

WHO



Welcome delegates,

My name is Majo Burgos. It is with great eagerness to introduce myself as the Chair of the World Health Organization committee in CancunMUN 2024. I am 16 years old and a junior at the International American School of Cancun. In my free time, I enjoy reading, listening to music, and being with my friends and family. I am particularly passionate about writing and learning new things. My goal in the future is to do something to help those around me. Thus, I may study something in the medical field outside of Mexico, likely in New York or Spain.

This year would be my fourth Model United Nations conference. All of my previous experiences in MUN have been as a delegate, two of them in CancunMUN and my most recent one at RIMUN in Rome, Italy. The World Health Organization focuses on international public health. Its primary objective is to promote health, monitor global health trends, provide technical assistance and support to countries, and coordinate responses to health emergencies.

From my delegates, I anticipate dedication, confidence, respect, and a willingness to engage in thorough research beyond the background guide. While the background guide provides a foundation, it is essential to dig deeper into the topics and explore diverse perspectives. I am looking forward to working with each of you, and making a dynamic and fun committee.

In case you have any questions or doubts leading up to the conference, please do not hesitate to reach out to me at my email burgos.m@ciac.edu.mx. I am looking forward to this amazing conference. Wishing the best of luck, see you soon!

Maria Jose Burgos, Chair
World Health Organization

Dear delegates,

My name is Sienna Iniestra, and I am eager to be your co-chair for the World Health Organization. I am 15 years old and a sophomore at International American School of Cancun. I am interested in studying law abroad and I find that MUN is a way of getting early experience. I am passionate about writing and reading, as well as listening to music and spending quality time with my loved ones.

This would be my fourth MUN conference, and I am thrilled to be able to take on as a co-chair. My first MUN experience was at CancunMUN 2023, followed by GUAMUN in 2024, in which I won an award for Honorable Position Paper in UNESCO. I am thrilled to take on this year's conference with you all in WHO, where we will discuss issues regarding health-care worldwide.

This year my expectation for all delegates is that you will take on this conference with seriousness. Another expectation I have is that delegates do as much research as possible to have a rich debate that flows. We remind you that our background guides should not be your only source of information. Having extra research on your country and other countries participating will help you in the debate! Despite this being a serious conference I have hopes that you will have fun while also learning. Any doubts you may have please contact me at sienna.iniestra@ciac.edu.mx.

Wish you the best of luck and see you soon!

Sienna Iniestra, Co-Chair
World Health Organization



COMMITTEE MISSION

The World Health Organization was established on April 7, 1948, to coordinate the world's response to health emergencies, promote well-being, prevent disease, and expand access to health care. WHO works worldwide to promote health, keep the world safe, and serve the vulnerable, it strives to give everyone an equal chance at a safe and healthy life.

WHO operates through its headquarters in Geneva, Switzerland, along with six regional offices and numerous country offices worldwide. Functioning as the leading authority on international public health, WHO sets norms and standards, monitors health trends, provides technical assistance to countries, and coordinates global health initiatives. Through its work in areas such as disease prevention, health promotion, and health systems strengthening, WHO endeavors to ensure equal access to quality healthcare for all individuals, regardless of their socioeconomic status or geographic location.

Topic A:

Addressing the Ethical Implications of Mandatory Vaccinations

Introduction

Mandatory vaccinations have become a topic of controversial debate for years, yet the discussion has experienced major growth in recent years. Mandatory vaccinations are a strategy to protect the public health and well-being of a nation. They require people to receive certain vaccines that attempt to stop the spread of infectious diseases. Many argue that these policies are crucial to protect the welfare of both individuals and the general community, while others express distress about the ethics of individual rights and personal autonomy. The public is also concerned about the side effects of vaccines and how they affect people in the long run. This also raises doubts for many as to why vaccines should be mandatory for diseases that aren't highly contagious.

Vaccinations are one of the best-performing methods for saving lives and battling diseases. However, recently there has been a major decline in the number of vaccines given in various countries due to misleading concerns about vaccine safety. With vaccinations controlling diseases, a better lifestyle with longer life expectancy rates can be built. However, people are being strongly influenced by fake news, causing misplaced anxiety and doubts to overrule concerns about the actual disease being combated. Many of the doubts created come from social media and news. People nowadays tend to be easily influenced and are likely to believe inaccurate news seen on social media or in hoax articles.

Due to this misinformation online, vaccine rates are starting to drop, causing infectious diseases to make a comeback. The high percentage of people not vaccinating is becoming an enormous issue and has many negative effects, including an increased risk of disease spread, threats to public health, and misinformation and vaccine hesitancy. As a result, some countries like Mexico and France have started to make vaccination mandatory; nevertheless, the results vary depending on the country and its position.



