

## World Health Organization

### Welcome

Dear Delegates,

My name is Neal Cohen and I am the chair of the World Health Organization committee this year. I want to welcome you to Brown University, BUSUN 2009, and to the WHO. I am a member of the Brown class of 2010 and am concentrating in community health. My academic interests lie in understanding how health policy affects the health care system and health outcomes. I have attended numerous conferences and have been involved in BUSUN for five years, as a delegate, a committee chair, and, for the last two years, as a member of the Secretariat. If there is anything I can do to make your BUSUN experience better or if you have any questions, please send me an e-mail.

Everyone has worked hard over the last year to bring this conference to you, and I hope you will enjoy the experience. For this committee, I have found topics that I would hope are not just realistic but also novel to all delegates. This should level the playing field, allowing new delegates the opportunity to know as much about the issues as experienced delegates. Since most of you will not have heard of these issues, I urge you to read the helpful resources links, begin researching the topics well in advance of the conference, and submit position papers stating your country's opinion before the due date. If you do so, you will be able to discuss these real world problems and understand the difficulty of coming to a solution.

Sincerely,  
Neal Cohen  
WHO Chair  
WHO@busun.net

### Committee History

"The World Health Organization (WHO) is the directing and coordinating authority on international health within the United Nations' system. WHO experts produce health guidelines and standards, and help countries to address public health issues. WHO also supports and promotes health research. Through WHO, governments can jointly tackle global health problems and improve people's well-being."<sup>1</sup>

The World Health Organization has a research capacity that is rivaled by only a few nations. For that

<sup>1</sup> [http://www.who.int/about/brochure\\_en.pdf](http://www.who.int/about/brochure_en.pdf)

reason, countries frequently use WHO guidelines in their health improvement efforts. Also, by providing data and information that no national government can, the WHO has become a leading authority. However, nations do not always follow WHO recommendations. Additionally, the WHO has been accused of being slow to respond in emergencies.<sup>2</sup>

The topics that this committee will look at are not new international questions, but the WHO has not yet discussed them and a delay in the response to each of these issues would lead to further health degradation. While these problems do not call for urgent action, at some point, action must be taken. The expertise of the WHO as well as the international nature of the problems makes this committee the right place to discuss these issues.

### Topic 1: Community-Based Participatory Research (CBPR) as the International Standard

#### Background

According to the WK Kellogg Foundation Community Health Scholars Program, community-based participatory research (CBPR) is a "collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities."<sup>3</sup> CBPR is an innovative methodology of conducting research whereby members of the community are involved in every step of the research process. While traditional research only involves subjects and their communities until the data collection stage, CBPR includes the community in planning, data collection, analysis, and occasionally in publication as well.<sup>4</sup> CBPR is seen as a way to decrease the likelihood of harm to the community that research might cause by identifying and addressing concerns before they become relevant. Supporters of CBPR claim it to be equitable as community members become peers with researchers and treat each other as equal partners.

Since the Nuremburg Code, there have been a number of international declarations regarding human subject research and the ethical requirements of researchers conducting such

<sup>2</sup>

<http://www.cbsnews.com/stories/2009/05/01/health/main4982746.shtml>

<sup>3</sup> <http://depts.washington.edu/ccph/commbas.html>

<sup>4</sup> <http://www.ahrq.gov/About/epcr/cbpr/cbpr1.htm>

research.<sup>5</sup> The International Ethical Guidelines for Biomedical Research Involving Human Subjects was prepared by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the WHO.<sup>6</sup> These guidelines are in line with the principles of CBPR, but do not reference collaboration as a goal of research, only distributive justice. Since the guidelines were last updated in 2002, CBPR was not recognized as a review method.

### Current Situation

Institutional Review Boards (IRBs) that apply ethical research guidelines to researchers have been applying the standards for traditional research to CBPR. This has caused two problems. The first is that IRBs have put safety measures into place that do not take into account the nature of CBPR. For example, they may prohibit members of the community from working on data analysis as confidential information about other community members may be seen. The second problem is that the ethical guidelines that are needed by CBPR projects are not addressed. For example, they may not require that the community is consulted prior to finalization of the research topic.<sup>7</sup> Applying a standard based on traditional research has created a rift between CBPR researchers and well-meaning IRB members.

