



WHO - World Health Organization

Topics:
Bioterrorism
Infectious Pandemics and
United Nations Response

The WHO is The United Nations' public health arm. Among its duties are monitoring disease outbreaks, and assessing the performance of health systems around the globe.

Bioterrorism

Bioterrorism can be defined as the use of "violence on behalf of a political, religious, ecologic, or other ideological cause without reference to the moral or political justice of the cause." We think of terrorism, specifically bioterrorism, as somewhat of a contemporary problem; however, the use of biological warfare as a means of terror has been dated back since the medieval times with empires employing weapons with crude biological agents. It is during the 20th Century, however, that biological warfare proved to be especially detrimental. World War II proved to be the first war with significant amount of casualties due to the use of biological warfare. The Japanese used thousands of Chinese nationals to test their ever-growing stock of biological agents.

With the international community mobilized to counter terrorism, the area of bioterrorism and biological warfare is an important issue today and one that cannot be ignored. It is especially pertinent in this day and age because of the growing global involvement of counter-terrorism. The 9/11 attacks against the United States were fortunately without the use of a biological agent. However, this disastrous event offers a glimpse of what can happen to a large population but devastatingly worse. Developed nations are now vigorously researching and finding ways to combat bioterrorism through governmentally funded programs. Beginning with the local and up through the national level, research institutions have developed many rigid strategies ranging from executing mass vaccinations to distributing educational pamphlets for the locals to ameliorate worries of a bioterrorist attack occurring.

One of the key issues that the international community must deal with is a possible biological attack on countries of the Third World—namely, the countries already dealing with terrorism. Simply put, developing are so economically backwards that any concern of a biological attack is nonexistent. It is only up to the developed world to take charge if there is an attack on the developing world. Achieving a successful biological weapons program is very difficult because it depends on government funding for research, technology, and access to scientific expertise, etc. Therefore the possibility of a massive attack of the worst kind is very low; however, if a successful attack occurs, the results will be extremely catastrophic. It is best to be prepared for the worst—and it is in this realization that necessary tactics against bioterrorism must be formed immediately.

1969 marked the year when President Nixon spearheaded an initiative to ban all forms of offensive biological weapons research. Canada, the UK, and Germany soon followed suit. Eventually, one-hundred and thirty-one nations entered the Biological and Toxic Weapons Convention, drafted in 1972 and put into effect in 1975, which sought to stop all research on biological weapons. In 1991, VEREX, an ad hoc group set up to ensure that the BTWC was in fact performing its job in four categories: definitions of terms and objective criteria; incorporation of existing and further enhanced confidence-building and transparency measures; a system of measure to promote compliance with the Convention; and specific measures designed promote the international cooperation and exchange in the field of peaceful bacteriological (biological) activity while still stifling the trade of bacteriological agents.



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Bioterrorism (continued)

The World Health Organization has served a small but vital role in the fight against bioterrorism. It has traditionally served as a more passive roll with helping countries on efficient public health structures. The United States serves as an example with strengthening public health structures by investing billions of dollars on research to health institutions to find ways in which to combat bioterrorism on all levels. The WHO has served as a catalyst for less fortunate nations in the same fashion as the US. By issuing a fourpronged approach (1. International Preparedness, 2. Global Alert and Response, 3. National Preparedness, 4. Preparedness for selected diseases and intoxications), the WHO has taken on the daunting task of providing countries with a standardized way to combat terrorism. The WHO also created the Chemical and Biological Weapons Scientific Advisory Board in (CBW/SAB) which serves as a group providing advice to the WHO Secretariat on areas concerning chemical and biological weapons.

Debate in this committee will take on several layers of the bioterrorism issue. The first is the effectiveness of the BTWC and VEREX, and evaluating if there is an actual need for them--and if so, assessing their progress. It is also widely known that the BTWC has no way of enforcing its ban on biological weapons--so, if this is the case, what can WHO suggest to rectify this problem? The reformation, implementation, and the execution of the BTWC must be addressed. Funding and WHO's actual response to the issue of bioterrorism is also of great importance. What, if any avenues, should WHO fund in order to curb bioterrorism? Should WHO take a more active response set up squads of individuals in the field, ready to respond to instance of bioterrorism? Or, should WHO focus on bolstering the security and health situation of countries and prepare them for a bioterrorist attack? There are several issues to be considered--and debate in this committee is expected to be multifaceted, interesting and fun.

During your research, be sure to address the BWTC and VEREX. Also be sure to look up instances of bioterrorism in your country and bring your country's point of view to the committee. This topic is extremely multifaceted and a variety of unique points of view should make for an exciting committee.



