MICHIGAN STATE UNIVERSITY MODEL UNITED NATIONS SESSION XIX

WORLD HEALTH ORGANIZATION

BACKGROUND GUIDE

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Letter to Delegates

Delegates,

Welcome to the World Health Organization for MSUMUN XIX! I am looking forward to seeing all of you in March! We have three big issues to cover as it relates to creating a healthier planet. This year we will be discussing the use of electronic cigarettes, the World Health Organization disaster response preparation, and obesity.

I am junior studying international relations as my major Michigan State with a minor in history. I started doing Model UN my sophomore year of high school and have continued since then. This will be my third year staffing a MSUMUN conference and my second year as a Senior Staffer. I currently work as an interviewer at the Observational Research lab, where I call people to get their opinions on timely public policy and economic issues. In my free time, I enjoy going to the gym, traveling, spending time with friends, and watching Netflix.

I also would like to introduce my assistant chairs Eric Schumacher, Sabrina Brongniart, and Rebekah McBride.

Eric is a junior at Michigan State with major in international relations and a minor in history. He joined Model UN and the WHO committee specifically because of my interest in personal health and how policy can affect positive change in health around the world. This will be his second year working as an assistant chair.

Sabrina is a junior studying Comparative Cultures and Politics and minoring in German and Arabic. She joined MSUMUN because of her interest in seeing a healthier world and to make new friends. She enjoys hiking, cooking, politics and traveling. Sabrina works as a RA in Owen Hall of east campus. This will be her first year working as an assistant chair

Rebekah is a freshman majoring in Social Relations and Policy and Spanish. She joined MSUMUN to get experience and have fun researching and learning about global policy and the environment. Rebekah's hobbies include hanging with friends and buying way too much overpriced coffee. This will be her first year working as an assistant chair.

If you should have any questions or concerns about the topics, the committee, or MSUMUN general please do not hesitate to email me you all in March!

Sincerely,
Hugh McDonald
Chair, World Health Organization
Ga5@msumun.org

Topic A: Electronic Cigarette and Tobacco Use

Introduction

Smoking, and its recently popular alternative vaping, have permeated society among all demographics and age groups for decades. The World Health Organization is forced to contend with the new challenge of categorizing and regulating E-cigarette use and determining if its smoking cessation benefits actually mitigate its potential to addict non-smokers. As of late, vaping has shed its original reputation of fringe use and stigma and has become a trendy habit frequently used by school age teens and young adults. Many of these new users do not vape as a means to quit smoking but have picked up the habit independently and experience nicotine addiction for the first time.

Concern among health officials throughout the world has spiked with the rapid increase in the prevalence of teen nicotine addiction and has inspired regulatory action in many countries to limit potential harm. Israel very early on completely outlawed the sale of the Juul in its country. The United States is weighing a ban on all flavored e-cigarette juice, particularly targeting Juul which currently dominates 70% of the e-cigarette market. The ultimatum handed to Juul involves the company proving it is not marketing the product to children if it wants its flavored e-juice to remain available to consumers. In response to the FDA, Juul has decided to preemptively pull the flavored juice off the shelves of some 90,000 brick-and-mortar stores.

This appears to be in anticipation of an all-out ban on the sale of flavored e-cigarette juice at locations such as convenient stores and gas stations which the FDA is rumored to introduce in mid-November. Juul's initiative has come with some caveats, including a line about eventually returning the products to the shelves if the retailers prove they have updated and reinforced their age-verification technology. Additionally, it has added further barriers to access on its website such as limits on bulk purchases and enhanced age-verification technology. The age to buy Juul products on its website is 21.

The FDA has hinted at the release of studies with bleak findings on teen tobacco use, that claims high school vaping has increased by 75% since last year and 50% for middle school students [1]. The World Health Organization has released data concerning teen tobacco use and its connection to other generally unhealthy activities. Citing the CDC and the Surgeon General, the WHO asserts, "Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other risky behaviors, such as fighting and engaging in unprotected sex"[2].

History

Smoking as a part of popular culture has existed and been reinforced through both its aesthetic potential in movies like Casablanca and through relentless advertising on the part of Big Tobacco. Some of the most famous advertisements ever produced came from Big Tobacco ad men. Joe Camel and the Marlboro were for generations some of the most effective endorsements of any product on the market. Joe Camel cartoons were transparently aimed at young people and promoted the idea that cigarettes, particularly Camels, are cool.

