

Spain World Health Organization Sara Bushway

Preparing for the Next Pandemic Spain

Spain has taken everything into consideration when it came to the COVID-19 pandemic. In order to travel into the country, you must be up to date with COVID-19 vaccines. Any U.S. citizen that wishes to enter the country must be vaccinated within the last nine months.

When the pandemic hit the world in early 2020, many countries didn't take action until outbreaks had already occurred, our goal is to make sure that doesn't happen again.

As of February 14, 2022 at 5:45 PM, Spain has 10,555,197 confirmed cases of COVID-19 and 96,000 deaths. Spain has a very high vaccination rate, which has led to many restrictions being lifted. As of September 20, 2021 many indoor venues have been not limiting capacity if masked and or vaccinated. On February 10, 2022 masks are now optional outside.

The first reported case of COVID-19 in Spain was in late January 2020. The patient was hospitalized and then released two weeks later. The country believed the virus was an external threat, and therefore wouldn't affect them. Because of this, when the first outbreak in the country hit in late February, the government didn't know how to react.

Our goal now is to create a plan on how to react to another pandemic, even if they are unpredictable. Having a plan can help save millions of lives.

Subject: Addressing the Diabetes and Obesity Pandemic

Sponsored By: Niger Submitted To: WHO

- 1. The health of a nation can only be measured by the health of the individuals whom it
- 2. is composed of. The WHO is responsible not only for an individual nation, but for
- 3. every nation in this regard. Attention will be applied from the World Health
- 4. Organization to the qualms both particularly subtle and alarmingly overwhelming.
- 5. Obesity, and consequently diabetes, fall under both descriptors. While the attitude
- towards physical health varies grossly, the medical standpoint of obesity views it as a
- 7. pandemic of external circumstance. The UN regards it as a problem due to
- 8. malnutrition, and explicitly discourages the view that gluttony should be associated
- 9. with clinical obesity. This is supported by the research from as early as 1975 in the
- 10. Caribbean and Latin America that identified both malnutrition and obesity to occur in
- 11. the same consequential proportions. Diet is the key factor, but it is the excess of
- 12. processed goods being consumed that have in turn consumed the wellbeing of over
- 13. 2.3 Billion people circa 2019.
- 14. The International Obesity Task Force (IOTF) was established in 1996 with the end
- 15. goal of providing support and care for those at risk for obesity. Their studies show that
- 16. a sustainable diet is achievable only through the adjustment of the environment that
- 17. lacks nutrition. Such environments are laden with processed "fast" foods, in which the
- 18. integrity is lacking and still remains largely unchecked when compared to more
- 19. expensive, higher quality foods.
- 20. As a result of lifelong commitment to a devastating (and cheap) diet, a relational rise
- 21. in type two diabetes is present. To combat type two diabetes, South Africa introduced
- 22. a severe sugar tax in 2018 called The Health Promotion Levy on Sugary Beverages. It
- 23. has brought in revenue (214 million USD) for the nation itself, along with guiding
- 24. consumers to avoid what could be their downfall. It is not unwillingness to become
- 25. healthy that promotes obesity, but the financial burden of inflated produce cost that
- 26. limits access to ideal diet. Such movements are most respectable, and potentially most
- 27. beneficial, in the WHO's fight to support healthful living. The public need will be met
- 28. only by legislative change, and a pressure to implement quality control on food
- 29. globally will support this mission to guide those in need to opportunities for health.



