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World Health Assembly

Background Guide 2018

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Dear Delegates,

Welcome to the 2018 National Model United Nations Conference in Washington, D.C. (NMUN•DC)! We are pleased to introduce you to our committee, the World Health Assembly (WHA). This year's staff is composed of Director Zachery Stuebs and Assistant Director Kelsea Gillespie. Zachery holds a B.S. in Computer Science and Biology and is employed as a software developer in Madison, WI. He looks forward to returning to NMUN•DC and seeing delegates collaborate to craft solutions to some of today's most pressing public health challenges. Kelsea holds a B.A. in English and currently works with the Government of Alberta in strategic policy. Kelsea is excited to join NMUN•DC staff and to see how delegates will approach the complex issues before the World Health Assembly.

The topics under discussion for the World Health Assembly are:

I. Treatment and Prevention of HIV/AIDS
II. Mitigating the Impact of Environmental Health Risks

WHA is the policymaking arm of the World Health Organization (WHO). Each year, WHA Member States meet to create policies and set priorities for WHO. Many of the resolutions adopted by WHA also provide guidance to Member States and the international community at large. In this way, WHA impacts public health policies across the entire United Nations system. Some issues discussed at the 2018 session include digital health, physical activity, and a wide variety of diseases, both communicable and non-communicable.

We hope you will find this Background Guide useful as an introduction to the topics for this committee. However, it is not intended to replace individual research. We highly encourage you to explore your Member State's policies in-depth, as well as use the Annotated Bibliography and Bibliography to further your knowledge on these topics. In preparation for the conference, each delegation will submit a position paper. Please take note of the NMUN Conduct Expectations on the website and in the Delegate Preparation Guide regarding plagiarism, codes of conduct, dress code, sexual harassment, and the awards philosophy and evaluation method. Adherence to these guidelines is mandatory.

The NMUN Rules of Procedure are available to download from the NMUN website. This document includes the long and short form of the rules, as well as an explanatory narrative and example script of the flow of procedure. It is thus an essential instrument in preparing for the conference, and a reference during committee.

If you have any questions concerning your preparation for the committee or the conference itself, feel free to contact the Under Secretary-General for the committee, Courtney Indart; the Deputy Secretary-General, Chase Mitchell; or the Secretary-General for the conference, Angela Shively. You can contact them by email at: usgcourtney.dc@nmun.com, dsg.dc@nmun.org, or secgen.dc@nmun.org.

We wish you all the best in your preparations and look forward to seeing you at the conference!

Sincerely,

Zachery Stuebs, *Director*
Kelsea Gillespie, *Assistant Director*

NMUN is a Non-Governmental Organization associated with the UN Department of Public Information,
a United Nations Academic Impact Member, and a 501(c)(3) nonprofit organization of the United States.

Committee Overview

"I envision a world in which everyone can live healthy, productive lives, regardless of who they are or where they live. I believe the global commitment to sustainable development – enshrined in the Sustainable Development Goals – offers a unique opportunity to address the social, economic and political determinants of health and to improve the health and well-being of people everywhere." [1]

Introduction

The **World Health Assembly** (WHA) is the decision-making body of the World Health Organization and a specialized agency of the United Nations, reporting to the Economic and Social Council (ECOSOC).

The World Health Assembly (WHA) is the decision-making body of the World Health Organization (WHO), which is the directing and coordinating authority on international healthcare issues within the United Nations (UN) system, promoting the attainment of the highest possible level of health by all people.[2] WHO intervenes within six intersecting areas of work: the provision of assistance to its 194 Member States in the development of their respective health systems; the eradication of non-communicable diseases; the promotion of good lifelong health; the prevention, treatment, and care for communicable diseases; the preparedness, surveillance, and response with respect to international health emergencies; and the extension of corporate services to the organization's public and private partners.[3] WHO is guided by the principle that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.[4]

Outlined in the *Constitution of the World Health Organization* (1946), the principle of health cooperation was adopted in July 1946 by the then 51 UN Member States and 10 additional states.[5] After a complete breakdown of international health cooperation during the Second World War, an Interim Commission continued the activities of existing institutions until 26 Member States ratified WHO's constitution.[6] After the constitution entered into force in April 1948, the World Health Assembly (WHA), comprised of all WHO Member States, convened in Geneva on 24 June 1948 for the first time.[7] Although WHO largely remained a stimulator for health research throughout its first decade, its operative programs gradually expanded in the following years.[8] The adoption of WHA resolution 19.16 of 13 May 1966 on the "Smallpox Eradication Programme" marked the organization's first global immunization campaign and eventually succeeded in eliminating the disease in 1980.[9] Another defining moment for WHO was the 1978 International Conference on Primary Health Care, which declared access to primary health care for all as the organization's key strategic objective and linked health to social and economic development.[10] The *Declaration of Alma-Ata* (1978) served as the basis for WHO's *Global Strategy for Health for All by the Year 2000* (1981), aiming to achieve universal primary healthcare.[11]

Governance, Structure, and Membership

WHA meets annually in Geneva and is comprised of every Member State of the WHO, with each Member State having one vote.[12] Each Member State is allowed to have up to the three delegates present within the Assembly and one is designated as the chief delegate.[13] Additionally, delegates are permitted to have alternates accompany them to

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[1] WHO, *Vision statement by WHO Director-General*, 2018.
[2] WHO, *World Health Assembly,* 2018; WHO, *About WHO*, 2018; WHO, *Basic Documents – 48th ed. Including amendments adopted up to 31 December 2014*, 2014.
[3] WHO, *What we do*, 2018.
[4] WHO, *Constitution of WHO: principles*, 2018.
[5] WHO, *Origin and development of health cooperation*, 2018.
[6] Ibid.
[7] Ibid.
[8] Ibid.
[9] WHO, *The Third Ten Years of the World Health Organization – 1968-1977*, 2008, pp. 177-181.
[10] Ibid, pp. 303-304.
[11] WHO, *Global Strategy for Health for All by the Year 2000*, 1981; International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978.
[12] WHO, *Constitution of the World Health Organization*, 1946, p. 5.
[13] Ibid, p. 5; WHO, *World Health Assembly*, 2018.

the Assembly as well as advisors.[14] The delegates themselves are typically leading technical experts in health fields within their own Member States.[15] During its plenary, WHA is divided into two main committees, Committee A and Committee B.[16] Committee A is responsible for the program and budgetary matters each session.[17] Committee B is responsible for all administrative, financial considerations, and legal issues.[18]

While WHA holds a great amount of autonomy, it does have an elected executive board that governs over it.[19] The Executive Board is comprised of 34 experts in the field of health, each appointed for a three-year term by a Member State of WHO that is elected by WHA proportional to regional populations.[20] The Board's key functions include the drafting of multiannual programs of work as well as submitting draft resolutions to WHA for consideration.[21] Furthermore, the Board endorses decisions and policies of WHA and coordinates response efforts to international health emergencies.[22] The Board meets at least twice per year, and also holds special sessions in the event of an international health emergency, such as in response to the Ebola outbreak in West Africa.[23]

WHO's Director-General acts as chief technical and administrative officer with the support of the secretariat's administrative staff.[24] The Director-General also serves as the ex-officio secretary of WHA and the Executive Board, as well as of the organization's commissions and committees, and is responsible for submitting WHO's financial statements and budget estimates to the Executive Board.[25] Dr. Tedros Adhanom Ghebreyesus is the current Director-General of WHO.[26] The Director-General's vision reinforces the importance of the Sustainable Development Goals (SDGs) in improving global health and well-being by focusing on health rights for all people and by giving health a central role in international agendas.[27]

Mandate, Functions, and Powers

WHA is empowered and charged with the supervision of the organization's financial policies, determining WHO's governing policies, adopting its budget, and appointing the Director-General on the nomination of the Executive Board.[28] WHO's budget is funded through assessed contributions of Member States and voluntary contributions from both state and non-state donors.[29] Since the 1990s, voluntary contributions have provided the majority of WHO's income.[30] The WHO budget for the 2018-2019 biennium was approved by the WHA during its 70th session and totals $4.42 billion.[31] This is an increase of $81.1 million from the 2016-2017 biennium, largely driven by an increase in funding to the Health Emergencies Programme of $69.1 million, with the aim of ensuring preemptive readiness in all countries.[32] Communicable diseases, promoting health through the life course, and polio and special programs also received increased funding.[33] Non-communicable diseases, health systems, and corporate services/enabling functions receive less money in the current budget than in 2016-2017.[34]

