



SPRIMUN

SCIENCES PO RENNES INTERNATIONAL
MODEL UNITED NATIONS

STUDY GUIDE

WORLD HEALTH
ORGANIZATION

FOREWORDS

Distinguished delegates,

On the behalf of the 2022 organizing team, it is a pleasure to welcome you in Rennes for SPRIMUN. Along with the two chairs of this committee, Pierrick Pourcher and Anne-Christine Bordes, we hope that those three days of diplomacy will be full of success for you.

But most importantly, welcome to the World Health Organization Council, dear delegates, place of the harshest and strongest negotiations. You are reunited here to take decisions that could change the world's stability for ever.

The two topics you'll have to address require a high level of diplomacy; both are extremely challenging. A very careful preparation is needed not to bump into one of the many obstacles they present. Only keep one thing in mind: a resolution must be found!

Pierrick and Anne-Christine have done an important work on this study guide, which gives you the opportunity to be perfectly ready for the conference. It gives you an overview of the main issues concerning the two topics and orients your researches in order to settle your country's position. Your position paper, and later, your speeches will have to reflect the information that you have been provided here.

To be successful in the committee and maybe even win awards, a careful preparation is needed, and includes a specific attention to this study guide. Two points are important in a MUN: your ability to represent the position of your designed country and, at the same time, your ability to work around this position in order to reach a fruitful compromise in the adopted resolution. Please keep in mind that it is strictly forbidden to bring already written draft resolutions to the conference, as all the working papers and draft resolutions should be only developed during SPRIMUN, not before.

Should you have any inquiry regarding the preparation of the conference, do not hesitate to contact us. We will do our best to make sure you live a great experience!

We wish you good luck in your preparation.

Best regards,

Flora Dano & Manon Delahaye
SPRIMUN 2022 Committees and Delegates Managers

Dear delegates,

Currently in 2nd year of FISP (a dual INSA Rennes / Sciences Po Rennes diploma), I have not chosen a Master's degree yet but I'm definitively interested by the ones that are more international focused.

I was lucky enough to have a MUN club in my High School, I joined it mostly by chance in late 2018, that's how I was introduced to this fascinating activity.

I participated to several conferences in France and abroad, culminating with TOUMUN II, in January 2020, for which I was elected Debate Coordinator (basically a mix between HR and assistant secretary-general).



After that I spent 2 years without any MUN activity due to the Covid-19 pandemic and a lack of time. I am therefore very glad to have the opportunity to once again participate to such an interesting and enlightening event. It will be my first time as a chair in a real MUN conference, I know how important this role is and I'm really looking forward to it.

Looking forward to see you in Rennes !

Pierrick Pourcher



Hello everyone.

My name is Anne-Christine but I go by Annie. I'm majoring in International relations and am from Boston, Massachusetts.

I recently studied abroad in South Korea and am currently doing an exchange program here at Sciences Po. I have been a member of the student government, French club and MUN at my home university.

I cannot wait to participate in SPRIMUN 2022 with you all in the WHO committee!

Kind regards,

Annie Bordes

How to use this study guide:

This document is not an exhaustive guide of the issues that will be raised regarding your committee's topics. The study guide provides guidelines and references to help the delegates in doing their own research on the issues.

WORLD HEALTH ORGANIZATION OVERVIEW

The World Health Organization (WHO) is the specialized agency of the United Nations concerned with health on an international level. Founded in 1948, its constitution listed several objectives. It defines health as "a state of complete physical and social well-being, and not merely the absence of disease or infirmity", and states that every human being has a fundamental right to enjoy the highest attainable standards of health, beyond distinction of race, religion, political belief, economic or social condition.

The health of all peoples is considered fundamental to the attainment of peace and security and depends upon the fullest cooperation of individuals and States. Achievements in the promotion and protection of health in any State is of value to all, due to the high interconnexion between members of the international community.

The WHO defined major specific aims which are:

- to strengthen the health services of member nations, improving the teaching standards in medicine and allied professions, advising and helping generally in the field of health.
- to promote better standards for nutrition, housing, recreation, sanitation, economic and working conditions.
- to improve maternal and child health and welfare.
- to advance progress in the field of mental health.
- to encourage and conduct research on problems of public health.