Smoking in movies and television was commonplace throughout the 20th century and has seen a resurgence in recent years. Studies have demonstrated a statistically significant link between smoking in movies and television and rising rates of teen tobacco use. In the United States, Big Tobacco was eventually held accountable for their marketing practices and the financial strain put on Medicaid because of smoking's adverse health effects in late 1998. This was known as the Tobacco Master Settlement Agreement and included the 4 largest tobacco manufacturers who were sued by 46 states. The other 4 states not included in the settlement had already settled separately with the companies. This settlement resulted in the payout of over 200 billion dollars back to the states to compensate for the burden tobacco has placed on the healthcare system.

[1] *World Health Organization*, World Health Organization, 16 Nov. 2018, www.who.int/fctc/en/.
[2] *World Health Organization*, World Health Organization, 16 Nov. 2018, www.who.int/fctc/en/.

Many have criticized the lawsuit for being too lenient on Big Tobacco and only really benefiting the government and the tobacco companies in the long term. It is likely the settlement will not cover the future costs to the system caused by the tobacco health crisis and the settlement does not allow for future class-action lawsuits against the manufacturers. The health effects of habitual tobacco use are profound, as evidenced by the information on the Center for Disease Control's website. The page outlines the health effects with a laundry list of devastating statistics as smoking is the leading cause of preventable death in the world.

Smoking causes every 1 in 5 deaths in the United States each year and causes more deaths annually than HIV, drug overdoses, alcohol abuse, motor vehicle injuries and firearm related accidents combined [3]. Smoking causes 90% of lung cancer deaths and 80% of chronic obstructive pulmonary disease (COPD). More than 10 times the number of Americans have died from cigarette smoking than in all the wars fought by the United States [4]. Smoking increases the risk of stroke and heart disease by a multiple of 2-4. Smoking causes cancer in almost every organ in the body and causes infertility [5].

Smoking has a documented history of over 50 years of long-term studies on health effects to the human body. Vaping, however, has only appeared in the mainstream in the past few years and the health effects have not had a chance to be analyzed in long-term studies. Information on the long-term health effects will not be completed for decades, and the assertion that vaping is a healthy alternative to smoking is contested, but without long-term data it is mostly speculative. With different iterations of vape juice, certain brands have been found to contain known carcinogens such as formaldehyde, benzene and acrolein with demonstrated effects from DNA damage to chronic inflammation [6].

[3] *World Health Organization*, World Health Organization, 16 Nov. 2018, www.who.int/fctc/en/.
[4] *World Health Organization*, World Health Organization, 16 Nov. 2018, www.who.int/fctc/en/.
[5] *World Health Organization*, World Health Organization, 16 Nov. 2018, www.who.int/fctc/en/.
[6] *World Health Organization*, World Health Organization, 16 Nov. 2018, www.who.int/fctc/en/.