Submitted To: World Health Organization
Topic: Addressing the Diabetes and Obesity Epidemic
Submitted By: Kenya

Diabetes and obesity are two of the largest health concerns countries across the globe have to be concerned with. Many citizens' health and well-beings are affected negatively through the advancements of the diabetes and obesity epidemic. This epidemic cannot be ignored due to its increasing rates. Kenya recognizes the many contributing factors towards the severity of obesity in its country. Obesity and diabetes are affected by a person's Body Mass Index (BMI), physical activity, family history, produce/food availability, and sedentary lifestyle. Kenya notes that in a study conducted in 2018 by the CDC, 60.3% of urban residents were obese. In the same study, 19.5% of rural residents were obese; this large gap is caused by the occurance of the increased concuption of high-calorie, high-fat diets in urban areas. Obesity will continue to develop and worsen in Kenya due to the high amount of sedentary lifestyles seen, decreased amount of exercise, and consumption of high-calorie dense foods. This study is further evidence of the growing obesity epidemic. Out of 4,069 participants in a study conducted on pre-diabtic tests, 3.1% were found to show signs of future diabetic tendencies. In the same conducted study, 2.4% of participating persons were found to have either type-1 or type-2 diabetes. Overall diabetes prevalence in Kenya is consistent with other Saharan African countries. It is estimated that the prevalence of diabetes in Kenya will rise to 4.5% in 2025. Kenya notes that two-thirds of diabetics may be undiagnosed. In 2008, 1.3 million deaths were caused by a form of diabetes, this is expected to rise to over 2 million by the year 2030. The burden of diabetes can be found predominantly in low-middle class countries. Although these countries can be seen as low-middle class, populations are prone to putting on weight due to the large availability of food. Kenya's health systems are primarily geared towards the combating of other diseases not including diabetes or obesity.

Kenya calls upon other nations to support its own health systems funding, structure, and administration to help bring the country's diabetes and obesity epidemic to a slow and steady decline. Kenya welcomes the further funding and push toward the Leadership for Education and Access to Diabetes Care in aiming to provide insulin at lower prices to lower income communities in less developed countries. Kenya urges nations that have yet to set up a plan to decrease cases of obesity in their country to begin doing so. Kenya further expresses its hope for many countries to further come together to help those struggling with medical issues of diabetes and obesity.

343536

4

8

9

10

11

12

13

14

15

16

17

18

19 20

21

22

23

24

25

26

27

28

29

30

31

32

33



Submitted To: World Health Organization
Topic: Addressing the Diabetes and Obesity Epidemic
Submitted By: Kenya

Diabetes and obesity are two of the largest health concerns countries across the globe have to be concerned with. Many citizens' health and well-beings are affected negatively through the advancements of the diabetes and obesity epidemic. This epidemic cannot be ignored due to its increasing rates. Kenya recognizes the many contributing factors towards the severity of obesity in its country. Obesity and diabetes are affected by a person's Body Mass Index (BMI), physical activity, family history, produce/food availability, and sedentary lifestyle. Kenya notes that in a study conducted in 2018 by the CDC, 60.3% of urban residents were obese. In the same study, 19.5% of rural residents were obese; this large gap is caused by the occurance of the increased concuption of high-calorie, high-fat diets in urban areas. Obesity will continue to develop and worsen in Kenya due to the high amount of sedentary lifestyles seen, decreased amount of exercise, and consumption of high-calorie dense foods. This study is further evidence of the growing obesity epidemic. Out of 4,069 participants in a study conducted on pre-diabtic tests, 3.1% were found to show signs of future diabetic tendencies. In the same conducted study, 2.4% of participating persons were found to have either type-1 or type-2 diabetes. Overall diabetes prevalence in Kenya is consistent with other Saharan African countries. It is estimated that the prevalence of diabetes in Kenya will rise to 4.5% in 2025. Kenya notes that two-thirds of diabetics may be undiagnosed. In 2008, 1.3 million deaths were caused by a form of diabetes, this is expected to rise to over 2 million by the year 2030. The burden of diabetes can be found predominantly in low-middle class countries. Although these countries can be seen as low-middle class, populations are prone to putting on weight due to the large availability of food. Kenya's health systems are primarily geared towards the combating of other diseases not including diabetes or obesity.

Kenya calls upon other nations to support its own health systems funding, structure, and administration to help bring the country's diabetes and obesity epidemic to a slow and steady decline. Kenya welcomes the further funding and push toward the Leadership for Education and Access to Diabetes Care in aiming to provide insulin at lower prices to lower income communities in less developed countries. Kenya urges nations that have yet to set up a plan to decrease cases of obesity in their country to begin doing so. Kenya further expresses its hope for many countries to further come together to help those struggling with medical issues of diabetes and obesity.