The WHO acts as a directing and coordinating authority on international health, and serves as a center for all types of global and health information. It promotes uniform guarantee standards and international sanitary regulations, provides advisory services in the control of diseases with public health experts, and sets up international standards regarding all important drugs.

TOPIC A: THE VACCINATION ISSUE DURING A PANDEMIC SITUATION

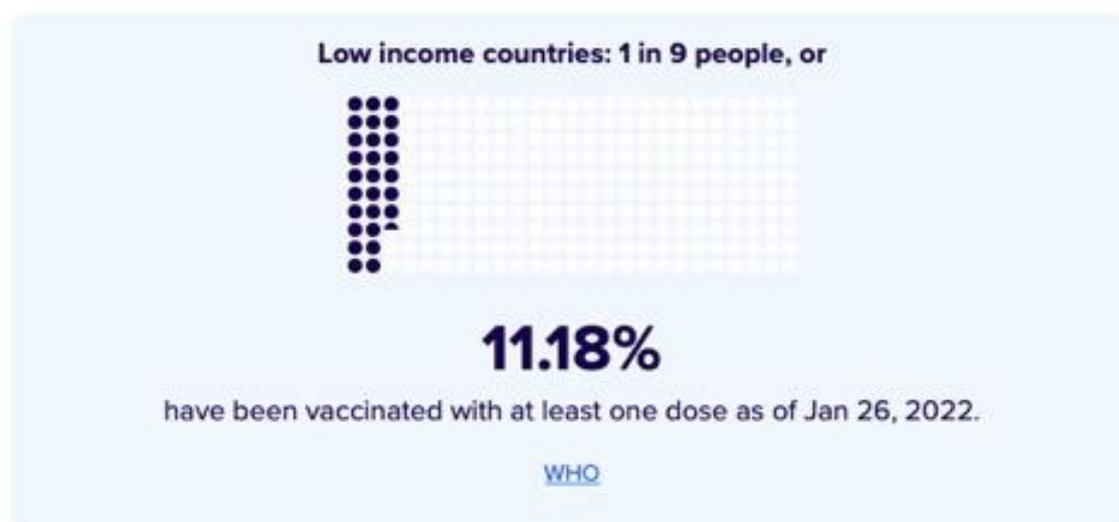
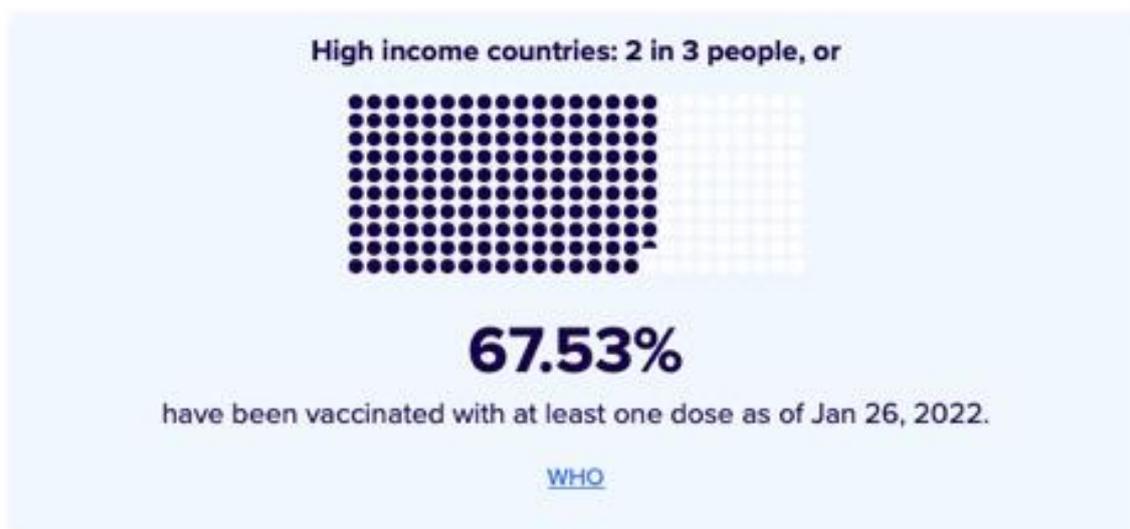
INTRODUCTION TO THE TOPIC

The fastest way to end the pandemic is to ensure vaccines are available to everyone, everywhere. Vaccines save millions of lives each year. Vaccines work by training and preparing the body's natural defenses – the immune system – to recognize and fight off the viruses and bacteria they target. After vaccination, if the body is later exposed to those disease-causing germs, the body is immediately ready to destroy them, preventing illness.