Current Issues

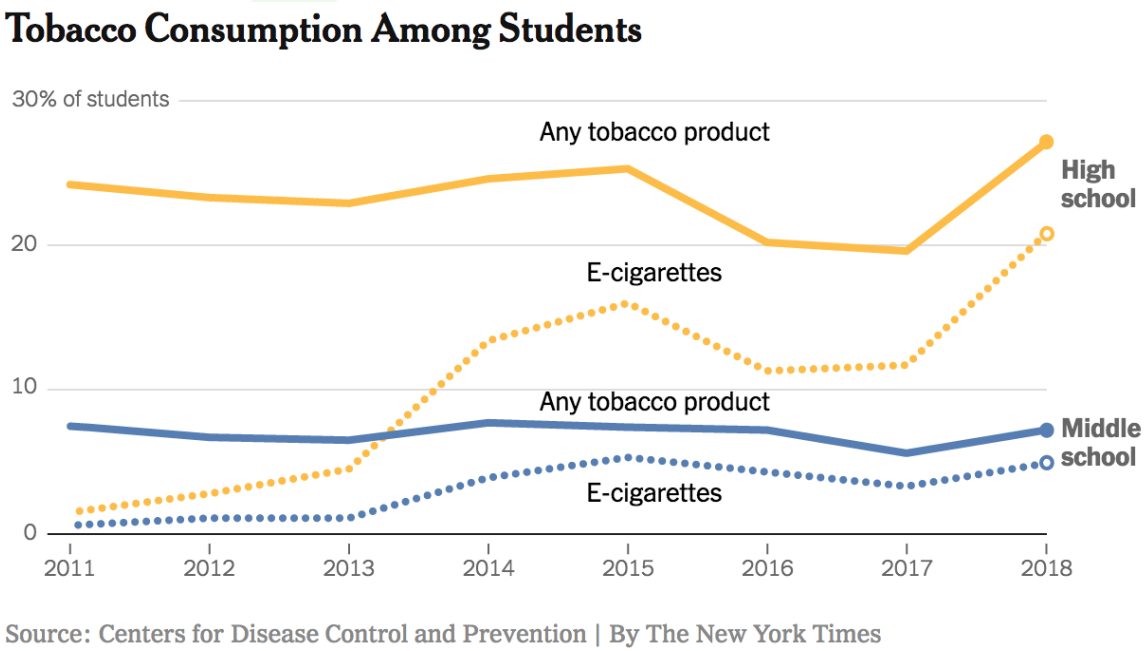
On November 15th 2018, the FDA released an unpredicted statement that stopped short of the all-out ban on flavored vape products that was anticipated. The FDA instead opted to allow companies to self-regulate the sale of flavored vape products. Juul has announced it will not change its decision to remove its flavored pods from stores, but will allow some retailers to continue to sell them if they use enhanced age-verification such as scanning ID's. This is potentially ineffective if trying to detect fake IDs as most are able to pass the typical scan gun at convenience stores and gas stations. The FDA cites years of protracted legal battles as the reason for stopping short of a flavor ban. Members of congress had already praised the FDA for the expected ban on flavored vape products which did not materialize. The FDA also mentions they have taken into consideration adult smokers who are actively trying to quit and would have greater potential for success with these products.

The agency used weak words on the regulation of e-cigarettes in a statement by the FDA's Commissioner, Scott Gottlieb stating, "We hope that in the next 90 days, manufacturers choose to remove flavored ENDS products" [7]. The FDA also released updated statistics on the amount of teenage e-cigarette use, claiming 3.6 million people under 18 reported using e-cigarettes in the last year. Effectively, not much will change aside from Juul's self-imposed removal of flavored pods from stores. The FDA's new regulations requiring the flavored products to be sold in a separate part of the store that is 18 and up is already how the vast majority of tobacco stores operate.

While remaining soft on vaping, the FDA also announced plans to outlaw menthol cigarettes and flavored cigars, too much backlash from the tobacco industry. Many experts agree this is an ambitious and overall unlikely ban as it will take years of legal and political battles that Big Tobacco has indicated it is ready to fight. The move is praised by the NAACP, African American Tobacco Control Leadership Council and other organizations that

[7] Kaplan, Sheila, and Jan Hoffman. "Juul Will Stop Selling Most E-Cigarette Flavors in Stores and Halt Social Media Promotions." *The New York Times*, The New York Times, 13 Nov. 2018, www.nytimes.com/2018/11/13/health/juul-ecigarettes-vaping-teenagers.html

have expressed frustration over menthol cigarettes and flavored cigars being seemingly targeted at the black community [8].



Current Positions

In one of the quickest treaties ever to be ratified by the United Nations, the World Health Organization's proposed Framework Convention on Tobacco Control (FCTC) took effect on February 27th, 2005. 181 parties and 168 signatories agreed on minimum standards for tobacco control policy and to cooperate on cross-border issues such as cigarette smuggling. Signatories have worked to pass legislation to ban smoking indoor workplaces, public transport and other public places (WHO). The WHO claims the treaty covers over 4 billion people.