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[14] WHO, *Constitution of the World Health Organization*, 1946, p. 5.
[15] Ibid.
[16] WHO, *Rules of Procedure of the World Health Assembly*, 1955, p. 148.
[17] Ibid.
[18] Ibid.
[19] WHO, *Constitution of the World Health Organization*, 1946, p. 8.
[20] WHO, *The Executive Board*, 2018.
[21] WHO, *Governance*, 2018; WHO, *Constitution of the World Health Organization*, 1946, p. 9.
[22] WHO, *Constitution of the World Health Organization*, 1946, p. 9.
[23] WHO, *The Executive Board*, 2018; WHO, *Special Session on the Ebola Emergency (EBSS/3/2015/REC/1)*, 2015.
[24] WHO, *Constitution of the World Health Organization*, 1946, p. 9.
[25] Ibid, pp. 9-10.
[26] WHO, *Dr Tedros takes office as WHO Director-General*, 2017.
[27] WHO, *Vision statement by WHO Director-General*, 2018.
[28] WHO, *Constitution of the World Health Organization*, 1946, p. 6.
[29] WHO, *Programme Budget 2018-2019*, 2017, p. 11.
[30] Ibid.
[31] Ibid, p. 5.
[32] Ibid, pp. 5-6.
[33] Ibid, p. 5.
[34] Ibid.

In May 2011, the Executive Board launched a Member State-led reform to transform the organization into a more "effective and efficient, transparent and accountable" body to maintain its position as a key contributor in the 21st century.[35] The reform addresses three core areas: program and priority setting; governance and management; and tackling issues relating to accountability, human resources, evaluation, and communication.[36] The governance reform examined WHO's governing bodies' working methods, engagement practices with external stakeholders, and ultimately the organization's governance role in the global community on issues relating to health.[37] After seven years of reform, WHO has consolidated its position in influencing the global health agenda, improving prioritization based on country needs, and strengthening oversight and accountability.[38]

Moreover, WHA has the authority to establish committees and instruct the Executive Board or the Director-General to bring attention to important health matters to the WHO or the global community at-large.[39] As illustrated by WHO's response to the 2014 Ebola outbreak in West Africa, WHO programs may operate on global, regional, and national levels simultaneously.[40] In July 2015, WHO had approximately 1,100 technical experts and medical staff deployed in the three most affected states: Guinea, Liberia, and Sierra Leone.[41] WHO's activities in these states were complemented by the work of the Global Outbreak Alert and Response Network, a coalition of Member States' scientific institutions, medical and surveillance initiatives, regional technical networks, the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees (UNHCR), the Red Cross, and other humanitarian NGOs.[42]

Another function of WHA is to create new committees and institutions needed to carry out the mission of the WHO.[43] WHA has the ability to adopt conventions or agreements on any matter related to WHO or global health initiatives.[44] Accordingly, WHA reports to ECOSOC concerning any agreement between the organization and the UN.[45] An example of this authority is the implementation of the *International Health Regulations* (IHR) (2005).[46] The IHR was adopted by WHA resolution 58.3 on "Revision of the International Health Regulations."[47] The resolution called for a legal framework strengthening states' disease surveillance capacities, an issue that became salient following a resurgence of several epidemic diseases in the 1990s, such as cholera in South America and plague in India.[48] The IHR came into force on 17 June 2007 and legally binds 196 states, including all WHO Member States, setting standards for the prevention of and response to acute, cross-border public health risks.[49]

Recent Sessions and Current Priorities

WHO's current priorities were established by WHA resolution 66.1 of 24 May 2013, which approved the *Twelfth General Programme of Work 2014-2019*.[50] WHO's work focuses on promoting IHR's implementation, improving access to medical products, action on social determinants of health, advancing universal health coverage, addressing the challenge of non-communicable disease, and shaping WHO's role in achieving the SDGs.[51] During its 70th session in May 2017, WHA adopted resolutions that reaffirm organizational commitment to the SDGs.[52] For example, resolution 70.14 called for strengthening immunization, resolution 70.15 highlighted improving health of refugees and immigrants, and resolution 70.12 focused on cancer prevention, all of which demonstrated attention to

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[35] WHO, *WHO reform: overview of reform implementation (A68/4)*, 2015.
[36] Ibid; WHO, *Why reform?*, 2018.
[37] WHO, *WHO reform: overview of reform implementation (A68/4)*, 2015.
[38] WHO, *Leadership and management at WHO: evaluation of WHO reform, third stage (A70/50 Add.1)*, 2017.
[39] WHO, *Constitution of the World Health Organization*, 1946, p. 6.
[40] WHO, *Ebola Response in Action*, 2016; WHO, *Partners: Global Outbreak Alert and Response Network (GOARN)*, 2018.
[41] Ibid.
[42] Ibid.
[43] WHO, *Constitution of the World Health Organization*, 1946, p. 6.
[44] Ibid, p. 7.
[45] Ibid.
[46] WHO, *International Health Regulations (IHR)*, 2018.
[47] WHO, *Frequently asked questions about the International Health Regulations (2005)*.
[48] Ibid.
[49] Ibid; WHO, *International Health Regulations (IHR)*, 2018.
[50] WHO, *Twelfth General Programme of Work 2014-2019 (WHA66.1)*, 2013.
[51] WHO, *Leadership priorities*.
[52] WHO, *Agenda (A70/1 Rev.2)*, 2017.

particularly vulnerable groups, preventive measures, and ensuring good health of all people, as highlighted in the SDGs.[53] To celebrate the goal of the *2030 Agenda for Sustainable Development* (2015) to "leave no one behind," the 70th WHA featured many side events that targeted vulnerable stakeholders.[54] Most notably, a technical briefing showcased successful stories of environmental health risk management; youth representatives participated in a citizens' dialogue on sexual and reproductive health and rights; and Every Woman Every Child hosted a discussion on innovation for women's, children's, and adolescents' health.[55]

Most recently, WHA concluded its 71st session in May 2018.[56] The session extended over a seven day period in Geneva, Switzerland and covered a number of pressing global health issues.[57] At the conclusion of the conference, WHA approved the new five-year plan for the WHO with a multitude of targets to reach by 2023.[58] Most notably, the WHO aims to ensure that one billion more people benefit from universal healthcare, are better protected from health emergencies, and enjoy simple better health and wellbeing.[59] WHA also adopted a resolution regarding preparations for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which will take place during the 2018 General Debate.[60] Other resolutions addressed specific diseases, including tuberculosis and cholera, as well as WHO's global action plan on physical activity.[61] The 72nd WHA is scheduled for May 2019.[62]

Conclusion

WHO is the coordinating authority on international healthcare issues within the UN system.[63] As the body responsible for the formulation of WHO's policies, WHA assumes a key responsibility in addressing current health priorities.[64] The global state of health is ever-changing and increasingly complicated, requiring strategic, creative, and unique solutions that adapt to local conditions and situations.[65] In light of persistent challenges across the priorities highlighted above, delegates are expected to develop effective solutions to address challenges to health and to achieve the health objectives set forth by the SDGs.[66]

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[53] WHO, *Cancer prevention and control in the context of an integrated approach (WHA70.12)*, 2017; WHO, *Strengthening immunization to achieve the goals of the global vaccine action plan (WHA70.14)*, 2017; WHO, *Promoting the health of refugees and migrants (WHA70.15)*, 2017.
[54] WHO, *70th World Health Assembly. Selected highlights & outcomes of WHA70*, 2018.
[55] Ibid.
[56] WHO, *Documentation*, 2018.
[57] Ibid; WHO, *Provisional Agenda: Plenary (A71/1)*, 2018.
[58] WHO, *Seventy-first World Health Assembly update, 26 May*, 2018.
[59] Ibid.
[60] WHO, *WHA71 Main Documents*, 2018.
[61] Ibid.
[62] WHO, *World Health Assembly*, 2018.
[63] WHO, *About WHO*, 2018.
[64] WHO, *The Executive Board,* 2018; WHO, *World Health Assembly*, 2018.
[65] WHO, *10 facts on the state of global health*, 2017; WHO, *World Health Statistics 2017: Monitoring health for the SDGs*, 2017.
[66] WHO, *WHO Director-General*, 2018.