The same can be said with regard to CBPR conducting research beyond the boundaries of a single country. The countries that researchers wish to conduct research in frequently have questions regarding the nature of the research that are impossible to answer without starting the CBPR process. Safety precautions cannot be decided upon without input from community members that know what is likely to cause harm and what measures might work.

The WHO needs to take action to recognize the difference between traditional research and CBPR. By making the differences clear and adopting a stance towards CBPR as an acceptable alternative to traditional research, national and local governments may be more inclined to allow collaborative research. By establishing new guidelines with regard to the ethical considerations of international research, researchers may be more likely to use CBPR instead of traditional methods and governments may be more likely to understand how CBPR protects its citizens.

<sup>5</sup> <http://www.hsph.harvard.edu/research/bioethics/course-info/>

<sup>6</sup> [http://www.cioms.ch/frame\\_guidelines\\_nov\\_2002.htm](http://www.cioms.ch/frame_guidelines_nov_2002.htm)

<sup>7</sup>

<http://www.springerlink.com/content/w1xw7343v362wh25/?p=4565f4e79c5d4ab995648c35a6bc8f34&pi=5>

### Questions To Consider

1. What can the WHO do to encourage researchers to conduct CBPR?
2. How can the WHO help prevent governments and IRBs from establishing requirements that force researchers to conduct research in ways that are mutually inconsistent?
3. How is CBPR in line with the goals of the WHO?

### Helpful Resources

- [http://depts.washington.edu/ccph/pdf\\_files/annurev\\_publhealth.19.1.pdf](http://depts.washington.edu/ccph/pdf_files/annurev_publhealth.19.1.pdf)
- <http://www.wma.net/e/policy/b3.htm>
- <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.htm>

## **Topic 2: Reducing the Burden of Garbage in the Developing World**

### Current Situation

The burden of garbage in the developing world comes from both internal consumption and external consumption. The UN Division for Sustainable Development has noted an increase in consumption of goods among people in developing countries and encourages sustainable production and sustainable development.<sup>8</sup> Compounding the problem, developed countries continue to produce goods for export in developing countries and use these nations to dump garbage as well as hazardous waste.<sup>9</sup> Such dumping can cause air and water pollution, destroy natural habitats, and cause long-term climate problems. Slums in some countries are located on or near garbage dumps<sup>10</sup> leading to health risks for the residents.

The problem of internal garbage is a problem of development. As developing countries increase their status and personal spending, they are able to purchase more disposable goods, such as drinks in plastic containers and wrapped food. If localities do not have a method for

<sup>8</sup>

<http://www.un.org/esa/sustdev/sdissues/consumption/cp1.htm>

<sup>9</sup>

[http://library.thinkquest.org/26026/Economics/pollution\\_problems\\_in\\_the\\_thir.html](http://library.thinkquest.org/26026/Economics/pollution_problems_in_the_thir.html)

<sup>10</sup>

<http://www.guardian.co.uk/environment/gallery/2009/jun/05/waste-world-environment-day?picture=348339024>

disposing of such waste, citizens are left with few options. The first is that they may choose to dump garbage in a location not intended for such use. This may be on their own property, on the property of another, or, more frequently, on public property. For example, in many rural areas of Latin America, the waterfront is littered with household waste. This causes sanitation problems, disturbs the local wildlife, and makes it harder to attract tourists. The other option for waste disposal is just as bad. Garbage is frequently burned in an effort to dispose of it without dumping it, causing unsightly pollution. However, instead of causing land-based sanitation issues, the contaminants are released into the air, leading to air pollution locally and contributing to global warming worldwide.

The increase in production of garbage is unstoppable, yet there are things that countries can do to mitigate the damage. The best option is to reduce the use of products that will create garbage. Requiring cola and other drinks to be bottled in recyclable glass instead of plastic can preempt major streams of garbage production. Other less enticing options would be to mimic developed nations. The designation of areas as dumps can ensure that people will not live near them and a collection system can ensure compliance. As time goes on, it is hoped that people worldwide will find the problem of garbage to be unacceptable and commit to reducing production significantly. Until then, temporary solutions are needed.