In countries such as China that are parties to the FCTC but not signatories, progress is slower. China has just this year outlawed the sale of e-cigarettes to minors in August. Many stores near primary and secondary schools had been selling vapes labeled as blatantly as "student e-cigarettes". In 2016, the U.S. relied on China for 91% of imported vaping products and China remains the largest e-cigarette producer in the world [9]While they are

[8] Kaplan, Sheila, and Jan Hoffman. "Juul Will Stop Selling Most E-Cigarette Flavors in Stores and Halt Social Media Promotions." *The New York Times*, The New York Times, 13 Nov. 2018, www.nytimes.com/2018/11/13/health/juul-ecigarettes-vaping-teenagers.html

[9] Carlson, Kara. "Tariffs on Chinese Goods Could Batter the U.S. Vaping Industry." *Reuters*, Thomson Reuters, 8 Aug. 2018

only recently addressing the sale of vape products to minors, they would likely oppose sweeping bans that could diminish their profits in the growing industry. Other countries like Thailand have imposed an outright ban on all e-cigarette products with offenders facing up to 10 years in prison for possessing any sort of vape [10].

In the EU, there has been legislation passed under article 20 of the Tobacco Products Directive. Health warnings for e-cigarettes advising consumers that they contain nicotine and should not be used by non-smokers are mandatory. Packaging must also include a list of ingredients contained in the product, information on the product's nicotine content, and a leaflet with instructions for use and information on adverse effects, risk groups, addictiveness and toxicity. Promotional elements are not allowed on e-cigarette packaging, and cross-border advertising and promotion of e-cigarettes is prohibited[11].

In Africa vaping is generally not popular and not all that common. In South Africa, there have been attempts to put in some type of legislation that would regulate electronic cigarettes in a similar manner to that of regular tobacco. The same is true in South America where vaping is not very common due to lax laws and lack of sin tax.

To Cconclude objective of this committee will be to review the World Health Organization's FCTC passed more than a decade ago and evaluate its application to the modern vaping epidemic. The committee will decide if additional framework is needed to control the rapidly increasing levels of general tobacco use, especially among teens, and establish new goals and action plans regarding the regulation of vaping products. Delegates in this committee should consider the recent actions taken by individual countries, as well as the WHO, and assess what resources could be used to pass future legislation that will promote the health of generations to come.

[10] Carlson, Kara. "Tariffs on Chinese Goods Could Batter the U.S. Vaping Industry." *Reuters*, Thomson Reuters, 8 Aug. 2018,
[11] "Electronic Cigarettes - Public Health - European Commission." Together Against Trafficking in Human Beings. November 29, 2018. Accessed December 04, 2018. https://ec.europa.eu/health/tobacco/ecigarettes_en.

Questions to Consider

- What has your country already done to address rising rates of tobacco use and vaping?
- What special interest groups in your country may have a bearing on government regulation (private and public)?
- What governing body should be responsible for passing legislation and how might they enforce those regulations?
- How should WHO's responses to current regulation change?
- How can countries work to change the social trend of vaping to prevent more teens from damaging their health?

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Topic B: Disaster Relief Preparation and World Health Organization Reorganization

Introduction

The World Health Organization is responsible for directing and coordinating international health within the United Nations based in Geneva, Switzerland. The World Health Organization does through multiple ways including leading on important health matters and engaging with partner organizations where necessary, monitoring and accessing health trends, setting norms and standards and overseeing their implementation, and shaping the research agenda. Some of the most important work done by the WHO includes working with countries to sustain access to prevention, treatment and care for HIV, tuberculosis, and other tropical diseases[12]

The World Health organization is responsible for the World Health Report, World Health Survey and World Health Day. It is important to note that the World Health Organization is not designed to police what member countries do, and while the WHO does play an important role in investigating outbreaks it is also the responsibility of countries under International Health Regulations to also manage and regulate disease outbreaks [13].

One of the most critical roles of the World Health Organization that will be discussed further in depth later in this background guide include the role of leading and coordinating health responses with support of other countries. The WHO does this through identifying priorities and setting strategies, providing technical guidance, providing supplies and financial resources, as well as monitoring the health situation in a region or country.

[12] "Brief History of WHO." *Default*, ccnmtl.columbia.edu/projects/caseconsortium/casestudies/112/casestudy/www/layout/case_id_112_id_776.html
[13] "Brief History of WHO." *Default*, ccnmtl.columbia.edu/projects/caseconsortium/casestudies/112/casestudy/www/layout/case_id_112_id_776.html.