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World Health Organization. (1946). *Constitution of the World Health Organization*. Retrieved 25 April 2018 from: https://archive.org/details/WHO-constitution

The Constitution of the World Health Organization is a foundational document outlining the mission and governance of the organization. Specifically, the Constitution goes into great detail about the expressed powers of the World Health Assembly and grants the Assembly the ability to establish their own Rules of Procedure. Furthermore, the document will be a sufficient additional resource to research the feasibility and realistic solutions to the issues posed.

World Health Organization. (2014). *Basic Documents – 48th ed. Including amendments adopted up to 31 December 2014*. Retrieved 25 April 2018 from: http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf

This document published by WHO compiles the organization's founding documents and accompanying legal provisions. It includes WHO's constitution, provides information on its governing bodies' rules and procedures, and specifies WHO's agreements with other intergovernmental and non-governmental organizations. Furthermore, the document specifies the legal provisions on WHO's financial administration. The document provides delegates with an encompassing overview of WHO's legal framework and details the formal mandate for the organization's operations.

World Health Organization. (2018). *About WHO* [Website]. Retrieved 28 April 2018 from: http://who.int/about/en/

This section of WHO's website provides delegates with access to comprehensive information on the organization's history and structure, WHO's main areas and locations of work, and background information on its governing bodies and WHO's cooperation with other organizations. The website represents a key resource that allows delegates to obtain an overview of not only WHO's formal structures and history, but also its role in the UN system and its work with Member States. While information provided on the website is fairly general, its subsections contain helpful links to more specific sources of information on the topics outlined above.

World Health Organization. (2018). *International Health Regulations (IHR)* [Website]. Retrieved 27 April r 2018 from: http://www.who.int/topics/international_health_regulations/en/

The response to public health risks is a consistent agenda item for the WHA. The IHR is an international legally binding document that requires all countries to report outbreaks of certain diseases and other public health events to the WHO to facilitate global public health monitoring. Also, the IHR outlines procedures that should be taken, including reporting the WHO, in cases of an outbreak.

World Health Organization, World Health Assembly, Seventy-first session. (2018). *Provisional Agenda: Plenary (A71/1)*. Retrieved 29 April 2018 from: http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_1-en.pdf

The plenary agenda provides insight into the important topics addressed by WHA at its most recent session. Additionally, the agenda is published as an interactive document that provides access to current protocols, strategies, resolutions, and additional historical documents. Understanding what each committee currently addresses will be a helpful step to understand how and why work is divided during WHA's sessions.

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I. Treatment and Prevention of HIV/AIDS

"The world is well on its way to meeting the target of ending the AIDS epidemic by 2030. Nearly 21 million people living with HIV now have access to treatment — a number that should grow to more than 30 million by 2020… There is great hope that the world can deliver on its promise. But much more needs to be done."[67]

Introduction

Acquired immunodeficiency syndrome (AIDS) is a disease that is caused by human immunodeficiency virus (HIV) if the virus is not identified early and treated properly.[68] HIV/AIDS has been a major global issue since its spread reached epidemic levels in the 1980s; since that time over 76 million people have been infected with HIV.[69] There were 36.7 million persons living with HIV infections and one million deaths from illnesses related to AIDS in 2016.[70] That same year, there were approximately 1.8 million persons newly infected with HIV.[71] Different parts of the world are disproportionately affected by HIV/AIDS; for instance, over 19 million people living in Eastern and Southern Africa are infected with HIV, with well over half being women and girls.[72] Six million people living in Western and Central Africa and 230,000 in the Middle East and North African region are infected with HIV/AIDS.[73]

HIV attacks the body's immune system, making it harder for infected persons to fight off other illnesses.[74] HIV/AIDS can only be transmitted when HIV-infected bodily fluids come into contact with a mucous membrane or open wounds, or are introduced into the bloodstream of non-HIV-infected persons.[75] HIV/AIDS is most commonly transmitted through unprotected sexual activity or use of contaminated syringe needles.[76] There are three stages of HIV infection: acute HIV infection, clinical latency, and AIDS.[77] If people with HIV are adequately treated during the latency phase, they may live in this stage for several decades.[78] The treatment for HIV is called antiretroviral therapy (ART), and, if administered properly, can help keep HIV-infected persons healthy and lower the risk of transmission.[79] When persons with HIV are treated with ART, over time the levels of the virus in their bloodstream becomes undetectable, a state known as suppression, and the disease cannot be transmitted.[80] The foremost cause of death for persons living with HIV/AIDS is tuberculosis, accounting for nearly one-third of deaths.[81]

Efforts to address the HIV/AIDS epidemic have grown significantly over the last decade; in June 2017, over 20 million people with HIV were receiving ART, compared to only 685,000 people in 2005.[82] However, access to ART varies regionally, with only 24% of infected adults in the Middle East and North Africa having access compared to 61% in Eastern and Southern Africa.[83] Globally, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 54% of adults with HIV are being treated with ART.[84] Recently, United Nations (UN) Secretary-General António Guterres called on the international community to remain committed to eradicating the HIV/AIDS epidemic.[85]

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[67] UN DPI, *In Message for World AIDS Day, Secretary-General Calls for Renewed Commitment to Make Epidemic 'a Thing of the Past'*, 2017.
[68] Centers for Disease Control and Prevention, *About HIV/AIDS*, 2018.
[69] UNAIDS, *Fact Sheet – July 2018*, 2018.
[70] Ibid.
[71] Ibid.
[72] Ibid.
[73] Ibid.
[74] Centers for Disease Control and Prevention, *About HIV/AIDS*, 2018.
[75] Centers for Disease Control and Prevention, *HIV Transmission*, 2018.
[76] Ibid.
[77] Centers for Disease Control and Prevention, *About HIV/AIDS*, 2018.
[78] Ibid.
[79] Ibid.
[80] UNAIDS, *Public health and HIV viral load HIV suppression*, 2017, p. 1.
[81] UNAIDS, *Fact Sheet – July 2018*, 2018.
[82] Ibid.
[83] Ibid.
[84] UNAIDS, *Fact Sheet – July 2018*, 2018.
[85] UN DPI, *In Message for World AIDS Day, Secretary-General Calls for Renewed Commitment to Make Epidemic 'a Thing of the Past'*, 2017.

International and Regional Framework

Promoting and understanding the right to health is integral to the treatment and prevention of HIV/AIDS.[86] Article 25 of the 1948 *Universal Declaration of Human Rights* states that all people have the right to access adequate medical care and social services to ensure health and well-being.[87] The *International Covenant on Economic, Social and Cultural Rights* (1966) expresses that everyone has the right to enjoy "the highest attainable standard of physical and mental health" in Article 12.[88] The UN General Assembly held a special session on HIV/AIDS in 2001, and Member States adopted resolution S-26/2, the *Declaration of Commitment on HIV/AIDS*, which emphasized education, treatment, research, and mitigation of the epidemic.[89] In 2006, the General Assembly adopted resolution 60/262, titled "Political Declaration on HIV/AIDS," which addressed many of the related issues to the HIV/AIDS epidemic, including discrimination, gender inequality, state capacity to provide adequate health care, the disproportionate effects of the epidemic on sub-Saharan Africa, trade issues that create barriers to treatment, and the importance of preventing the spread of HIV/AIDS.[90] During the 2011 General Assembly High Level Meeting on AIDS, the General Assembly adopted resolution 65/277, titled "Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS," which mandated UNAIDS to assist Member States in reporting on their response to the AIDS epidemic.[91]