But the virus is moving faster than the global distribution of vaccines. The vast majority have been administered in high- and upper-middle-income countries. If these doses had been distributed equitably, they would have been enough to cover all health workers and older people globally. Most of the vaccine doses produced are still being bought up by countries making deals directly with pharmaceutical companies for their populations. Countries and regions with the highest incomes are getting vaccinated about 25 times faster than those with the lowest. The global failure to share vaccines equitably is taking its toll on some of the world's poorest and most vulnerable people.

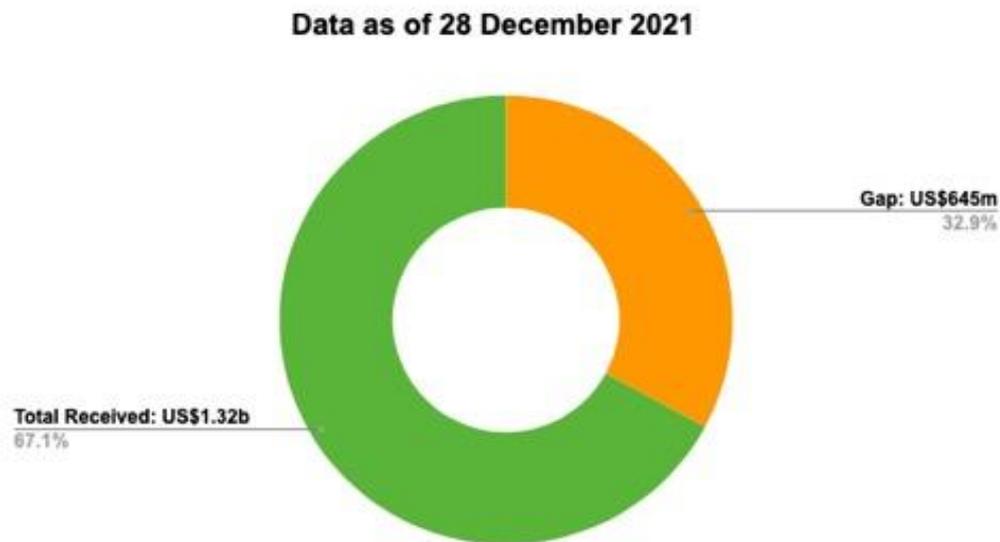
New variants of concern mean that the risks of infection have increased in all countries for people who are not yet protected by vaccination. Variants have the potential to make current treatments and vaccines less effective. We have already seen that some of these variants may reduce the efficacy of Covid-19 vaccines. Suppressing the spread of the virus and existing variants is essential to reduce the number of new variants emerging, some of which may have potential to evade existing vaccines. Therefore, vaccines have become a form of geopolitical soft power, which exacerbates or redesigns the influence of the US, Europe, China and Russia.

Covid 19 vaccination access between high income and low income countries



Source : Global Dashboard fo Vaccine Equity

Contributions for WHO for Covid-19 appeal¹



Source: WHO

ADDRESSING COVID-19 VACCINE MISINFORMATION AND DISINFORMATION

Definitions : Misinformation is false information shared by people who do not intend to mislead others Disinformation is false information deliberately created and disseminated with malicious intent Both misinformation and disinformation can affect vaccine confidence and vaccination rates. Most misinformation and disinformation that has circulated about COVID-19 vaccines has focused on vaccine development, safety, and effectiveness, as well as COVID-19 denialism. Vaccine hesitancy is a key driver of under-vaccination. While vaccine hesitancy is as old as vaccination itself the nature of the challenge changes over time. Digital communication, and social media in particular, catalyze the rapid spread of false information, threatening public health. In 2019, the WHO named ‘vaccine hesitancy’ among the Top 10 threats to global health, citing its potential to undermine global efforts to eradicate polio, eliminate measles and contain