History

The World Health Organization was formed on April 7, 1948 in San Francisco as the health arm of the United Nations. Before the establishment of the United Nations, the world's independent health body was simply known as the Health Organization.

Some of the best work done by the WHO is stamping out and eradicating diseases through vaccinations. The World Health Organization carried out its first immunization campaign in 1967 with the goal of eradicating smallpox. Smallpox used to threaten up to 60% of the World's population and every 1 in 4 people who came in contact with the disease died. In a matter of ten years the WHO was impressive able to eradicate this deadly disease. Another important disease that has been decimated by the WHO along with work from Global Polio Initiative in 1988 was the dramatic decline in Polio cases. Today polio cases have dropped by whopping 97% and it is estimated up to 5 million people have not had to go through paralysis[14].

In addition, one of the World Health Organization's best known successes is the Expanded Program on Immunization (EPI). The EPI was first created in 1977 with the goal of providing universal in 1990 to all children. The WHO continues today to spread vaccines around the world in hopes of eradicating more deadly diseases and saved millions of lives.

Not everything the World Health Organization has done has been so effective and one of the most prominent cases was Ebola. In 2009 the World Health Organization started to take a less aggressive stance towards disease outbreaks after it overreacted to the breakout of H1N1 (Swine Flu). Swine Flu was originally thought to spread far faster be far deadlier than it in fact was.

When Ebola was first found in West Africa the WHO was not properly monitoring the situation and did not take the threat very seriously. The first Ebola case was discovered in December 2013 in Guinea. The region of West Africa does not have enough medical facilities for its own population before the outbreak of a very deadly

[14] "What We Do." *World Health Organization*, World Health Organization, 30 May 2018, www.who.int/about/what-we-do/en/.

disease, so these countries were vulnerable to a very fast spread and needed immediate international attention. Ebola first came onto the radar of the World Health Organization in the spring of 2014, but it took until August for it to declare a Public Health Emergency of International Concern (PHEIC). It was found that in March 2014, Ebola had hit all the prime qualifications to declare a Public Health Emergency of International Concern, but the World Health Organization failed to pull the trigger in a timely manner

A specialist panel that included experts from the London School of Hygiene and Tropical Medicine along with Harvard's Global Health institute found that while the epidemic had "engendered of outstanding courage and solidarity" it also created "immense human suffering, fear, and chaos". The World Health Organization Leader Director-General Margaret Chan and the Deputy-director along with regional directors all signed onto a statement that said "we have learned lessons of humility. We have seen old diseases in new contexts spring new surprises. We have taken serious notice of the criticism of the Organization that inter alia, the initial WHO response was slow and inefficient, we were not aggressive in alerting the world. We did not work effectively in coordination with our partners, there were shortcomings in risk communication, and there was confusion of roles and responsibility.

Overall the Ebola crisis killed over eleven thousand people and cause major harm on the economies of Guinea, Sierra Leone, and Liberia. These countries were already struggling economically and had a huge problem with poverty and the Ebola only compounded their issues.

Current Issues

One issue that came up from Ebola crisis was a lack of communication between WHO and the West African countries leaders, the WHO and West African populations, and communication between West African countries. For example, when World Health Organization doctors appeared along with other aid groups often time, they had no understanding of the local population and just how diverse these countries were. For example, there are many dialects spoken throughout Guinea especially in more rural areas and there was a shortage of trained personnel that could communicate with local populations. In addition, West Africans have learned from

experience that they should protect themselves from avoidance of strangers, isolation of the ill, and touching the bodies of those killed by the deadly disease. It is important for the World Health Organizations new disaster response to include a cultural component in order to educate the local populace quickly on the dangers of these diseases.

Foreign aid is a great and generous tool that has allowed many countries to be lifted out of poverty and has saved millions of lives, but it does have its downsides. When most countries give out foreign aid, there are often strings attached which often benefits the nation that is giving away the money economically. For example, USAID which is the gives out food to countries impoverished all food that the United States gives out must be food grown in America. In addition, for the food to get to these countries the food must be taken on American flagged ships. One example of aid being crippled because of strings attached while not foreign from the United States was the disaster response in Puerto Rico. The Jones Act required that all American aid be brought on American ships which hurt the efforts to get resources to the island quickly[15] . This is why it might be a good idea to have foreign countries just directly give foreign aid for health crisis directly to the World Health Organization, rather than each country separating out their own foreign aid. It would allow for a more centralized response from each country and

Another crucial component that the World Health Organization must be ready to have the correct infrastructure either on the ground or easily available for a disaster situation in order to save lives and make sure lifesaving medicine gets into the hands of those that need it most.