The logo for the 'History' section, featuring a stylized circular graphic with concentric, overlapping lines in shades of blue and grey, resembling a globe or a series of waves. The word 'History' is written in a bold, black, sans-serif font to the right of the graphic.

History

Mandatory vaccinations have been a part of history for centuries, with the first law mandating vaccines passed in 1809. This law, established by the Massachusetts Legislature, made smallpox vaccination mandatory for everybody. The legislation was approved when a vaccine developed by Benjamin Waterhouse proved to be efficient. In 1838, the law was repealed under the belief that the disease had been eradicated. However, when proven wrong, the legislature reinstated the law in 1855. This marked a significant turning point in the history of medicine and helped shape the world of medicine as we know it today. By 1840, new vaccine laws were beginning to spread worldwide. In 1940, the United Kingdom Parliament passed a vaccination act that made vaccines free, ensuring accessibility for everyone. It would take another 13 years for a new act to be passed, mandating that all children under three months must be vaccinated, with fines imposed for non-compliance. A massive smallpox epidemic in Montreal prompted the introduction of mandatory vaccination for everyone. Later, in 1978, India began to join the vaccination movement and attempted to establish a system in which all children must be vaccinated. However, being a developing country, progress was slow. Fast forward to 2021, the President of the United States, Joseph Biden, ordered mandatory COVID-19 vaccines for all American military troops.

The United Nations has actively been trying to implement new systems to promote vaccination for everyone, especially since the COVID-19 pandemic. The UN has also emphasized on various occasions the importance of vaccines in fighting infectious diseases. However, even with the UN taking action, its position regarding mandatory vaccination may change depending on circumstances. The World Health Organization (WHO) has explicitly expressed its desire to refrain from implementing laws that make vaccines mandatory. WHO recommends using mandatory laws and acts as a last resort to persuade people to decide to vaccinate voluntarily. Dr. Hans Kluge, the Europe Director of WHO, explains that mandating vaccines may exacerbate social and economic inequalities.

The Medical Mythbusters Malaysia is an NGO that advocates for medical advances. On February 15, 2019, they presented a petition with 120,000 signatures at the minister's office, urging him to pass a law for mandatory vaccination. Medical Mythbusters Malaysia also proposed a travel ban for parents traveling with their unvaccinated children, as well as payment for medical services.



Current Situation

The issue of mandatory vaccinations remains highly debated, with discussions revolving around individual rights and public health protection. The debate over whether to make vaccines mandatory or not is also strongly influenced by vaccine hesitancy and misinformation. Currently, there are campaigns worldwide regarding mandatory vaccinations; however, participation and involvement in these campaigns can vary depending on the specific situation and circumstances of each issue. Some countries, like Brazil and Chile, have already begun implementing mandatory vaccination policies, while others have adopted different approaches.

In almost all countries, there are laws establishing mandatory childhood vaccinations, although the specific vaccines and methods may vary. A different approach can be observed in countries such as Greece and Italy, where mandatory vaccinations have been implemented for at-risk age groups. Additionally, countries like the USA have made vaccination mandatory for children before they can enroll in school. Other active alternatives include systems where vaccination is mandatory for state institutions and providers, while public vaccination remains optional for individuals.

Despite efforts by the United Nations and several NGOs to combat this issue, there is still a long way to go. In 2022 alone, 14.3 million children did not receive their initial dose of the DTP vaccination, highlighting the limited access to healthcare. However, a significant portion of this number is also attributed to misinformation, which leads people to oppose vaccines. It is crucial to continuously monitor data and information developments to consistently seek solutions to improve the vaccination system.

The Immunization Agenda 2030 (IA2030) is a plan aimed at motivating and coordinating leaders who support the cause of immunization. The Immunization Agenda strives to establish a healthcare system that ensures everyone has access to vaccines and utilizes them effectively to prevent deadly diseases, which could potentially escalate into larger dilemmas such as epidemics or pandemics. The Immunization Agenda operates through a system coordinated by regional and national governments to ensure proper implementation, with an emphasis on equal distribution of power and responsibility to prevent injustice.



Points to Consider

- What can your country do to help in the development of solutions?
- What is your country's vaccine rate?
- What does your country do to help those who can't afford healthcare and/or vaccines?
- What is your country's socioeconomic place and how does it affect your contribution?
- What has happened in the past to get your country to where it is today?
- Should vaccines be mandatory under the law or should the decision be made by each individual?
- Should there be consequences for parents when their children aren't vaccinated?
- How can the sharing of misinformation be stopped?
- Do mandatory vaccinations go against an individual's right?