343536

8

9

10

11

12

13

14

15

16

17

18

19 20

21

22

23

24

25

26

27

28

29

30

31

32

33



Subject: Addressing the Diabetes and Obesity Epidemic Sponsored By: Vietnam Submitted To: World Health Organization (WHO)

Over the past years we have seen a dramatic increase in diabetes cases in the world. In Vietnam alone there are 5.76 million people diagnosed with diabetes, which was 17% of the entire population in 2020. Compared to the 2017 study that had only 6% of Vietnam's population with diabetes. Within three years we saw an 11% increase in recorded diabetes cases. As of right now there are four known types of diabetes: Type 1, Type 2, Prediabetes, and Gestational Diabetes. Type 1 is a genetic disorder that affects the pancreas making it produce little to no insulin. Type 2 is mainly a diet-related disorder that is developed over time, when your body has issues processing blood sugar(glucose). Prediabetes is when a person's blood sugar is high but not high enough to be Type 2. Lastly Gestational Diabetes which is high blood sugar in only pregnant women. Since type 2 is the most connected to obesity we will be using it as the center point of this discussion. In 2015 in Vietnam there were 53,457 deaths recorded, all related to diabetes. If this is the case for just Vietnam, then imagine what it is for the world. According to an infographic found on the Center of Disease Control (CDC) website (2020), "Today 415 million worldwide are living with diabetes. In 2040 more than half a billion will have diabetes" (pg. 1). With this in mind of the total population, there are 5% of people currently living with diabetes in 2022. As a whole there hasn't been a growth of diabetes up to this magnitude since the 1990s. And in 1994 it was officially classified as an epidemic by the Center of Disease Control and Prevention (CDC). The diabetes and obesity epidemic shouldn't be taken lightly considering the amount of people being affected by it to this day.

Since three out of the four types of diabetes are non hereditary, taking simple precautions such as promoting healthy foods and exercise through advertisements can help immensely when trying to prevent the continuation of this epidemic. Although there are other options for solving this issue. For example, an idea that Vietnam is putting to use, which is to offer both public and private healthcare providers, that are able to help patients outside of the hospital who are in need of care. By just having someone near to make healthy choices can help. In Vietnam there are also four separate types of hospitals available to the public: central, provincial, district, and commune health stations (CHS) along with the National Institute of Nutrition to help out. In 2017 it was recorded to have had 47 central facilities, 459 provincial facilities, 982 district facilities, and 11,120 CHS's. All of which are there to provide universal coverage and prevent any illnesses including weight related illnesses. With all of these places open to the public, Vietnam has been able to lower health risks related to weight. Vietnam encourages other nations to follow their example and to share their own ways to prevent or solve the diabetes and obesity epidemic.

34 35

1

3

5 6

10

11 12

13

14

15

16 17

18 19

20

21

2223

2425

26

27

28

29

30

31 32

33

36 37





Subject: Addressing the Diabetes and Obesity Epidemic Sponsored By: United States of America Submitted To: World Health Organization

In today's society, there is an urgent concern surrounding the global diabetes and obesity epidemic. Obesity in adults is classified as someone whose BMI is greater than or equal to 30. According to the World Health Organization, in 2016 over 1.9 billion adults were overweight and of that 650 million were classified as obese. Furthermore, this issue is not only being seen in high-income countries but there is also a rise in low- and middle-income countries. This now global issue has become more and more pressing due to the various fundamental causes. For instance, many states have seen an increase in energy-dense food which include high fat and sugar contents. Another fundamental cause is the decrease of physical activity due to a more modern, and increasingly sedentary world. In many states we are seeing an increase of sedentary jobs, various ways of transportation, and from a child's perspective, less time outdoors. Working through the Covid-19 pandemic many organizations choose to move their work online so their employees could work from home. While this was a necessary precaution to slow the spread of Covid-19, it has had an inverse effect on physical activity. Children, predominantly in low- and mid-income states, are not receiving an adequate amount of food with high nutritional quality. Therefore, their chances of childhood obesity increases rapidly. The overall consequences, other than the rapid increase and spread of obesity, are the multitude of health issues that come alongside obesity. Not only is there a much higher chance for diabetes but also a higher chance for cancer, cardiovascular disease, osteoarthritis, breathing difficulties, and even premature death.