One option that has been floated before is to establish an emergency reserve "force" that is ready at any moment to get to the sight of a deadly disease outbreak and stop it before it gets out of control. It has also been noted that countries should adopt stronger international health rules that prepare them for the disease outbreak. The problem with countries adopting stronger international health rules is that many of these countries already have a poverty problem and simply adopting rules does not mean any new changes will be implemented.

[15] Venator-Santiago, Charles R. "The Jones Act Made Puerto Ricans Citizens, Yet Not Fully American." *Baltimoresun.com*, 15 Mar. 2018, www.baltimoresun.com/news/opinion/oped/bs-ed-op-0316-puerto-rico-20180314-story.html.

Current Positions

As talked about before there will be a divide between those countries that give foreign aid and those that receive foreign aid. Countries in Africa that need foreign aid would prefer to have no strings attached, because this would mean foreign aid is used more efficiently and many of the resources needed like food might be available closer to the country hit by the disaster as opposed to shipping it from faraway lands.

In Asia China is by far the biggest supplier of foreign aid to the region. Countries in south asia should focus on disaster preparation that has to with flooding. This is because every year the typoone smashes into this region especially seriously effecting the nations of Bangladesh and Indonesia which are not as well of in the region as some countries such as Singapore. South America countries should be focused on disease especially as it relates to Zika which has been the major killer in the region. In addition, Caribbean countries should focus on flooding due to the path of North Atlantic hurricanes.

Different parts of the world are going to require different types of responses from the World Health Organization so countries will most likely want to see the the World Health Organization include a new response for the type of disaster they face. For example, island nations may want WHO to focus on flooding response as opposed to a country like Australia which might be more focused on a response to droughts.

Things a Resolution Should Include

This is a topic where two different resolutions might be needed in order to fully solve the problem. A resolution that is dealing with the disaster response component will need to include a better way of detecting and monitoring a disease before it gets out of hand. Ebola was known to have been a deadly disease far before the breakout in West Africa, so a resolution should include a way to get on top of a disease fast when it is found in a region.

Questions to Consider

- Knowing that many of the wealthy donor countries use foreign aid as a stimulus for their own economies what are convincing argument that developing countries should use to persuade them to put more foreign aid through the World Health Organization rather than through their own programs?
- What type of disaster or Health response is most likely to hit the country you are representing and what kind of input can you contribute in order to better protect your country?
- How can more accountability be added to the World Health Organization in order to stop another failed response like that of Ebola?
- How can the World Health Organization better engage with local community leaders in a country to better understand the vast diversity of culture that often is very different in rural areas from urban areas?

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"What We Do." *World Health Organization*, World Health Organization, 30 May 2018, www.who.int/about/what-we-do/en/.

Topic C: Obesity

Introduction

Obesity is defined as abnormal or excessive fat accumulation that presents a risk to health[16]. The body mass index (BMI) is a system that is used to classify underweight, overweight and obesity in adults. A person with a BMI of 25 or more is considered by WHO to be overweight, while obesity is defined as having a BMI of 30 or more. Overweight and obesity are risk factors for cardiovascular diseases and type 2 diabetes, as well as premature deaths[17]. Obesity has reached epidemic proportions globally, with at least 2.8 million people dying each year as a result of being overweight or obese. Once associated with high-income countries, obesity is now also prevalent in low- and middle-income countries. The top three most obese countries in the world in 2018 are Kuwait, the USA, and Jordan[18].

History

In many wealthy countries and even in a few less wealthy countries obesity has become an epidemic and public health disaster. Since the dawn of history, humans in general have been undernourished and malnourished. The evolutionary development of fat has to do with the ability to store energy reserves for when there was no food. The first-time obesity was ever raised as a real health issue was by the insurance industry in 1920, when they were studying diseases and found a link between death and obesity.