At its 70th session the General Assembly adopted the *2030 Agenda for Sustainable Development* (2030 Agenda) (2015), establishing the 17 Sustainable Development Goals (SDGs).[92] SDG 3 is to "Ensure healthy lives and promote well-being for all at all ages."[93] Target 3.3 aims to end the AIDS epidemic by 2030 and evaluates success based on the number of new HIV infections per 1,000 uninfected persons (broken out by sex, age, and key populations).[94] Additional Goal 3 targets relate to fighting the HIV/AIDS epidemic, including ensuring access to sexual and reproductive healthcare and strengthening treatment and prevention of substance abuse.[95] When viewed holistically, all of the SDGs create a framework to support a vision of safe, healthy communities free from suffering from HIV/AIDS.[96] Also at the 70th session the General Assembly adopted its "Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030," which reaffirms the commitment to ending the HIV/AIDS epidemic and acknowledges the important work of regional bodies.[97]

Recognizing the disproportionate impact of the HIV/AIDS epidemic on Africa, in 2001 the Organization of African Unity adopted the *Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases*.[98] In addition to acknowledging the high risk to specific populations, including women and girls and users of injectable drugs, the Declaration states that AIDS was in a "state of emergency" in Africa.[99] The OAU therefore set a target for African governments to allocate at least 15% of funding to the public health sector, and for donor countries to meet their target of 0.7% of their gross national product in official development assistance.[100] A follow-up summit produced the *Declaration of the Special Summit of African Union on HIV and AIDS, Tuberculosis and Malaria*

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[86] UNAIDS, *Right to Health*, 2017; OHCHR & WHO, *The Right to Health – Fact Sheet No. 31*, 2008.
[87] UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.
[88] UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966.
[89] UN General Assembly, *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*, 2001.
[90] UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006.
[91] UNAIDS, *2016 Progress Reports submitted by Countries*, 2018; UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011.
[92] UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.
[93] Ibid.
[94] Ibid.
[95] Ibid.
[96] UNAIDS, *AIDS and SDGs*, 2018.
[97] UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016.
[98] Abuja Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, *Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases*, 2001.
[99] Ibid.
[100] Ibid.

(2013), which acknowledged the progress made in improving public health in Africa but also called on governments to take new, accelerated actions towards the target of no new HIV infections on the continent by 2030.[101]

Role of the International System

UNAIDS is the leading mechanism for the global fight to end AIDS as a threat to public health and well-being.[102] It is the only cosponsored joint programme and has representation from 11 UN entities, international organizations, and civil society organizations (CSOs) in its governance structure, including WHO, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the World Bank, the Office of the UN High Commissioner for Refugees (UNHCR), and the World Food Programme (WFP).[103] UNAIDS helps to transform public health policy at all levels of government and is the leading organization for policy development, data collection, and coordination of responses.[104] UNAIDS officially mandated a World AIDS Day campaign in 1999, which happens every year on December 1.[105] The World AIDS Day campaign is an opportunity to promote awareness and build solidarity in the fight against HIV/AIDS.[106] The Special Rapporteur on the right to health, established under the Office of the United Nations High Commissioner for Human Rights (OHCHR), is mandated to gather, request, and distribute information regarding the right to health.[107] In particular, they may initiate dialogue, report on the right to health, make recommendations, and work with organizations to promote dialogue and cooperation.[108] One of the key priorities for the Special Rapporteur is the treatment and prevention of HIV/AIDS, in accordance with the targets established by the SDGs.[109]

The World Health Assembly (WHA) and the World Health Organization (WHO) work to address HIV/AIDS as part of an overarching global healthcare strategy.[110] In 1987, WHA adopted its "Global strategy for the prevention and control of AIDS," which outlined WHO's role in coordinating the international response to the epidemic.[111] WHA adopted an updated strategy in 2016, its "Global Sector Health Strategy on HIV: 2016-2021," which outlines the necessary actions for the global health sector and WHO to attain the SDGs, including fast-track actions for HIV prevention and treatment.[112] Recently, WHA reviewed progress of the implementation of the strategy, reflected in the progress report of the Director-General.[113] In 2017, WHO issued a joint statement on ending discrimination in health care settings, which addresses supporting the needs of marginalized communities, empowering health care workers, and emphasizing accountability and compliance with the principle of non-discrimination.[114]

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is a financing institution that gives funding to countries to support public health policy and program implementation.[115] The Global Fund has so far helped to save 22 million lives from 2002-2016, helping to coordinate between CSOs, governments, and private sector organizations to ensure support for local programs that give directly to the communities most in need.[116] Regionally, AIDS Watch Africa (AWA), created during the 2001 Abuja Summit on HIV/AIDS, works with Member States of the African Union (AU) to coordinate with the global public health community.[117] The report of UNAIDS

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[101] Special Summit of African Union on HIV and AIDS, Tuberculosis and Malaria, *Declaration of the Special Summit of African Union on HIV and AIDS, Tuberculosis and Malaria*, 2013.
[102] UNAIDS, *About Us*, 2018.
[103] Ibid; UNAIDS, *UNAIDS Cosponsors*, 2018.
[104] UNAIDS, *About Us*, 2018.
[105] UN, *World Aids Day: Background*.
[106] UNAIDS, *Right to Health*, 2018.
[107] OHCHR, *Overview of the mandate*, 2018; OHCHR, *Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, 2018.
[108] OHCHR, *Overview of the mandate*, 2018.
[109] OHCHR, *Issues in focus*, 2018.
[110] WHO, *Global Health Sector Strategy on HIV: 2016-2021 Towards Ending AIDS*, 2016; WHO, *World Health Assembly*, 2018.
[111] WHO, *Global strategy for the prevention and control of AIDS (WHA40.26)*, 1987.
[112] WHO, *Global Health Sector Strategy on HIV: 2016-2021 Towards Ending AIDS*, 2016; WHO, *Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 (WHA69.22)*, 2016.
[113] WHO, *Progress reports: Report by the Director-General (A71.41)*, 2018.
[114] WHO, *Joint United Nations Statement on Ending Discrimination in Health Care Settings*, 2017.
[115] The Global Fund, *Global Fund Overview*, 2018.
[116] Ibid; The Global Fund, *Impact*, 2018.
[117] African Union, *AIDS Watch Africa: Strategic Framework (2016-2030)*, 2016.

titled "Abuja+12: Shaping the future of health in Africa" established a roadmap to assist the AU in reaching the *Abuja Declaration* commitments and establishes a framework for tracking progress on the commitments of the Abuja and Abuja+12 summits.[118]

Treatment and Barriers to Treatment of HIV/AIDS

Prior to the development of treatment for HIV, a person infected with HIV could expect to live at most 12.5 years after infection.[119] Rapid treatment of HIV/AIDS has cost-saving benefits and health gains.[120] For example, treatment for persons living with HIV/AIDS in South Africa has increased, which will mean 3.3 million fewer new HIV infections by 2050 and yield $30 billion US dollars in long-term savings.[121] There are many complex barriers to scaling up treatment globally, such as poor economic and living conditions, discrimination in health care settings, misuse or misunderstanding of treatment, intellectual property protection, and the availability of affordable medicines for persons in developing countries.[122]

The UNAIDS 90-90-90 Strategy (2014-2020) calls for action to ensure that 90% of persons living with HIV/AIDS know their status, 90% of persons diagnosed receive ART, and 90% of persons living with HIV/AIDS are virally suppressed.[123] The realization of the 90-90-90 Strategy relies on a coordinated UN system and responses that are specific to country contexts, humanitarian emergencies, and conflict and post-conflict zones.[124] The period from 2016-2020 is critical in the fight against HIV/AIDS to ensure that the international community maintains public health gains to end the epidemic by 2030.[125] Infected persons who are not receiving ART are usually the most difficult to reach due to geographical and other structural constraints.[126] New innovations in treatment have had a significant impact on curbing deaths and new infections; Unitaid, a non-profit organization dedicated to investing in the treatment and prevention of HIV/AIDS, is working in partnership with WHO to make significant gains in financing and increasing the quality and accessibility of ART.[127]