Useful links

<https://www.vaccinestoday.eu/stories/should-vaccines-be-mandatory/>

<https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>

<https://www.bbc.com/news/world-59506339>

<https://news.westernu.ca/2021/04/mandatory-vaccination/>

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World Health Organization. (n.d.). *Immunization and vaccine-preventable communicable diseases*. World Health Organization.
<https://www.who.int/data/gho/data/themes/immunization>

Country box:

Bangladesh

Brazil

China

*Democratic Republic
of Congo*

Egypt

Ethiopia

France

Germany

India

Indonesia

Iran

Italy

Japan

Mexico

Nigeria

Pakistan

Philippines

Russia

South Africa

South Korea

Thailand

Turkey

United Kingdom

United States

Vietnam



Topic B: Health Impacts of E-cigarettes and Vaping Products

Introduction

Vapes and e-cigarettes, short for electronic cigarettes, are battery-operated devices that people use to inhale an aerosol, which typically contains nicotine, flavorings, and other chemicals. E-cigarettes are mostly used to vape nicotine e-liquid solutions. However, devices can also be used to inhale other drugs such as cannabis or nicotine-free 'e-liquids' which are made from a mixture of chemicals including solvents, sweeteners, and flavorings.

E-cigarettes and vapes use a battery to heat a special liquid into an aerosol that users inhale. The "e-juice" that fills the cartridges usually contains nicotine, a highly addictive substance that is naturally present in the tobacco plant, propylene glycol, heavy metals such as nickel, tin, and lead, flavorings, and other chemical substances. The liquids within vapes are flavored, making it even easier to start an addiction. Although e-cigarettes have been around for more than a decade, vaping (the act of inhaling and exhaling the vapor produced in vapes) rates have escalated in recent years, especially among teens. They started to be used as a tool to break smoking addictions. Smokers incorrectly believed vapes to be less harmful than regular cigarettes. Vapes are highly popular since they are usually cheaper, taste better, and are more socially acceptable. Also, vaping is permitted in many places where cigarettes are not. They are more appealing because they come in a range of flavors and colored packaging. And although these all sounded great for smokers, vaping made having an addiction more accessible. Vapes have become an accessory or trend, where people who have never smoked (cigarettes) are vaping just to stay on trend.

Vaping can be addictive for several reasons, primarily due to the presence of nicotine in e-cigarettes, which is a highly addictive substance. When a person vapes, they inhale nicotine along with other chemicals, which quickly enter the bloodstream and reach the brain. Nicotine stimulates the release of dopamine, a neurotransmitter associated with pleasure and reward, in the brain's reward system. This dopamine release creates a pleasurable sensation, which reinforces the behavior of vaping and leads to cravings for more nicotine. Vaping is generally considered to be less harmful than smoking traditional cigarettes because it doesn't involve burning tobacco, which produces many harmful chemicals. However, vaping still involves inhaling aerosols containing nicotine and other substances, which can have health consequences.




The long-term effects of vaping are still being studied, but it is known that inhalation of vapor from e-cigarettes can irritate the respiratory system and lead to symptoms such as coughing, throat irritation, and shortness of breath. Prolonged use may contribute to the development of respiratory conditions like bronchitis and asthma. E-cigarette use has been linked to an increased risk of cardiovascular diseases, including hypertension and atherosclerosis. E-cigarettes typically contain nicotine, which is highly addictive. Regular use of e-cigarettes can lead to nicotine dependence, making it difficult for users to quit. Adolescents and young adults are particularly vulnerable to the effects of nicotine on brain development, given that the brain stops developing in late twenties. Nicotine exposure during adolescence can alter brain structure and function, impacting attention, learning, and mood regulation.



History

In 1963, a man named Herbert A Gilbert, aware of the health implications of smoking tobacco, filed a patent for an electronic smoking device. Sadly for Herbert, cigarettes were very much a part of everyday life in the 60's and were widely accepted in the office, restaurants, airplanes, in almost all public places. Unfortunately, Herbert's idea was before its time and there wasn't a market for his device. 40 Years later in 2003, when people were much more aware of the damaging effects of tobacco, a pioneering Chinese pharmacist Hon Lik s turned his smoking vice into an invention after his father passed away from lung cancer. He created an electronic cigarette device that administered nicotine without the hundreds of harmful chemicals found in tobacco smoke. His e-cigarette design enjoyed huge success in the Chinese market and soon began to filter into other countries, with the first ones being introduced in the UK in 2005 and then into the American market in 2007. In 2008, the World Health Organisation declared that e-cigarettes were not to be marketed as a smoking cessation aid however did not offer any suggestion towards whether they had a positive or negative effect, which paved the way for their continued popularity.