The problem of obesity among children and adolescents has increased drastically in the Americas. Between 1980 and 2008, worldwide obesity nearly doubled. The prevalence of overweight and obesity is highest

[16] "Definition of Body Mass Index." MedicineNet. Accessed December 05, 2018. https://www.medicinenet.com/script/main/art.asp?articlekey=16125.
[17] Yurtoğlu, Nadir. "Http%3a%2f%2fwww.historystudies.net%2fdergi%2f%2fbirinci-dunya-savasinda-bir-asayis-sorunu-sebinkarahisar-ermeni-isyani20181092a4a8f.pdf." *History Studies International Journal of History* 10, no. 7 (2018): 241-64. doi:10.9737/hist.2018.658.
[18] "10 Facts on Obesity." World Health Organization. October 16, 2017. Accessed December 05, 2018. http://www.who.int/features/factfiles/obesity/en/.

in the Americas (62% for overweight in both sexes and 26% for obesity in adults over 20 years of age). In three countries (Mexico, Chile and the United States) obesity and overweight now affect around 7 of every 10 adults.

As we can see from the graph, Europe, Asia, and North America have seen a steady rise in obesity. Surprisingly, many of the worlds countries with the highest obesity rate are in the Pacific Islands according to the Atlantic[19]

With the threat of obesity reaching to irreversible levels, many countries in the Americas have signed a 5-year (2014-2019) Plan of Action for the Prevention of Obesity in Children and Adolescents, under the Directing Council of the Pan American Health Organization (PAHO), and the Regional Committee of the World Health Organization for the Americas. The plan calls for the implementation of fiscal policies, such as taxes on sugar-sweetened beverages and energy-dense nutrient-poor products, regulation of food marketing and labeling, improvement of school nutrition and physical activity environments, and promotion of breastfeeding and healthy eating. Its goal is to halt the rise of the obesity epidemic before it's too late.

The World Health Organization (WHO), the Food and Agriculture Organization (FAO), and the World Cancer Research Fund have all stated that the most prominent factors promoting weight gain and obesity are: high intake of products poor in nutrients and high in sugar, fat, and salt (aka energy-dense nutrient-poor products), such as salty or sugary snacks and fast foods, routine intake of sugar sweetened beverages, and insufficient physical activity.

Reducing the consumption of added sugars is important for an individual's health, but it is not the only necessary thing. A healthy diet should also include daily intake of fruit and vegetables, grains, milk, lean proteins including fish, and vegetable oils. Ensuring year-round availability, affordability, and access to foods consistent with such a diet requires sustainable and accessible agriculture and food systems.

[19] Grandoni, Dino. "Let's Take a Look at How Fat the World Has Become." The Atlantic. October 30, 2013. Accessed December 05, 2018. https://www.theatlantic.com/international/archive/2011/08/lets-take-look-how-fat-world-has-become/338645/.

Current Positions

An individual's food preferences, purchasing decisions, and eating behaviors are shaped by price, marketing, availability, and affordability. These factors are in turn influenced by upstream policies and regulations on trade and agriculture. The obesity epidemic is fed by the availability and increase in consumption of energy-dense nutrient-poor products and sugar-sweetened beverages in low- and middle-income countries. The portion sizes of soda, meals, and other marketed products have also risen dramatically over recent decades. In addition, advertising of these products have also increased in the region, influencing an individual in their food preferences, purchase requests, and eating patterns.

Obesity has immense economic effects both on individuals and to the American economy as a whole. The costs are broken down into four main categories, the first being direct medical costs from complications such as type 2 Diabetes, stroke, asthma, and heart complications resulting directly from obesity. With specific diseases such as CHD (conginel hair disease), the National Health and Nutrition Examination Survey has found obese Americans to be 3 times more likely to develop the disease. The result is a severe increase in medical costs for individuals, and a study by Wolf and Pronk has shown that a one-point increase in BMI correlates to a 1.9% increase in medical spending.

The economics of obesity also reflect changes in American economics, as since 1983, the price of fresh fruits and vegetables has increased by 190% while the price of carbonated beverages has only increased by 32% in the same period. Convenience has also played a part in the changing diet of Americans. According to The American Journal of Clinical Nutrition, 95% of American homes now have a microwave as opposed to 8% in 1978. There has also been a marked increase in the presence of vending machines and prepackaged foods which make consumption of more calories much easier.