1 List of contributors : <https://app.powerbi.com/view?r=eyJrIjoibmNTRkMWEtNmZjMS00NzdjLWVhZGQwIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCI6ImMiOih9>

cervical cancer. The novel SARS-Cov-2 virus has triggered two parallel pandemics: a biological one which has spread to every country in the world, and a social pandemic of misinformation – an infodemic - spreading across social networks. Vaccines have been sucked into this vortex of confusing information which ranges from the innocently misleading to the intentionally deceiving. Vaccine-critical messaging increased more than 2-fold compared to pre-COVID-19 levels, with 4.5 billion views of content spreading vaccine misinformation in just the United States alone between March-July 2020.

This infodemic threatens to augment vaccine hesitancy, which in turn could impact routine immunization programs, complicate new vaccine introductions (including SARS-CoV-2 and nOPV2 vaccines) and erode public trust in public health. Vaccine disinformation campaigns have been employed for political purposes. « Weaponized health information » that focused on vaccines was disseminated by some state's actors using bots and trolls in an attempt to promote social discord and polarization.

IMPACT OF VACCINE NATIONALISM ON THE ECONOMY

COVID-19 vaccine inequity will have a lasting and profound impact on socio-economic recovery in low- and lower-middle income countries without urgent action to boost supply, share vaccines and ensure they're accessible to everyone now. Impact of vaccine inequity on the labour market. Countries with high vaccination rates are gradually reopening while countries where vaccination rates are low are keeping lockdown measures in place, while struggling to reopen their economies.

This is particularly problematic for informal workers for whom extended lockdowns equate to job losses. A new study commissioned by the ICC Research Foundation has found that the global economy stands to lose as much as \$9.2 trillion if governments fail to ensure developing economy access to COVID-19 vaccines, as much as half of which would fall on advanced economies. Economic benefits of funding multilateral efforts to ensure equitable access to vaccines dwarf the costs. Advanced economies with international linkages have the most to gain from global collaboration on vaccine access and distribution.

The study shows a clear positive relationship between the economic cost of uneven vaccine distribution and trade linkages – the more open an economy is, the stronger the economic incentive it should have in ensuring trading partners have access to vaccines. Key advanced economies most impacted include many European countries (including Belgium, France, Germany, the Netherlands) Norway, Switzerland, the United Kingdom and the US, who might lose up to 3.9 percent of their GDPs relative to a world where all countries are vaccinated.

INITIATIVES

A lot of work is already being done by international organizations working together to ensure vaccines are available, accessible, appropriate and affordable for everyone. Global Dashboard for Vaccine Equity The Global Dashboard for Vaccine Equity combines the latest data on the global roll-out of COVID-19 vaccines with the most recent socio-economic information to illustrate why accelerating vaccine equity is not only critical to saving lives but also to driving a faster and fairer recovery from the pandemic with benefits for all. It provides new, actionable insights and possibilities for policy makers to dive into the implications of vaccine inequity for socio-economic recovery, jobs and welfare. Analyses can be generated and compared by country, region and globally, and organized per income group.

The Dashboard is a joint initiative of UNDP, WHO and the University of Oxford with cooperation across the UN system, anchored in the SDG 3 Global Action Plan for Healthy Lives and Well-being for All. COVAX COVAX is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi and WHO, alongside key delivery partner UNICEF. COVAX is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, which is a ground-breaking global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines What COVAX offers : Doses for at least 20% of countries' populations Diverse and actively managed portfolio of vaccines Vaccines delivered as soon as they are available End the acute phase of the pandemic Rebuild economies

African Vaccine Acquisition Trust (AVAT) AVAT was established by the African COVID-19 Vaccine Acquisition Task Team, set up in November 2020 under the African Union chairmanship of HE President Cyril Ramaphosa, President of the Republic of South Africa, as part of the African Union's COVID-19 Vaccine Development and Access Strategy, and its goal of vaccinating at least 60 per cent of the African population with safe and efficacious vaccines against COVID-19. UNHCR appeal for equitable access to COVID-19 vaccines for refugees On 7 April 2021, On World Health Day, the UN Refugee Agency called for concerted international action and solidarity to ensure equitable access to COVID-19 vaccinations, including for refugees and other forcibly displaced and stateless people. "The blatant imbalances observed in vaccine-sharing among States are counter-productive and shortsighted.