One of the primary focuses of the global response to AIDS has been to emphasize the importance of inclusivity.[128] Young women and girls are disproportionately affected by HIV/AIDS due to gender inequality, violence against women, and child marriage.[129] Access to medicines is also unequal for different age groups; for instance, access to treatment for children is particularly low, especially in the Middle East and North African region where only 15% of children have access to treatment.[130] Persons belonging to the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community, gender and sexual minorities (GSM), sex workers, and clients are more susceptible to HIV infection and face discrimination in seeking treatment.[131] Furthermore, global responses need to be accessible to and

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[118] UNAIDS, *Abuja+12: Shaping the future of health in Africa*, 2013.
[119] UNAIDS, *90-90-90: An ambitious treatment target to help end the AIDS epidemic*, 2014, p. 3.
[120] Ibid, p. 6.
[121] Ibid.
[122] UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016, p. 16.
[123] UNAIDS, *90-90-90: An ambitious treatment target to help end the AIDS epidemic*, 2014.
[124] UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016, p. 5.
[125] Ibid, p. 4.
[126] UNAIDS, *90-90-90: An ambitious treatment target to help end the AIDS epidemic*, 2014, p. 8.
[127] UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016, p. 6; Unitaid, *About Us*, 2018.
[128] UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016.
[129] Ibid; UNAIDS, *Right to Health*, 2017, p. 31.
[130] UN General Assembly, *On the Fast Track to Ending the AIDS Epidemic: Report of the Secretary-General (A/70/811)*, 2016, p. 6.
[131] OHCHR et al., *Ending Violence and Discrimination Against Lesbian, Gay, Bisexual, Transgender and Transgender and Intersex People*, 2015; UNAIDS, *2016-2021 Strategy: On the Fast-Track to End AIDS*, 2016; Centers for Disease Control and Prevention, *HIV Risk Behaviors*, 2015.

inclusive of persons with disabilities and their unique needs for HIV prevention, treatment and care, supporting programs, and their sexual and reproductive health.[132]

Preventing the Spread of HIV/AIDS

When individuals infected with HIV/AIDS are treated, there is less chance of them infecting others, helping prevent the spread of HIV/AIDS.[133] One option for prevention, pre-exposure prophylaxis (PrEP), exists for those who have not contracted HIV but are at high risk for infection.[134] Post-exposure prophylaxis (PEP), another form of preventative medicine, means taking ART within 72 hours of potential exposure to HIV infection.[135] Other preventative but not infallible measures include proper use of condoms, use of sterile needles for injection, and choosing less risky sexual behaviors.[136] There are several challenges to prevention programming implementation, including lack of political will and subsequent inadequate investments and funding, reluctance in addressing sexual and reproductive health and rights for young persons, and a lack of rigor in systematic prevention for policy implementation.[137] Information and education is important for everyone to keep themselves and their families safe and healthy from HIV infection.[138] Specifically, health care workers need to be empowered to give all patients proper education and information on diagnosis, treatment, and care.[139] Sexual education for young children and girls, as well as mainstreaming human rights, is important in preventing the spread of HIV/AIDS.[140]

Crucial to preventing the spread of HIV/AIDS is understanding disaggregated data and using it to create targeted interventions.[141] UNAIDS has collected some disaggregated data and formatted it in an online visualization tool called Key Population Atlas, which demonstrates the disproportionate effect of HIV/AIDS on sub-Saharan Africa.[142] The atlas encompasses data on stigma and discrimination and captures some of the structural challenges to addressing the HIV/AIDS epidemic by mapping legislative environments.[143] For instance, young people aged 15-24 account for over 33% of all new HIV infections and 2000 young people are newly infected with HIV each day.[144] One of the biggest barriers to ending the AIDS epidemic has been slowing the spread and transmission of HIV/AIDS, exacerbated by inadequate financing for treatment, and a lack of technology transfer and overall access for low- to middle-income countries.[145]

Conclusion

In 2016 the world had 36.7 million individuals living with HIV and saw one million people die from illness related to HIV/AIDS.[146] The Executive Director of UNAIDS, Michel Sidibé, has called upon the international community to establish a new coalition that focuses on HIV infection prevention and create a roadmap to meet the 2020 goals for HIV/AIDS.[147] In order to reach the current global goals in the fight against HIV/AIDS, Michel Sidibé also believes in creating a platform for policy-makers and CSOs involved in HIV-prevention measures, establishing key

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[132] UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016, p. 10.
[133] Centers for Disease Control and Prevention, *About HIV/AIDS*, 2018.
[134] Centers for Disease Control and Prevention, *Pre-Exposure Prophylaxis (PrEP)*, 2018.
[135] Centers for Disease Control and Prevention, *Post-exposure prophylaxis (PEP)*, 2018.
[136] Centers for Disease Control and Prevention, *Prevention*, 2018; UNAIDS, *HIV Prevention*, 2018.
[137] UNAIDS, *HIV Prevention*, 2018.
[138] UN General Assembly, *On the Fast Track to Ending the AIDS Epidemic: Report of the Secretary-General (A/70/811)*, 2016, p. 10; UNAIDS, *Right to Health*, 2017, p. 17.
[139] Ibid.
[140] UNAIDS, *Right to Health*, 2017, p. 19.
[141] UNAIDS, *2016-2021 Strategy: On the Fast-Track to End AIDS*, 2016.
[142] UNAIDS, *Key Populations Atlas*, 2018.
[143] Ibid.
[144] UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016, p. 8.
[145] Ibid, 2016, p. 9-11.
[146] UNAIDS, *Fact Sheet – July 2018*, 2018.
[147] UNAIDS, *HIV Prevention*, 2018.

milestones and goals, and strengthening accountability and responsibility for stakeholders, including those who provide technical support for HIV prevention.[148]

Further Research

Moving forward, delegates should consider question such as: Are there aspects of the global response to HIV/AIDS that could benefit from increased coordination? How can mainstreaming the right to health promote access to and encourage treatment for HIV/AIDS? What are the gaps in the global response to HIV/AIDS? Can WHA help sustain momentum and ensure sustainable funding for prevention and treatment? How might CSOs be more involved in reaching vulnerable and remote populations? How might the international community ultimately ensure equality, accessibility, timeliness, and affordability for treatment? What could WHA do to enhance accountability and compliance with the principle of non-discrimination to assist efforts to promote access to treatment?

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[148] UNAIDS, *HIV Prevention*, 2018.

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The 90-90-90 Strategy lays out three ambitious targets for the treatment and prevention of HIV/AIDS: that by 2020, 90% of people living with AIDS will know their status, 90% of people diagnosed will be receiving antiretroviral treatment, and that 90% of those people will be in suppression. Delegates will find the statistics on AIDS testing, suppression, and projected impact of the 90-90-90 targets helpful in developing proposals and solutions to the issue. The Strategy helps demonstrate why investing in treatment and prevention is important, the cost savings associated and the rationale for setting ambitious targets for the international community.

Joint United Nations Programme on HIV/AIDS. (2016). *2016-2021 Strategy: On the Fast-Track to End AIDS.* Retrieved 5 March 2018 from: http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf

The UNAIDS Strategy provides a framework for the global response to the AIDS epidemic and context for the work done previously to end the HIV/AIDS epidemic. The strategy clearly defines the relationship between the SDG 3, 5, 10, 16, and 17 and the work of UNAIDS. Delegates will find the background information on AIDS statistics and regional visual representations a good introduction to the complexities around coordinating a response to AIDS worldwide. The strategy also highlights the importance of being strategic, setting priorities, and using evidence and data to make decisions for the response to HIV/AIDS.

Joint United Nations Programme on HIV/AIDS. (2017). *Right to Health* [Report]. Retrieved 21 April 2018 from: http://www.unaids.org/sites/default/files/media_asset/RighttoHealthReport_Full_web%2020%20Nov.pdf

The "Right to Health" report clearly links the right to health and the importance of the fight against HIV/AIDS. Delegates will find this an excellent place to begin research and to begin understanding the complex relationship between human rights and the right to health. This report has information on the differences in health outcomes for various populations, how health is impacted by gender inequality, and a comprehensive overview on UNAIDS coordination strategies and approaches.