Obese children are far more likely to remain overweight or obese throughout adulthood. According to The World Health Organization, a direct result of obesity may decrease life expectancy for one generation than the generation that preceded it. Many of these health effects and obesity are a direct result of the consumption of

sugar-filled, nutrient-poor products according to WHO. The organization proposes their Plan of Action for the Prevention of Obesity, which is an important step in curbing the health effects and resulting economic expenditures tied to obesity, as well as changing eating patterns and dietary balance. While much of the economic impact of obesity affects individuals and families directly as they are forced to spend money on healthcare and complications arising from their obesity, WHO has proposed a fiscal policy to lower that financial burden. Looking at countries such as Mexico, for example, WHO proposes a tax placed specifically on energy-dense, nutrient-poor products in order to curb their consumption. In theory, less spending on the consumption of these products would cause a decrease in the incidence of obesity and therefore a decrease in spending on healthcare and other complications arising from obesity.

Bloc Positions

One possible idea is to group countries with high obesity rates together by region. As noted before, some of the most obese countries in the world are closer together like the Pacific Islands, United States and Mexico, United Arab of Emirates and Qatar. So countries in regions with high obesity rates may want to work together because in many cases they eat similar food. In general grouping countries by region will most likely raise the chance of having a similar culture. Another reason culture is important because of the food along with the likelihood of exercise is an important component of both culture and the obesity epidemic.

Sometimes people do just do not have time to exercise and that is fine, but it is important that World Health Organization guidelines for daily amount of nutrition are followed to sustain a healthy diet then and at least try to set goals.

The United Nations has set up fighting obesity as one of its topics in the Sustainable Development Goals (SDG) which are a set of goals designed to get the world out of poverty. The use of SDG as goals as been criticized by some because they are world goals and don't. One example of this is on the topic of malnutrition, Asian countries generally surpassed their goals for the SDG, but African countries lagged because it did not take regions into account.

There will be a divide between those countries that can fund a program like this for example Australia, United States, Japan, Sweden and those that cannot like Nigeria, Paraguay, and Bangladesh. How the costs of subsidizing cheaper food will break down? In general, though it is expected that wealthier countries will burden some of the cost if ideas such as food distribution.

The WHO is currently focusing on obesity as one of the world's most pressing health problems and they are also working to prevent childhood obesity specifically. The Commission on Ending Childhood Obesity first met in July 2014, and consultations have been held in each of the 6 WHO regions around the world. The main issues that have come out of the consultations overall have been the lack of data on childhood obesity and the relatively low levels of physical activity for children around the world.

The region in the Americas developed a Plan of Action for the Prevention of Obesity in Children and Adolescents. This plan includes many of WHO's positions on the issue, including the promotion of front-pack nutrition labeling, taxes on sugary foods and beverages, and increased promotion of physical activity.

Things to include in a Resolution

As a committee we have a list of ideas that would benefit a resolution, but we also want to see what creative ideas delegates can bring on the topic of fighting obesity. The resolution should not set goals that are outright unachievable. Generally, we would want to see a working paper include some type of restriction or regulation on food. This could be anything from making a label for the 54 grams of sugar in a bottle of Coca-Cola more noticeable to outright recommending the ban of junk food.

It is also really important to consider parts of the world that are impoverished, where it is very difficult to afford food. Is it better that people have something to eat even if it is full of fat and sugar than to have nothing to eat at all? As we discussed earlier before, sometimes unhealthy is the most attainable food and cheapest food for many people around the world. Every resolution must keep in mind how it affects the world's impoverished citizens and those who struggle to live on what they earn. The point of a resolution is not to punish those who are obese, but to try and recommend a healthier lifestyle and an affordable one at that.

Questions to Consider

- Should wealthier countries have a moral obligation to fund efforts to get healthier food into the diets of both wealthy and poor countries?
- Would a tax on junk food from wealthier countries reduce people's desire to eat these types of foods like cigarettes?
- How does society stigmatize obesity and how can this be checked? On the other hand, how has society fed into the recent rise of obesity?
- How can we evaluate systems whether based on individual lifestyle changes, pharmacological or surgical approaches, community-based programs, policy changes, or other environmental changes to determine which is most effective in diminishing obesity?

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