E-cigarettes gained popularity in the mid-2000s, primarily in China and Europe. The devices were initially marketed as smoking cessation aids or alternatives to traditional cigarettes. Early e-cigarettes resembled cigarettes in shape and size and were often disposable or rechargeable with replaceable cartridges. In the late 2000s and early 2010s, e-cigarettes became more widely available and diversified in design and functionality. Manufacturers introduced customizable devices with refillable tanks, variable voltage settings, and a variety of flavors. This period also saw the emergence of "vape shops" specializing in e-cigarette products and accessories. As e-cigarettes gained popularity, concerns arose about their safety and potential health impacts. Studies began to explore the composition of e-cigarette vapor and its potential risks to users. Some studies identified harmful chemicals in e-cigarette vapor, although at lower levels than in traditional cigarette smoke. There were also concerns about the appeal of e-cigarettes to youth and non-smokers. Governments around the world began to respond to the growing popularity of e-cigarettes with varying degrees of regulation. Some countries implemented restrictions on advertising, sales to minors, and public use of e-cigarettes. Others imposed stricter regulations on product labeling and manufacturing standards. Concerns were raised about the marketing tactics of e-cigarette companies, particularly those targeting



young people with flavored products and social media advertising. In response, the U.S. Food and Drug Administration (FDA) introduced regulations to restrict the sale of flavored e-cigarettes and raise the legal age for purchasing tobacco and vaping products to 21. The e-cigarette and vaping industry continues to evolve, with ongoing innovations in product design, flavors, and technology. Regulatory responses continue to adapt to new developments, balancing concerns about public health with considerations of harm reduction and smoking cessation.

Current Situation

Vaping has gotten much more popular among teenagers in the past few years. Now, many more teenagers use e-cigarettes than traditional cigarettes. There are restrictions on the sale and advertising of e-cigarettes to young people, but many teenagers still use them. Vaping has many medical risks. E-cigarettes contain nicotine, which is an extremely addictive drug. Getting addicted to nicotine can make it harder for teenagers to focus and concentrate. E-cigarettes also contain chemicals that could cause cancer, and there are many reports of serious lung problems connected to vaping.

Currently, there are countries in which the sale of vaping products has been banned, such as Brazil, India, Thailand, and Turkey, among others. However, there are some countries in which the sale of e-cigarettes is legal, such as the United States, Canada, and the United Kingdom. The United States has 9 million people who regularly vape, giving the highest number of vaping consumers in the world. Many countries have implemented regulations to control the sale and use of vape products. Governments and health organizations have launched campaigns to educate the public about the risks associated with vaping, especially among youth. These campaigns aim to raise awareness about the potential health consequences and addiction risks of using vape products. There has been an increase in research efforts to better understand the health effects of vaping. This includes studies on the impact of vaping on lung health, cardiovascular health, and overall well-being. Research also focuses on the efficacy of vaping as a smoking cessation tool compared to other methods. Many governments have imposed restrictions on the marketing and advertising of vape products, especially those targeting youth. This includes bans on advertising in certain places, such as near schools or on social media platforms popular among young people.



Points to Consider:

- What specific health risks are associated with e-cigarettes and vaping products?
- How do these risks compare to traditional tobacco products?
- What are the implications of e-cigarettes and vaping products on youth usage?
- How does nicotine addiction from vaping products affect overall health?
- What regulatory measures are in place to address the health impacts of e-cigarettes and vaping products?
- How do e-cigarettes and vaping products impact different populations, particularly vulnerable or marginalized groups?
- What policy recommendations can be made to address the health impacts of e-cigarettes and vaping products?
- How can policies be tailored to balance harm reduction with public health protection?

Useful links:

[https://www.lung.org/quit-smoking/e-cigarettes-vaping/impact-of-e-cigarettes-on-lung#:~:text=E%2Dcigarettes%20produce%20a%20number,as%20cardiovascular%20\(heart\)%20disease.&text=E%2Dcigarettes%20also%20contain%20acrol ein,primarily%20used%20to%20kill%20weeds.](https://www.lung.org/quit-smoking/e-cigarettes-vaping/impact-of-e-cigarettes-on-lung#:~:text=E%2Dcigarettes%20produce%20a%20number,as%20cardiovascular%20(heart)%20disease.&text=E%2Dcigarettes%20also%20contain%20acrol ein,primarily%20used%20to%20kill%20weeds.)

https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html

<https://www.forbes.com/health/wellness/health-effects-e-cigarettes/>

<https://my.clevelandclinic.org/health/treatments/21162-vaping>

<https://www.who.int/news-room/questions-and-answers/item/tobacco-e-cigarettes>



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*The **World Health Organization** works worldwide to give everyone an equal chance at a safe and healthy life.*