United Nations, General Assembly, Seventieth session. (2016). *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)* [Resolution]. Adopted without reference to a Main Committee (A/70/L.52). Retrieved 5 March 2018 from: http://undocs.org/A/RES/70/266

This political declaration reflects on lessons learned from the Millennium Development Goals and all left behind in the fight against HIV/AIDS. It also provides a renewed commitment from the General Assembly to tackle HIV/AIDS as a part of the 2030 Agenda. Delegates will find this declaration provides a comprehensive view of the policy framework that supports treatment and prevention of HIV/AIDS, as well as the UN's policy direction guiding all future actions.

World Health Organization. (2016). *Global Health Sector Strategy on HIV: 2016-2021 Towards Ending AIDS*. Retrieved 7 March 2018 from: http://apps.who.int/iris/bitstream/10665/246178/1/WHO-HIV-2016.05-eng.pdf

Delegates will find this strategy helpful as it identifies actions necessary from the global health sector and WHO to end the HIV/AIDS public health threat and reach the SDG targets. The strategy establishes critical areas for fast-track action and important contextual information to frame any actions. The strategy separates strategic actions for implementation at the state level and by the WHO. It's important for delegates to understand current WHO policies before proposing new solutions.

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Joint United Nations Programme on HIV/AIDS. (2016). *2016-2021 Strategy: On the Fast-Track to End AIDS.* Retrieved 5 March 2018 from: http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf

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World Health Organization. (2017, June 27). *Joint United Nations Statement on Ending Discrimination in Health Care Settings*. Retrieved 3 March 2018 from: http://www.who.int/mediacentre/news/statements/2017/discrimination-in-health-care/en/

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World Health Organization, World Health Assembly. (1987). *Global strategy for the prevention and control of AIDS (WHA40.26)* Retrieved 2 June 2018 from: http://www.who.int/bloodsafety/en/WHA40.26.pdf

World Health Organization, World Health Assembly. (2016). *Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 (WHA69.22)*. Retrieved 3 June 2018 from: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R22-en.pdf

II. Mitigating the Impact of Environmental Health Risks

"Our health is directly related to the health of the environment we live in. Together, air, water and chemical hazards kill some 12.6 million people a year. This cannot and must not continue."[149]

Introduction

Environmental health risks are defined by the World Health Organization (WHO) as controllable factors in a person's surroundings that, through inadvertent exposure, cause disease or death.[150] For example, tobacco use and bacteria are not environmental health risks, but secondhand smoke and unsanitary water conditions that lead to the spread of diseases are.[151] Preventable environmental health risks cause approximately 23% of deaths worldwide by increasing the likelihood of certain health issues, such as strokes, cancer, and diarrheal diseases.[152] The burden of disease resulting from environmental health risks, while threatening all Member States, falls disproportionately on vulnerable populations and developing countries.[153]

One of the highest-priority environmental health risks identified by WHO and the United Nations Environment Programme (UNEP) is air pollution.[154] Indoor and outdoor air pollution, along with the resulting effects of climate change, cause over 2.5 million deaths per year.[155] The organizations also recognized that poorly-managed water resources lead to the spread of diarrheal diseases and vector-borne diseases such as malaria.[156] Furthermore, unintentional poisonings from toxic chemicals in the environment cause over 350,000 deaths per year.[157] Policy-makers within Member States and internationally are seeking to better assess risks, collect data, and promote advocacy and action in response to these challenges.[158]

International and Regional Framework

The interdependent relationship of human and environmental health was recognized at the 1972 Stockholm Conference, the first major international gathering on the environment.[159] The outcome document, the *Declaration of the United Nations Conference on the Human Environment*, identifies that pollution, resource overutilization, and destruction of ecosystems have drastic consequences for human health.[160] Twenty years later, at the 1992 Earth Summit, the international community adopted *Agenda 21*, which in chapter 6E discusses the need to mitigate the impacts of the environment on human health.[161] Specific solutions are proposed to deal with environmental health risks such as air and water pollution, solid waste, poor urban planning, and ultra-violet (UV) radiation.[162] In 2015, the United Nations (UN) General Assembly adopted the Sustainable Development Goals (SDGs), which include reducing exposure to all forms of pollution in target 3.9, eliminating contamination of water by hazardous chemicals in target 6.3, and addressing the unique environmental concerns of urban settlements in Goal 11.[163] The *Paris*

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[149] UNEP, *UN Environment and World Health Organization agree to major collaboration on environmental health risks*, 2018.
[150] Prüss-Ustün et. al., *Preventing disease through healthy environments: A global assessment of the burden of disease from environmental risks*, 2016, p. X.
[151] Ibid.
[152] WHO, *Health, environment, and climate change: Report by the Director-General (A71.10)*, 2018, p. 1; WHO, *10 facts on preventing disease through healthy environments*, 2016.
[153] UNEP, *UN Environment and World Health Organization agree to major collaboration on environmental health risks*, 2018.
[154] WHO, *Priority environment and health risks*, 2018.
[155] Ibid.
[156] Ibid.
[157] Ibid.
[158] Ibid.
[159] UN DESA, *United Nations Conference on the Human Environment (Stockholm Conference)*, 2018; UNCHE, *Declaration of the United Nations Conference on the Human Environment*, 1972.
[160] United Nations Conference on the Human Environment, *Declaration of the United Nations Conference on the Human Environment*, 1972.
[161] UN DESA, *Agenda 21*, 2018; UNCED, *Agenda 21*, 1992, pp. 41-44.
[162] UNCED, *Agenda 21*, 1992, pp. 42-43.
[163] UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015, pp. 16, 18, 21-22.

Agreement, another element of the post-2015 development agenda, has prompted dialogue at the World Health Assembly (WHA) on the relationship between greenhouse gases and human health.[164]

Recently, a number of documents focusing specifically on environment and health have been adopted, including the 2016 *Marrakech Ministerial Declaration on Health, Environment, and Climate Change*.[165] This declaration called for greater cooperation within the UN system and the need to incorporate health into sustainable development and adaptation plans at all levels.[166] Furthermore, WHA has adopted a number of resolutions on various environmental health risks, including "Health and the environment: addressing the health impact of air pollution" (2015), which outlined the responsibilities of Member States and WHO in addressing air pollution.[167] WHA also adopted "The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond" (2016) to reaffirm the objective of minimizing the effects of hazardous chemicals on human health and the environment.[168] In preparation for the 2018 session of WHA, Dr. Tedros Adhanom Ghebreyesus, the Director-General of WHO, prepared a report titled "Health, environment, and climate change," which discussed the need to address environmental risk factors through inter-sectoral approaches.[169] The UN Environment Assembly (UNEA), at its third session in 2017, also adopted "Environment and health" on the roles of Member States, UNEP, and other stakeholders, such as the private sector and non-governmental organizations (NGOs), in addressing environmental determinants of health.[170]

Role of the International System

WHO conducts a wide range of activities related to environmental health, such as the work of its Department of Public Health, Environmental and Social Determinants of Health to assess environmental health risks and provide policy guidance to reduce the burden of disease from these risks.[171] Additionally, its Training Package for Health Care Providers initiative consists of a set of education materials to help Member States train providers on the impacts of environmental risk factors on children's health.[172] In cooperation with UNEP, WHO launched the BreatheLife portal, which disseminates information on air quality in cities globally and seeks to inspire solutions across a wide range of sectors, including transportation and waste management.[173] BreatheLife is in line with WHO's Health in All Policies paradigm, which emphasizes the consideration of health outcomes across all relevant government ministries.[174] Much of WHO's cooperation is centered around the WHO Collaborating Centres, which are research centers or higher education institutions that undertake research on a wide variety of health-related issues.[175] For example, WHO works with twelve institutions through the Network of WHO Collaborating Centres for Children's Environmental Health in order to promote research based innovations and raise awareness.[176]

UNEP and WHO work closely on multiple efforts to mitigate the effects of environmental health risks, including the Urban Health Initiative (UHI), which started in 2017.[177] Under this program, experts from both bodies examine best practices in improving health outcomes in human settlements in order to share knowledge and lessons learned from policies and strategies in this area.[178] For example, the UHI identified the need for targeted interventions in Accra,