22 23 24

25

26

27

28

29

5

6

8 9

10

11

12

13

14

15

16 17

18

19

20

21

The United States of America urges other member states to become more involved in the obesity and diabetes epidemic in order to prevent greater health concerns. The United States encourages all member states to collectively engage in a program that promotes advertisement of food with high nutritional value and an increase of physical activity. Lastly, The United States hopes that all member states can find an effective program that aids their populations in decreasing the rates of obesity and diabetes in order to decrease the rate globally.



Subject: Obesity and Diabetes Epidemic Sponsored By: The Peoples' Republic of China Submitted To: World Health Organization (WHO)

Obesity and Diabetes are a pressing set of related health issues that affect large populations across the world. These conditions can lead to cardiovascular disease, and obesity can lead to type 2 diabetes, which increases risk for stroke, neuropathy, kidney issues, eye problems, depression, and can result in amputation or death. This, diabetes and obesity are serious issues.

Diabetes occurs when the body does not use the hormone insulin, which is produced in the pancreas, properly. It can be the result of excess weight, which causes insulin to not be used properly. Obesity, or when an individual has a body mass index (BMI) over 30, is generally caused by an unhealthy diet and physical inactivity. This is one of the major causes of diabetes.

Diabetes is a chronic condition that cannot be cured, so prevention of the development of diabetes is imperative. The World Health Organization must implement programs to educate the public about the risk of diabetes and obesity, as well as create campaigns to make healthy food and exercise easier to attain. These programs could include creation of public gardens or parks, as well as education campaigns to help citizens choose healthy foods. This is imperative to help prevent diabetes in people who are at high risk. These people include those with a family history of diabetes or obesity and those who live in urban settings. According to Dr. Bernhard Schwartlander, a WHO representative in China, "We know... that the disease's [diabetes] prevalence is higher among urban residents and people living in economically developed regions." As nations develop, access to unhealthy foods increases, which increases risk for obesity and by extension diabetes.

While much concern must be directed to preventing the development of diabetes and obesity, citizens who experience these conditions cannot be ignored. Although diabetes is incurable, it can be managed with the same steps that can help to prevent it. Obesity can also be managed with healthy eating and exercise. In addition to creating education programs and healthy infrastructure, medical facilities must also be created to diagnose and treat diabetes. Many citizens who have diabetes do not notice symptoms or do not have access to diagnostic medical facilities, so the disease goes untreated and serious issues develop which could have been avoided by early detection. Thus, the People's Republic of China urges governments with large populations affected by these diseases to increase funding for medical facilities.

Diabetes and obesity are two conditions that can have detrimental effects on human health. Therefore, nations must increase funding for programs that educate the public about the dangers of diabetes and obesity, as well as create diagnostic centers. Diabetes and obesity are serious conditions, but with a combination of personal accountability and government programs, these dangers to human health can be managed and potentially prevented.



Subject: World Health Organization
Sponsored By: Health Consequences of Air Pollution
Submitted To:North Korea

Air pollution is a huge issue in our current world, and the issue just keeps progressing. Air pollution is responsible for about 7 million premature deaths a year. Along with those 7 million, air pollution attacks many peoples' respiratory systems and cardiovascular systems, causing them to be more vulnerable to illnesses such as colds, flus, COVID-19, and other common illnesses. Air pollution can also cause cancers, heart disease, diabetes, mental health issues, and many more WHO data shows that about 99% of the population breathes in air that is toxic. Items like coal, wood, and vehicles release many airborne toxins that could be harmful to humans and our ecosystems. Pollutants include: gasses, cadmium, mercury, chromium, and many fossil fuels. Fossil fuels are a huge part of our everyday lives, which is why it is important that we begin to transition over to more eco-friendly power sources.