A 'my country first' approach just cannot work in a pandemic that knows no borders," said the UN High Commissioner for Refugees Filippo Grandi. Some 85 per cent of the world's refugees are hosted in low- and middle-income countries, which face financial challenges and fragile health systems.

These nations, which continue to generously host the bulk of refugees, need more support to address the urgent health needs both of their nationals and refugees, including with COVID-19 vaccines.

GUIDING QUESTIONS

- Is your country willing to cooperate on global vaccination?
- Is your country willing to cooperate on vaccines research?
- Should countries prioritize their own population for vaccination? Or it is counter-productive?
- What can be done to tackle and prevent misinformation and disinformation during a pandemic?
- Should vaccination be an obligation for citizens?
- What role can play the World Health Organization in strengthening cooperation on vaccines issue?
- Is the COVAX initiative an effective tool in order to fight inequalities in vaccines access?
- Are wealthiest countries providing enough material and financial support to less-wealthiest countries?

LINKS AND USEFUL SOURCES

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- <https://data.undp.org/vaccine-equity/>
- <https://www.unhcr.org/news/press/2021/4/606d56564/unhcr-calls-equitable-access-covid-19-vaccines-refugees.html?query=covid-19%20vaccin>
- <https://vaccinemisinformation.guide>
- <https://www.oecd-forum.org/posts/the-haves-and-have-nots-the-geopolitical-dilemma-of-covid-vaccine-equity>
- <https://www.wilsoncenter.org/blog-post/vaccine-diplomacy-latin-america>
- <https://www.worldbank.org/en/who-we-are/news/coronavirus-covid19/world-bank-support-for-country-access-to-covid-19-vaccines> <https://www.who.int/initiatives/act-accelerator/covax> <https://www.gavi.org/sites/default/files/covid/covax/COVAX-Dose-Donation-Table.pdf>
- <https://iccwbo.org/media-wall/news-speeches/study-shows-vaccine-nationalism-could-cost-rich-countries-us4-5-trillion/>
- <https://wellcome.org/what-we-do/our-work/covid-19-vaccines-information-hub>
- <https://africacdc.org/covid-19-vaccination/>

TOPIC B: IMPROVING THE MENTAL HEALTH OF CHILDREN AND TEENAGERS

INTRODUCTION TO THE TOPIC

Childhood and adolescence are critical stages of life for mental health. This is a time when rapid growth and development take place in the brain. Children and adolescents acquire cognitive and social-emotional skills that shape their future mental health and are important for assuming adult roles in society.

The quality of the environment where children and adolescents grow up shapes their well-being and development. Early negative experiences in homes, schools, or digital spaces, such as exposure to violence, the mental illness of a parent or other caregiver, bullying and poverty, increase the risk of mental illness.

Mental health conditions, such as childhood epilepsy, developmental disabilities, depression, anxiety and behavioral disorders, are major causes of illness and disability among young people. Worldwide, 10% of children and adolescents experience a mental disorder, but the majority of them do not seek help or receive care. Suicide is the fourth leading cause of death in 15–19-year-olds. The consequences of not addressing mental health and psychosocial development for children and adolescents extend to adulthood and limit opportunities for leading fulfilling lives.

Globally, it is estimated that 1 in 7 (14%) 10–19-year-olds experience mental health conditions, yet these remain largely unrecognized and untreated. Furthermore, 50% of mental health conditions start by 14, showing the need for improving mental and brain health of children and adolescents.

Adolescence is a unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-

emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood.

Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours, physical ill-health and human rights violations.