### Questions To Consider

1. What can the WHO do to help national governments in reducing the production of garbage?
2. How does international trade affect local garbage production and what can be done to reduce such production?
3. How does the problem of garbage affect the health of people in developing countries and what can be done to ameliorate the issue?

### Helpful Resources

- <http://www.health.state.ny.us/environmental/outdoor/s/air/docs/trash.pdf>
- <http://www.yemenpost.net/18/Health/1.htm>
- [http://www.searo.who.int/LinkFiles/Public\\_Information\\_&\\_Events\\_vol3-1\\_goldingar.pdf](http://www.searo.who.int/LinkFiles/Public_Information_&_Events_vol3-1_goldingar.pdf)
- Photographic Examples:
  - <http://www.guardian.co.uk/environment/gallery/2009/jun/05/waste-world-environment-day?picture=348339024>

## **Topic 3: Compliance with the Report of the Commission on Macroeconomics and Health**

### Background

The report of The Commission on Macroeconomics and Health was commissioned by the Director-General of the WHO and completed in 2007. It raised a variety of important issues including the recognition that health status can be an important part of success in the development of countries. It specified three essential diseases to be tackled as well as other global health concerns that must be addressed by developing nations. Most importantly, the commission insisted that money be spent where it will be most effective. Since resources are scarce, developing nations should focus on eliminating the essential diseases and working to improve other health determinates as funds allow. The report also laid down goals to be met and noted that while much of the funding will come from the developing nations themselves, some additional funds from donors will be needed as well. The report is a global framework and countries should adhere to the guidelines for the sake of its citizens.

### Current Situation

The report made ten specific recommendations that various bodies need to implement in order to improve health status to the levels imagined by the commission. In particular, the WHO is charged with the following:

- “The WHO and the World Bank would be charged with coordinating the massive, multi-year scaling up of donor assistance for health and with monitoring donor commitments and funding.
- The International Community and agencies such as WHO and the World Bank, should strengthen their operations. The Global Fund to Fight AIDS, TB, and malaria (GFATM) should have adequate funding to support the process of scaling up actions against HIV/AIDS, TB and malaria. A Global Health Research Fund (GHRF) is proposed.
- The supply of global public goods should be bolstered through additional financing of agencies such as WHO and the World Bank.
- The international pharmaceutical industry, in cooperation with WHO and low-income countries, should ensure that people in low-income countries have access to essential medicines. This should be achieved through commitments to provide essential medicines at the lowest viable commercial price in poor countries and to license the

production of essential medicines to generic producers.”<sup>11</sup>

These are specific tasks that this committee must consider, however most of these tasks require additional funding for the WHO. In this committee we will choose to ignore the funding questions and simply look at the structural parts of the recommendations.

#### Questions To Consider

1. What actions does the WHO need to take to facilitate the work of the report?
2. With whom does the WHO need to work to ensure the other recommendations of the report are put into place?
3. How much pressure should the WHO put on developing nations to change the ways they spend health care resources?

#### Links to the Report

Summary:

<http://www.who.int/macrohealth/infocentre/advocacy/en/investinginhealth02052003.pdf>

Full Text:

<http://whqlibdoc.who.int/publications/2001/924154550X.pdf>

#### Helpful Resources

- [http://www.scielo.org/scielo.php?pid=S0042-96862004001200018&script=sci\\_arttext](http://www.scielo.org/scielo.php?pid=S0042-96862004001200018&script=sci_arttext)
- [http://nealcohen.com/Documents/Waitzkin\\_2003\\_The-Lancet.pdf](http://nealcohen.com/Documents/Waitzkin_2003_The-Lancet.pdf)
- <http://www.who.int/macrohealth/en/>

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<sup>11</sup> Investing in Health  
<http://www.who.int/macrohealth/infocentre/advocacy/en/investinginhealth02052003.pdf> page 9