North Korea is asking more developed countries and ourselves to make a plan to switch to more eco-friendly power sources for safer and healthier air. North Korea also asks more developed countries for financial support to switch due to common pollutants being very important to many countries' economies. Although this plan could take a while to fully accomplish, we as a whole need to take action to solve this global issue.





Subject: Health Consequences of Air Pollution
Sponsored By: Israel
Submitted To: WHO

The world is currently rayaged by many air pollutants that are warming up the globe, 1 but also affecting our health, which this paper will address. According to WHO, 99% of the global population live in an area that currently exceeds their guideline limits that gives risk for respiratory infections, lung cancer, and heart disease. The main culprits of these life threatening conditions are PM10 and PM2.5. These are particulate matter, which are the 5 particles in smog, liquid droplets, and other sources of fine particles. The number after the 6 PM represents a diameter, in micrometers, smaller than said number. The problem arises 7 when these particles are inhaled and start to build up in the respiratory system. The PM2.5 variety, otherwise referred to as fine particles, is even more dangerous, since due to it's smaller size, they will lodge into the lungs. There have been roughly 8 million deaths 10 annually due to these pollutants. Though these have mainly affected low - middle income 11 nations, many within those richer nations are affected by these issues. There are 2 different 12 types distinguished by WHO, ambient and household. Ambient has accounted for roughly 13 4.2 million premature deaths a year and is the air that is outside and in our atmosphere. 14 While household accounts for the other 3.8 million annually and is mainly caused mainly by 15 household cooking and stove heating, specifically the smoke from it. These deaths are 17 mainly from ischaemic heart disease, chronic obstructive pulmonary disease, lower respiratory infections, and lung cancer. With these grave issues apparent, the solutions for 18 these issues are very similar to those trying to reduce greenhouse gasses. These solutions 19 20 include the reduction of pollutants put into the air by factories, coal and other fossil fuel power plants, and from engines (especially vehicular) that require petroleum to function. As 21 22 well as more unique ones, such as inefficient stoves or open hearths to be eliminated wherever possible due to the burning fuels that they use. Those inturn can spread the 23 particulate matter across the interior of a building. It is also good to take note that volatile 24 25 organic compounds (VOC) can also affect your health in very similar ways. VOC can be released via kerosene and wik candles. Many solutions were also proposed in resolution 27 WHA 68.8 during the 68th World Health Assembly on the 26th of May. 2015. This resolution brings light to this topic and brings in a myriad of different solutions, mainly on 28 29 the basis of having WHO in addition to other member states and UN organizations to come together and create solutions that are tailored for each of those said member states. To further 30 emphasize, the PM2.5 and PM10 in our atmosphere is so great as to be affecting roughly 31 99% of us. These cause many respiratory and cardiac conditions, 4 of which are in the top 10 32 33 causes of death. 3 of those in the top 5. 8 million die every year to these conditions, so the 34 reduction of these harmful pollutants should be more known. Solutions to this issue are also 35 probably going to help out the environment. Just even more of a reason on why we should 36 solve this issue outright.

37

Russia

World Health Organization

Health Consequences of Air Pollution

After years under the Soviet Union, Russia's air quality has significantly worsened just like most countries have. With an increase in population, there has also been an increase in cars on the roads.

What the world is seeing is long term health problems caused by air pollution.

Some things Russia has seen is an increase in strokes, heart disease, lung cancer and chronic respiratory system. With these increases in adults and children, we have also seen birth defects in children, affecting all generations.

Any country that refuses to see the problem created, has put the well being of not just our planet and our current population at risk, but the future generations of all countries. The WHO has the responsibility and the resources to solve this problem now and as a committee we are obligated to try to find a safe and reliable solution.

Russia calls on countries to stop air pollution around the world by funding doctors that can help the victims of this crisis, researchers to find more sustainable products and crews to clean up the mess the world has made.