Dear Delegates,

My name is Jack Fraser, I am a Senior at St. John’s Prep and I will be serving as your chair for the Specialized World Health Organization Executive Board Meeting on Superbugs. This is my fourth year as a member of the Model United Nations Club. Since freshman year, I have attended multiple conferences, both college and high school, and I thoroughly enjoy participating and cooperating with delegates from across the region and world. I can barely express how enthusiastic I am for December’s arrival, when I can hear your thoughts on the issue of superbugs. Between the time that you receive this briefing paper and December 10th, I urge every one of you to thoroughly research this topic as a whole and to come to know your respective member state’s views. In this document, you will find information that can be used to help you gain an understanding of the problem. To be a successful participant during committee, I recommend researching in two steps: first, gain a basic knowledge of the history and goals of the World Health Organization. Second, consider your delegation’s home nation, and how the topic affects that country. Then, critically think about what must be done to create successful policy. I wish you the best in preparing for this conference and hope you learn something new. Good luck, and if you have any questions do not hesitate to email me.

Regards,

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Secretary-General, SJPUN XI

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The World Health Organization (WHO) was formed through a constitution constructed by diplomats to the United Nations (UN) on April 7th, 1948 as the foundation of the initiative for “setting up a global health organization.” The constitution of the agency defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Further, the guiding principles assert that “Governments have a responsibility for the health of their peoples” and the “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”\(^1\).

The WHO is a “specialized agency” of the UN that receives its funding through “assessed and voluntary contributions”\(^2\). The assessed contributions are required for each member nation, and the determined amount is “relative to the country’s wealth and population.” Regarding the legislative aspect, “governance takes place through the World Health Assembly” and the “Executive Board, which gives effect to the decisions and policies of the Health Assembly.” The World Health Assembly (WHA) is a body of representatives from each member nation and is conducted much like any other UN subcommittee. Executive Board officials, as well as the Director-General, are “technically qualified” and serve the duration of a three year term. On the grassroots level, over 7,000 people from 150 countries represent the WHO headquarters, located in Geneva, Switzerland. WHO affiliates have authority while inside member states, where they “provide leadership”, reform “health systems”, “promot[ing] health through the life-course”, improve “emergency…preparedness”, and, in alignment


with Millennium Development Goal 6, the “prevention, treatment and care of” communicable diseases including or similar to “HIV, tuberculosis, malaria and neglected tropical diseases”\(^3\).

At SJP MUN XI, each delegate will be representing a delegate from a member state. The chairs of the committee will be representing Dr. Margaret Chan, the Director-General of the WHO, who is currently midway through her second, elected five-year term\(^4\).

The influence that members hold is two-pronged; indeed, it takes the form of “soft” and “hard” power. “Soft” power includes the ability of the WHA to create recommendations for member states, whereby Article 62 of the constitution requires members to “report annually” on their nation’s ability to institute the recommendations. Because the Executive Board sets the agenda for the WHA, the topic has already been defined; indeed, the only job the WHA has is to discuss and create a solution.

Concerning “hard” powers, the main ability is that of “treaty negotiation.” Treaties can place “affirmative obligations” on nations, and must be adopted by the WHA’s majority\(^5\). The goal at SJP MUN XI is to formulate a fitting treaty that addresses immediate and long term concerns.

**Statement of the Problem**

One of the common causes of foreign born illness is bacteria, a micro-sized living organism with reproductive capabilities. The microbes’ effects in a human body can range in severity from brief food poisoning to *vibrio cholerae*. Humanity’s over-usage of antibiotics, which are employed to combat bacteria, has resulted in “drug-resistant” strains of formerly controllable species. The term

\(^3\) World Health Organization, *What We Do*

\(^4\) World Health Organization, *About Us*

“superbugs” refers to such bacteria that have evolved and are now “unbeatable with today’s medicines.”

According to the CDC, two million people are infected annually, along with twenty three thousand fatalities reported. The enigma of superbugs is that using antibiotics is the only treatment against the microbes, yet the use of such medication is what allows bacteria to evolve their resistant capabilities⁶. Three overarching problems are rooted in the growing preeminence of superbugs. First, the solution to regular bacteria enables the capacity for drug-resistant organisms; therefore, consider what should be done in terms of the immediate need for antimicrobial medications. Second, “producers routinely give antibiotics to animals to make them grow faster or help them survive crowded, stressful, and unsanitary conditions.” Not only does the misuse of antibiotics for livestock induce the resistance of several, common bacteria, but it also increases the susceptibility of consumers of the meat⁷. This problem is exacerbated by a few companies monopolizing the meat industry, thereby indicating that a limited number of multinationals effectively determine widespread antibiotic consumption. Last, antibiotics are almost explicitly manufactured by private conglomerates who sell the product wholesale, at low prices, to ranchers. The profit from such sales far outweighs the need, at this point in history, for medication to combat drug-resistant microbes⁸. In summation, there is no
economic incentive for privatized antibiotic research firms to refocus their efforts on the possibility of superbug epidemics, thereby reducing capacity of preparation for an emergency.

*Picture Provided by The CDC*

**History of the Problem**

The scarce and lacking history of superbugs represents the most threatening aspect of the epidemic: the general populace’s lack of knowledge. Since the invention of penicillin in 1929 by nobel-prize winning Alexander Fleming\(^9\), physicians have relied on antibiotic medications to combat the volatile, short-lived symptoms\(^10\). Following Flemming’s receipt of the nobel prize, British physician Lindsey W. Batten asserted that “We may come to the end of antibiotics. We may run clean out of effective ammunition, and then how the bacteria and moulds will lord it”\(^11\). Essentially, researchers have been aware of the risks of overusing antibiotics since their invention and dissemination around 1954. No feasible, definitively effective solutions currently exist\(^13\). The issue of superbugs and the overuse of antibiotics has yet to become popular knowledge, and therefore humans are not aware of how they can do their part, by moderating individual usage and familiarizing themselves with antibiotic abusive industries, to combat superbugs.

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\(^9\) Centers for Disease Control and Prevention, *How Antibiotic Resistance Happens*


\(^13\) Centers for Disease Control and Prevention, *How Antibiotic Resistance Happens*
Questions to Consider

1) How, in the long-term, does the use of antibiotics enable superbugs? Are antimicrobial treatments sustainable?

2) How can the WHA ensure that proper, extensive research is conducted without either coordinating the efforts itself or without exhausting its entire budget?

3) What is the relationship between prevention and treatment? Which option deserves precedence? Why?

4) If the world’s population has ignored the warning signs so far, what new policies/initiatives should be introduced to raise awareness?

5) Should information and research be collectively shared, or does every nation reserve the right to withhold their findings or treatments?

Bloc Positions

Because this is a world health issue, there is no obvious divide between nations: it is in the best interest of every member state to increase international medical safety and superbug prevention. However, the main source of division exists between nations who do and don’t benefit from meatpacking multinationals. The industry favors relaxed guidelines regarding antibiotics treatments, yet the CDC has indicated multiple times that the careless use of common antibiotics is complexifying the superbug issue. Research the prominence of such companies within your nation, and prepare accordingly. If such conglomerates are prevalent, how can you respect the advantages of a thriving industry while thinking forward to the negative effects of overusing antibiotics? If such companies are
not prevalent within your nation, what ways can your nation incentivize other countries to act considering international health and not with private sectors in mind?

Works Cited