They are several mental health issues that children and adolescent can face. Here are different disorders or behaviours that may affect adolescents or children:

- **Behavioural disorders:**

Behavioural disorders are more common among younger adolescents than older adolescents. Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention, excessive activity and acting without regard to consequences, occurs among 3.1% of 10-14 year-olds and 2.4% of 15-19 year-olds(1). Conduct disorder (involving symptoms of destructive or challenging behaviour) occurs among 3.6% of 10-14 year-olds and 2.4% of 15-19 year-olds(1). Behavioural disorders can affect adolescents' education and conduct disorder may result in criminal behaviour.

- **Eating disorders:**

Eating disorders, such as anorexia nervosa and bulimia nervosa, commonly emerge during adolescence and young adulthood. Eating disorders involve abnormal eating behaviour and preoccupation with food, accompanied in most instances by concerns about body weight and shape. Anorexia nervosa can lead to premature death, often due to medical complications or suicide, and has higher mortality than any other mental disorder.

- **Psychosis :**

Conditions that include symptoms of psychosis most commonly emerge in late adolescence or early adulthood. Symptoms can include hallucinations or delusions. These experiences can impair an adolescent's ability to participate in daily life and education and often lead to stigma or human rights violations.

- **Suicide and self-harm:**

Suicide is the fourth leading cause of death in older adolescents (15-19 years) (2). Risk factors for suicide are multifaceted, and include harmful use of alcohol, abuse in childhood, stigma against help-seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts.

- **Risk-taking behaviours :**

Many risk-taking behaviours for health, such as substance use or sexual risk-taking, start during adolescence. Risk-taking behaviours can be an unhelpful strategy to cope with emotional difficulties and can severely impact an adolescent's mental and physical well-being.

Worldwide, the prevalence of heavy episodic drinking among adolescents aged 15-19 years was 13.6% in 2016, with males most at risk (3).

The use of tobacco and cannabis are additional concerns. Many adult smokers had their first cigarette prior to the age of 18 years. Cannabis is the most widely used drug among young people with about 4.7% of 15-16 years-old using it at least once in 2018(4).

Perpetration of violence is a risk-taking behaviour that can increase the likelihood of low educational attainment, injury, involvement with crime or death. Interpersonal violence was ranked among the leading causes of death of older adolescent boys in 2019(5).

Covid situation :

Uncertainty, loneliness, grief. Those are the emotions that have enveloped the lives of many millions of children, young people and families. Children and young people could feel the impact of COVID-19 on their mental health and well-being for many years to come.

As we enter the third year of the pandemic, the disruption to routines, education, recreation, as well as concern for family income and health, is leaving many young people feeling afraid, angry and concerned for their future.

Those most at risk include the millions who are forced from their homes, scarred by conflict and serious adversity, and deprived of access to schooling, protection and support.

If the pandemic has taught us anything, it is that children's and adolescents' mental health is profoundly affected by their surroundings and circumstances – their experiences with parents and caregivers, their friendships and how they play, learn and grow. However, this investment from our societies for promoting, protecting and caring for the mental health of children, young people and their caregivers is still very low.

We pay a high economic price for this neglect – around US\$387.2 billion worth of lost human potential that could go towards national economies each year. The cost in terms of how it affects real lives, however, is incalculable.

Conclusion: Thus, we still need to make much more efforts to promote mental health and well-being for children and adolescents

TREATIES, CONFERENCES & CONCRETE SOLUTIONS

UN Convention on the Rights of Persons with Disabilities:

The Convention on the Rights of Persons with Disabilities and its Optional Protocol ([A/RES/61/106](#)) was adopted on 13 December 2006 at the United Nations Headquarters in New York. The Convention entered into force on 3 May 2008. The Convention follows decades of work by the United Nations to change attitudes and approaches to persons with disabilities, whether they are physical or mental. It takes to a new height the movement from viewing persons with disabilities as “objects” of charity, medical treatment and social protection towards viewing persons with disabilities as “subjects” with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.

The work of the WHO :

WHO works on strategies, programs and tools to assist governments in responding to the health needs of teenagers.

For example, the Helping Adolescents Thrive (HAT) Initiative is a joint WHO-UNICEF effort to strengthen policies and programs for the mental health of adolescents. More specifically, the efforts made through the Initiative are to promote mental health and prevent mental health conditions. They are also intended to help prevent self-harm and other risk behaviours, such as harmful use of alcohol and drugs, that have a negative impact on the mental- and physical- health of young people.