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[164] WHO, *WHO: Air Pollution and Health - Interview at "World Health +SocialGood"*, 2015.
[165] UNFCCC COP, *Ministerial Declaration on Health, Environment and Climate Change*, 2016.
[166] Ibid, pp. 1-2.
[167] WHO, *Health and the environment: addressing the health impact of air pollution (WHA68.8)*, 2015, pp. 4-7.
[168] WHO, *The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (WHA69.4)*, 2016, p. 1.
[169] WHO, *Health, environment and climate change: Road map for an enhanced global response to the adverse health effects of air pollution. Report by the Director-General (WHA71.10 Add.1)*, 2018.
[170] UNEA, *Environment and health (UNEA/EA.3/Res.4)*, 2018.
[171] WHO, *Department of Public Health, Environmental and Social Determinants of Health*, 2018.
[172] WHO, *Training package for health care providers*, 2018.
[173] BreatheLife, *A Global Campaign for Clean Air*, 2016; BreatheLife, *Citywide Solutions*, 2016.
[174] WHO, *Health in All Policies (HiAP) Framework for Country Action*, 2014.
[175] WHO, *WHO collaborating centres*, 2018.
[176] National Institute of Environmental Health Sciences, *Network of WHO Collaborating Centres for Children's Environmental Health*, 2016.
[177] WHO, *Case studies of healthy, sustainable cities*, 2018.
[178] Ibid.

Ghana, in order to reduce environmental health risks.[179] To this end, Ghana, in collaboration with the UHI, mapped current levels and sources of air pollution and developed public awareness strategies.[180] UNEP also works on a number of other environmental health risks, such as UV radiation through its OzonAction platform, which shares information between the scientific community and policymakers on reducing the use of substances that deplete the ozone layer.[181] Due to the many opportunities for cooperation, WHO and UNEP formalized a partnership to broaden collaboration on a wide variety of issues related to environmental health risks in January 2018.[182]

The international community relies on civil society in order to mitigate the effects of environmental risk factors at the local and regional levels.[183] For example, the NGO Health and Environment Alliance (HEAL) brings together policymakers, scientists, healthcare workers, and special interest groups to influence healthcare policies of European countries where it relates to the environment.[184] HEAL also aims to increase public awareness of the interrelatedness of human health and the environment through awareness-raising campaigns and increasing public participation in decision-making.[185] Additionally, NGOs like Médecins Sans Frontières (MSF) are involved in field research and emergency response to environmental health emergencies.[186] MSF recently participated in an effort to treat a lead exposure epidemic in northern Nigeria that resulted from pollution caused by small-scale and artisanal gold mining.[187]

Air Pollution and Human Health

Air pollution is among the most damaging global health issues, causing one in eight deaths.[188] There are two main types of air pollution: ambient, or outdoor, and household, which is most commonly a result of using wood for cooking and heating indoors.[189] Common health issues for people exposed to air pollution include lung cancer, heart attacks, stroke, acute lower respiratory infections, and chronic obstructive pulmonary disease.[190] In 2016, WHA adopted the "Road map for an enhanced global response to the adverse health effects of air pollution," which examines synergies between the goal of reducing deaths from air pollution, the SDGs, and the *Paris Agreement*.[191] The road map outlines four main objectives: research and awareness-raising, monitoring, leadership at all levels, and strengthening national health sectors.[192] For example, in the area of monitoring, a gap was identified in obtaining accurate and regular country-level statistics on air quality.[193] In response, ensuring more effective country-level monitoring of air pollution was made a priority of the WHO-UNEP collaboration agreement.[194]

WHO works to strengthen the ability of national health sectors to reduce the harmful effects of air pollution by supporting the implementation of WHO air quality guidelines.[195] These guidelines cover ambient air pollution, dampness and mold, household fuel consumption, and pollutants that seep indoors or come from building materials.[196] WHO has also assisted in regional goal-setting to reduce the effects of air pollution, such as in the

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[179] WHO, *Case studies of healthy, sustainable cities*, 2018.
[180] Ibid.
[181] UNEP, *OzonAction: Health and Science*.
[182] UNEP, *UN Environment and World Health Organization agree to major collaboration on environmental health risks*, 2018.
[183] WHO, *Partnerships*, 2018.
[184] Health and Environment Alliance, *About Us*.
[185] Health and Environment Alliance, *What We Do*.
[186] Calain, *What is the relationship of medical humanitarian organisations with mining and other extractive industries?*, 2012, p. 1.
[187] Ibid.
[188] WHO, *Health, environment, and climate change: Report by the Director-General (WHA71.10)*, 2018, p. 1.
[189] WHO, *Air pollution and health*, 2018; WHO, *Household air pollution and health*, 2018.
[190] WHO, *Household air pollution and health*, 2018; WHO, *Ambient air pollution: Health effects*, 2018.
[191] WHO, *Health and the environment: Draft road map for an enhanced global response to the adverse health effects of air pollution: Report by the Secretariat (A69/18)*, 2016, p. 2.
[192] Ibid, p. 3.
[193] Ibid, p. 9.
[194] UNEP, *UN Environment and World Health Organization agree to major collaboration on environmental health risks*, 2018.
[195] WHO, *Health and the environment: Draft road map for an enhanced global response to the adverse health effects of air pollution: Report by the Secretariat (A69/18)*, 2016, p. 11.
[196] WHO, *Guidelines*, 2018.

"Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020."[197] In order to improve national capacity to reduce air pollution, WHO has held regional workshops in Africa, the Americas, and Southeast Asia and deployed the Clean Household Energy Solutions Toolkit (CHEST) to interested Member States.[198] CHEST is a framework of policy options for assessing local needs, designing effective interventions, and evaluating progress on reducing the effects of indoor air pollution.[199] Furthermore, a wide range of NGOs are engaged in the process of implementing national and international frameworks; for example, Clean Air Asia has a presence in over 1000 cities, lending technical assistance to efforts to reduce pollution from vehicles and transition to more sustainable urban development.[200]

The Climate and Clean Air Coalition (CCAC), a partnership between WHO and 16 other intergovernmental organizations, 59 Member State partners, and 49 NGOs, was founded to both provide high-level leadership and catalyze local-level action to reduce the impact of air pollution on human health.[201] The CCAC undertakes efforts in 11 initiatives divided between single-sector programs and cross-cutting activities.[202] Efforts in the CCAC's Health Initiative seek to leverage clean technologies, policy advice, and investment to reduce the dangerous levels of pollution in many cities, particularly in developing countries.[203] To achieve this, the UN Human Settlements Programme (UN-Habitat), WHO, and the World Bank partnered with NGOs such as the Global Alliance for Clean Cookstoves to reduce pollution in urban areas through awareness-raising and education programs.[204] The Global Alliance for Clean Cookstoves also worked directly within Member States to enhance the efficiency of locally-produced cookstoves and provide natural gas for cooking, a cleaner alternative to wood.[205]

Protecting Health from Chemicals and Waste

Hazardous chemicals have significantly detrimental consequences to human health, including intellectual disability, heart disease, and stroke.[206] In 2012, 1.2 million deaths were attributed to either unintentional acute poisonings or disease from long-term exposure to chemicals such as lead, mercury, and pesticides.[207] In 2017 WHA adopted the "Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond" to identify and close gaps in the protection of the environment and human health against hazardous chemicals.[208] The road map calls for action in four areas: risk reduction, knowledge and evidence, institutional capacity, and leadership and coordination.[209] Additionally, WHO works to detect, monitor, and initiate international responses to chemical emergencies, as well as strengthen the capacity of local public health actors to manage crises.[210] Another important actor in this area is the UNEP Chemicals Branch, which is the focal point in the UN system for coordinating action on the management of hazardous chemicals.[211] This department has supported Member States in their implementation of the *Stockholm Convention* and monitored mercury concentrations worldwide.[212]

Lack of access to clean water and improved sanitation is an environmental health risk, and can lead to diarrheal diseases, schistosomiasis, malaria, and a number of other water-related illnesses that particularly affect children in

