian Crisis" to address the other major issues affecting the region?
- What possible innovative approaches are available to the international community to address this crisis?

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Transparency in Tobacco Control

Why is reducing the use of tobacco a global priority? Tobacco is becoming one of the single biggest causes of death worldwide. Today, the global tobacco pandemic kills 4.9 million people a year. By 2030 it is expected to kill ten million people per year; half aged 35-69. The epidemic is increasingly affecting developing countries, where most of the world's smokers, 82% or 950 million, live. Close to half of all men in low-income countries smoke daily and this figure is on the rise. For example, smoking prevalence among Chinese men increased from 40% in the 1950s to 63% in 1996 (Chinese Academy of Preventive Medicine 1996). Women's smoking rates are also increasing fast. By 2030, developing countries will account for 70% of all tobacco deaths worldwide. In addition, there are the health and cost issues of second-hand smoke. Many deaths and much disease could be prevented by reducing the prevalence of tobacco use.

Given the economic and social need for reduction in tobacco consumption, the Transparency in Tobacco Control Process was adopted at the 54th WHA in May 2001 and the Framework Convention on Tobacco Control (FCTC) was adopted by the Member States of WHO in May 2003. WHO has also taken other measures and initiatives, including World No Tobacco Day. advocacy campaigns that target youth and adolescents, the promotion of world sporting events that are tobacco free, and the dissemination of research that underscores tobacco's harmful effects on human well-being as well as the social, economic, and political rationale for reducing the consumption of tobacco products.

Despite the adoption of the Tobacco Control Process, tobacco industry documents show that tobacco companies have enjoyed access to key government officials and succeeded in weakening or killing tobacco control legislation in a number of countries. "We have found shocking evidence that tobacco companies have been operating to undermine WHO and global tobacco control," noted Professor Thomas Zeltner, Director of the Swiss Federal Office of Public Health, Switzerland, and chair of the WHO expert committee that investigated the tobacco companies. "We have no reason to believe that they have changed their ways now. Governments need to be aware of their intentions and be vigilant when it comes to protecting public health," he added.

The tobacco industry has also had direct information on smuggling networks and markets and actively sought to increase their share of the illegal market by structuring market-

ing campaigns and distribution routes around them. The investigations of WHO and Member States also consistently point to the discrepancy between the measures that tobacco companies internally recognize to be the greatest threats to their sales, and those that they champion in public. For example, companies publicly deny the connection between smoking prevalence and tobacco advertising, but internally acknowledge that advertising bans are a threat to tobacco sales. Companies constantly insist that they do not market to young people while internal documents clearly demonstrate otherwise.

Nevertheless, many countries have delayed taking concerted action to reduce tobacco consumption out of concern that their economies will suffer. Policymakers believe that taking effective action to reduce tobacco consumption will mean the permanent loss of thousands of jobs in the farming and manufacturing sectors, and they fear that higher tobacco taxes will result in lower government revenues, that higher prices will encourage massive levels of cigarette smuggling, and that higher prices will disproportionately harm the poor. In addition, the tobacco industry can be fairly persuasive in discouraging nations from enacting innovative tobacco control polities when tobacco issues become ensnared in international trade disputes. Tobacco companies have virtually unlimited funds available to bring international trade actions designed to thwart effective tobacco control measures, and have shown a willingness to do so if given the opportunity.

The debate over tobacco control covers a broad range of topics, focusing particularly on: challenges of tobacco control in developing countries; relationships between tobacco consumption, poverty and health; issues concerning major tobacco-exporting countries; tobacco taxation; and the behavior of tobacco companies. Often, the central issue for a number of developing countries is the economic impacts a global tobacco control regime would have on their current economic well-being. However, a landmark 1999 report by the World Bank, Curbing the Epidemic, addressed many of the concerns expressed by developing countries. A senior economist at the World Bank noted that rising morbidity, health-related expenses and losses in productivity associated with increased tobacco use, particularly in developing countries, were in fact having a greater impact on the overall economic outlook of many of the countries in question. The World Bank concluded that it did not make good economic sense to lend money for tobacco projects, but it did make sense to lend for anti-tobacco activities in health-related projects.

Questions to consider from your government's perspective on this issue include:

- Has your country adopted the FCTC and what actions has your country taken to control the use of tobacco?
- What pressure is put on your government by the tobacco industry?
- What influence on the tobacco industry can your country have?
- What role can multilateral institutions play in monitoring and controling the use of tobacco under the FCTC?

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