WHO has also developed a module on Child and Adolescent Mental and Behavioural Disorders as part of the MH GAP Intervention Guide 2.0. This Guide provides evidence-based clinical protocols for the assessment and management of a range of mental health conditions in non-specialized care settings.

Furthermore, WHO is developing and testing scalable psychological interventions to address emotional disorders of adolescents, and guidance on mental health services for adolescents.

WHO's Regional Office for the Eastern Mediterranean has developed a mental health training package for educators for improved understanding of the importance of mental health in the school setting and to guide the implementation of strategies to promote, protect and restore mental health among their students. It includes training manuals and materials to help scale up the number of schools promoting mental health.

The global targets reported on in the Mental Health Atlas are from WHO's Comprehensive Mental Health Action Plan, which contained targets for 2020 endorsed by the World Health Assembly in 2013. This Plan has now been extended to 2030 and includes new targets for the inclusion of mental health and psychosocial support in emergency preparedness plans, the integration of mental health into primary health care, and research on mental health.

"The new data from the Mental Health Atlas shows us that we still have a very long way to go in making sure that everyone, everywhere, has access to quality mental health care," said Dévora Kestel, Director of the Department of Mental Health and Substance Use at WHO. "But I am encouraged by the renewed vigor that we saw from governments as the new targets for 2030 were discussed and agreed and am confident that together we can do what is necessary to move from baby steps to giant leaps forward in the next 10 years."

PRINCIPAL POSITIONS

There is quite a consensus from countries all around the world about the necessity to improve the mental and brain health of the world population and especially for children and adolescents. However, some countries invest more in this issue than others.

One of the key challenges in this area is the lack of data on child and adolescent mental health services. Two-thirds of countries do not have any data for mental disorders and, for those countries which do, this data is often unavailable for children and adolescents.

In 2020, just 51% of WHO's 194 Member States reported that their mental health policy or plan was in line with international and regional human rights instruments, way short of the 80% target. And only 52% of countries met the target relating to mental health promotion and prevention programs, also well below the 80% target. The only 2020 target met was a reduction in the rate of suicide by 10%, but even then, only 35 countries said they had a stand-alone prevention strategy, policy or plan.

More encouraging was the increase in countries reporting mental health promotion and prevention programs, from 41% of Member States in 2014 to 52% in 2020. However, 31% of total reported programs did not have dedicated human and financial resources, 27% did not have a defined plan, and 39% had no documented evidence of progress and/or impact.

GUIDING QUESTIONS

- How does the country you represent generally stand on mental health issues for children and adolescents?
- What is the quality of mental health care services in the country that you represent?
- What is your country approach towards children and adolescents with respect to their access to mental health care?
- Is the amount of money dedicated to mental health care important in the country that you represent?
- Does the country you represent have a program dedicated to mental health issues, especially for children and adolescents?
- What other difficulties may children and young people encounter when seeking mental health attention in the country you represent?
- How can the World Health Organization address the situation?
- How can the country that you represent contribute to the improvement of the mental health of children and adolescents?

LINKS AND USEFUL SOURCES

- <https://www.who.int/news/item/08-10-2021-who-report-highlights-global-shortfall-in-investment-in-mental-health>
- <https://www.unicef.org/montenegro/en/stories/who-and-unicef-increase-investment-mental-health>
- <https://www.oecd.org/els/health-systems/Children-and-Young-People-Mental-Health-in-the-Digital-Age.pdf>
- <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- https://www.who.int/mental_health/policy/legislation/5_UN%20Convention%20on%20the%20Rights%20of%20Persons%20with%20Disabilities_Infosheet.pdf
- <https://www.unicef.org/reports/state-worlds-children-2021>
- <https://data.unicef.org/resources/sowc-2021-dashboard-and-tables/>
- <https://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents>
- <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- https://cdn.who.int/media/docs/default-source/mental-health/who-mental-health-forum-2021.pdf?sfvrsn=3af2f65f_7
- <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>