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[197] WHO, *Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020*, 2013, p. 33.
[198] WHO, *Health, environment and climate change: Road map for an enhanced global response to the adverse health effects of air pollution: Report by the Director-General (A71/10 Add.1)*, 2018.
[199] WHO, *Clean Household Energy Solutions Toolkit (CHEST)*, 2018.
[200] Clear Air Asia, *About Us*.
[201] Climate and Clean Air Coalition, *Partners*; Climate and Clean Air Coalition, *About*.
[202] Climate and Clean Air Coalition, *Initiatives*.
[203] Climate and Clean Air Coalition, *Urban health and short-lived climate pollutant reduction project*.
[204] Ibid.
[205] Global Alliance for Clean Cookstoves, *Ghana*, 2018.
[206] WHO, *The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (WHA69.4)*, 2016, p. 2.
[207] Ibid.
[208] Ibid.
[209] WHO, *Chemicals Road Map*, 2017, p. 3.
[210] WHO, *Chemical incidents and emergencies*, 2018.
[211] UNEP, *What we do*.
[212] UNEP, *Persistent Organic Pollutants*; UNEP, *Mercury Waste Management and Monitoring*.

low-income countries.[213] WHO and the UN Children's Fund (UNICEF), through the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), monitor and publish data on the quality of water and access to sanitation services.[214] According to the 2017 report of the JMP, only 39% of the world's population uses a safely-managed sanitation service, and open defecation and lack of handwashing facilities remained challenges to achieving SDG 3 by 2030.[215] UNICEF, through its Water, Sanitation, and Health (WaSH) division, also conducts a variety of activities in order to protect people from environmental health risks.[216] These include drilling groundwater wells, helping national governments and local authorities create water safety and sanitation plans, and monitoring levels of dangerous contaminants such as arsenic.[217] In addition, as recognized by UN Secretary-General Antonio Guterres, water scarcity is an emerging threat to the health of billions of people.[218] Thus, on World Water Day in March 2018, the General Assembly announced the International Decade for Action: Water for Sustainable Development 2018-2028, which presents an opportunity to strengthen UN-Water, increase partnerships, and promote human health where it relates to ensuring access to safe and sustainable water sources.[219]

Conclusion

Environmental factors pose major threats to human health, and addressing environmental health risks is linked with the success of the SDGs.[220] Health has been an important pillar in the international dialogue on sustainable development and the environment since 1972.[221] WHA will continue to evaluate policy options and monitor progress on harmonizing development efforts and the environment with human health.[222] As noted by the WHO Director-General, it will be important for all relevant UN bodies and national health authorities to be engaged in the mitigation of environmental health risks.[223] Air pollution, hazardous chemicals, and contaminated water sources are some environmental health risks that have grave consequences for human health, but road maps exist to guide international efforts toward the achievement of healthier lives for all.[224]

Further Research

When formulating strategies to reduce the effects of environmental risk factors, delegates could consider the following questions: How do environmental risk factors affect different Member States and regions? What are the strengths and weaknesses of policies already in place? How should WHA and WHO guide environmental health practices across the UN system? Where are there further opportunities for cooperation between UN bodies, Member States, NGOs, civil society, academia, and other relevant stakeholders? How will climate change affect public health and the prevalence of certain environmental risk factors?

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[213] WHO, *Diseases and risks*, 2018; WHO, *Diseases*, 2018.
[214] WHO & UNICEF, *Progress on Drinking Water, Sanitation and Hygiene*, 2017.
[215] Ibid.
[216] UNICEF, *About WASH*, 2016.
[217] UNICEF, *Water*, 2016.
[218] UN OSG, *Secretary-General's remarks at Launch of International Decade for Action "Water for Sustainable Development" 2018-2028*, 2018.
[219] Ibid.
[220] WHO, *Environmental health in the Sustainable Development Goals: Preventing disease through actions across the SDG spectrum*, 2018.
[221] UNCHE, *Declaration of the United Nations Conference on the Human Environment*, 1972.
[222] WHO, *Health, environment, and climate change: Report by the Director-General (A71/10)*, 2018, pp. 5-6.
[223] WHO, *Health and the environment: Draft road map for an enhanced global response to the adverse health effects of air pollution: Report by the Secretariat (A69/18)*, 2016, pp. 4-5.
[224] WHO, *Health, environment, and climate change: Report by the Director-General (A71/10)*, 2018, p. 1; WHO, *The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (WHA69.4)*, 2016, p. 2; WHO, *Diseases and risks*, 2018; WHO, *Health and the environment: Draft road map for an enhanced global response to the adverse health effects of air pollution: Report by the Secretariat (A69/18)*, 2016.

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Prüss-Ustün, A., et. al. (2016). *Preventing disease through healthy environments: A global assessment of the burden of disease from environmental risks*. World Health Organization. Retrieved 6 March 2018 from: http://apps.who.int/iris/bitstream/10665/204585/1/9789241565196_eng.pdf

This report elaborates in detail on the linkages between human and environmental health. Environmental factors can cause a number of both non-communicable and communicable diseases, and the report goes into detail on the varying environmental hazards that lead to the increased prevalence of disease. There is also an examination of the ways that socioeconomic status affects positive health outcomes as it relates to the environment. The numerous statistics and the detailed analysis provided by this report will help delegates identify the topics most in need of improvement, particularly in the non-communicable diseases section.

United Nations Environment Programme. (2018, January 10). *UN Environment and World Health Organization agree to major collaboration on environmental health risks* [Press Release]. Retrieved 26 April 2018 from: https://www.unenvironment.org/news-and-stories/press-release/un-environment-and-world-health-organization-agree-major

This press release on UNEP and WHO collaboration identifies how the two organizations foresee working together in the future on environmental health risks. The four areas of cooperation identified were air quality, waste and chemicals, climate, and water. The WHO Director-General emphasized that cooperation between UN organizations is essential to reducing the impacts of environmental health risks. This resource will be useful for delegates in demonstrating how UNEP and WHO currently work together and how they can more effectively collaborate in the future.

United Nations, General Assembly, Seventieth session. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*. Retrieved 3 June 2018 from: http://undocs.org/A/RES/70/1

This resolution contains the SDGs, as well as their targets and indicators. As stated in WHA resolutions relating to air pollution and hazardous chemicals, achieving the SDGs and mitigating the impacts of environmental risk factors are interrelated and mutually reinforcing. SDGs 3, 6, and 7 all contain indicators that are relevant to specific environmental health risks, although many other SDGs are also related in some way. Delegates will find this document useful because the direction of the SDGs sets the context for the work of WHO, UNEP, and other bodies relevant to health and the environment.

World Health Organization, World Health Assembly. (2015). *Health and the environment: addressing the health impact of air pollution (WHA68.8)*. Retrieved 28 February 2018 from: http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R8-en.pdf

This is the first resolution by WHA to consider action on air pollution. It provides a good example on actions within WHA's mandate and calls on a variety of actors, including Member States, United Nations agencies, and WHO. There are opportunities to expand upon some of the proposals in this resolution and develop strategies for implementation. Additionally, this resolution led to the creation of the Road Map for an Enhanced Global Response to the Adverse Health Effects of Air Pollution, which will provide delegates with additional ideas.

World Health Organization, World Health Assembly. (2018). *Health, environment and climate change: Road map for an enhanced global response to the adverse health effects of air pollution: Report by the Director-General (WHA71.10 Add.1)*. Retrieved 30 April 2018 from: http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_10Add1-en.pdf

This report from the most recent session of WHA details the progress made in combating the effects of air pollution on human health. There are four sections aligning to the four areas of work from the original road map: expanding the knowledge base, monitoring and reporting, institutional capacity building, and global leadership and coordination. The global leadership and coordination section lists many actors in the area of combating air pollution, and the next steps section details how WHA should approach this topic in the next two years.

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Prüss-Ustün, A., et. al. (2016). *Preventing disease through healthy environments: A global assessment of the burden of disease from environmental risks*. World Health Organization. Retrieved 6 March 2018 from: http://apps.who.int/iris/bitstream/10665/204585/1/9789241565196_eng.pdf

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