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Infectious Pandemics and the United Nations Response

Infectious diseases have not just been introduced to the human race, they have violated all parts of the world for centuries. They evade the strictest precautions and claim the lives of thousands of innocent people. However, no disease has dominated the news front or elicited as much global fear and attention as Severe Acute Respiratory Syndrome (SARS). Since the relatively current outbreak of SARS, paranoia has spread around the world, almost as quickly as the disease itself. A sense of urgency has struck countries, pressuring them to respond and act immediately in order to protect themselves and contain the disease. Unfortunately, some countries fail to take a global view when making decisions in the midst of an outbreak. They may act dishonestly or irresponsibly in order to protect their people and reputation. The seriousness of the global situation concerning infectious diseases makes it a fitting topic for discussion in this committee.

The global response caused by the SARS deems it a logical example of the political issues underlying infectious outbreaks. Although the first probable SARS case was reported in February 2003 in Taiwan, it was not until March 14, 2003 that Taiwan began to implement control measures and aggressively isolate all probable or suspected patients. Health care workers were provided enhanced protective equipment and aid from the U.S Centers for Disease Control and Prevention (CDC) was sought. From March to April, Taiwan had a total of 764 negative-pressure rooms which were specifically designed for treating SARS patients. Despite the grave situation, Taiwan appeared to have the outbreak under control. Active surveillance of healthcare workers and contacts of both patients and workers were investigated. The country gave the impression to all probing inquiries and WHO inspectors that the outbreak was small and non-threatening.

There was an approximate two-week interval between the first reported case of SARS in Taiwan and the outbreaks in Hong Kong and Hanoi. China had a small window of opportunity to act responsibly and quickly to reduce the chances of transmission outside of the city. Noting the quickness that SARS is capable of spreading, the delay in action leads to suspicions of China's intentions. Although surveillance of contacts and health care workers appeared thorough, many other episodes of spread may have been missed. The lapse in precaution may have stemmed from concern about stigmatization and quarantine. Persons with mild illness or symptoms did not require immediate hospitalization or isolation.

More disturbing are the string of disclosures by local medical personnel during a WHO inspection of Beijing hospitals in late April. Reportedly, hospital officials removed dozens of SARS patients from their isolation wards and transferred them to nearby hospitals where they could not be observed by the inspectors. Health care workers were packed into ambulances and driven around for the duration of the inspectors' visit. The extent of China's cover up was more staggering than expected when doctors began reporting dozens of cases that contradicted with the reports claimed by China's Ministry of Health. The actions undertaken by the Chinese government is deplorable and irresponsible relative to WHO regulations and recommendations. China, to



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this day. denies the cover-up and as such, SARS is a sticking point to the Chinese in diplomacy. It is oft-not discussed with them.

However, the last human transfer of SARS was said to have taken place on July 5, 2003. The age of walking down streets with a surgical mask on is gone--but regardless, more infectious pandemics threaten the human race. One of these pandemics receiving much coverage is the avian flu. Usually, the avian flu has only affects birds and, in rare cases, pigs. However, a particularly virulent form of avian flu has spread through flocks of poultry and is highly pathogenic, often transferring to humans and infecting the food supply of many lesser developed nations as well. From mid-December 2003 through early February 2004, poultry outbreaks caused by the H5N1 virus were reported in eight Asian nations (listed in order of reporting): the Republic of Korea, Vietnam, Japan, Thailand, Cambodia, Lao People's Democratic Republic, Indonesia, and China. Most of these countries had never before experienced an outbreak of highly pathogenic avian influenza in their histories. In early August 2004, Malaysia reported its first outbreak of H5N1 in poultry, becoming the ninth Asian nation affected.

In the current outbreak, laboratory-confirmed human cases have been reported in four countries: Cambodia, Indonesia, Thailand, and Vietnam. Hong Kong has experienced two outbreaks in the past. In 1997, in the first recorded instance of human infection with H5N1, the virus infected 18 people and killed 6 of them. In early 2003, the virus caused two infections, with one death, in a Hong Kong family with a recent travel history to southern China. The avian flu as of right now is a threat--but not on the scale of SARS. If the H5N1 virus is able to mutate to meet WHO's definition of a pandemic: that is, a new virus subtype emerges, it infects humans quickly, and it spreads sustainably--avian flu could emerge into a great threat. With the huge base of H5N1 already in East and Southeast Asia, a mutation could lead to severe issues for international health and security.

An instrumental system that has been implemented by WHO is the Global Outbreak Alert and Response Network. The Network is a collaboration of technical and human resources used for a rapid response to international outbreaks. The Network provides an operational framework to keep nations worldwide informed about new threats and outbreaks in a timely manner. It strives to combat immediate transmissions and also contribute to the long term preparedness for future outbreaks. An initial meeting was held in Geneva, April 2000. From the meeting, a set of standards were agreed upon called the Guiding Principles for international epidemic response.

This committee must determine the effectiveness of the United Nations' response to global pandemics and must ensure that global health is not threatened. The political cover-ups behind SARS and their ramifications must be addressed, and the precautionary measures with new and potentially threatening pandemics such as the avian flu and West Nile virus must be evaluated, and further action must be taken. Funding, regulation, and execution should be addressed in all solutions. Together, this crisis can be solved and future crises diverted.