
FOSCA
MUN
VENEZIA

World Health Organization

WORLD HEALTH ORGANIZATION COMMITTEE

Dear Delegates,

It is my profound belief that the MUN initiative is of vital importance to working toward the real-life resolution of international issues and conflicts, and thus it is with the greatest honour that I, Alessio Tiozzo Canella, as representative of the WHO committee, welcome and introduce you all to this year's FOSCAMUN, which will be its 6th reiteration.

I will personally have the pleasure to serve this committee as your President, and allow me as well to introduce to you the two other chair members: your vice-President Teresa della Corte and your moderator Susanna Savini.

Consider the following pages as a guide on how to approach this year's targets, and as an introduction to WHO's work in general and to its role in the international landscape.

The goal of this guide is to give you information on the very topic as well as guidelines, or leading questions, on how to deal with the topic.

We will be dedicating this year's work to the following topics:

A) D*eveloping an international protocol for cancer screening*

B) *Creating international policies for mental disorders.*

I expect that you all work with the appropriate diligence and seriousness required for the topics at hand, whose resolution, I hope is self-evident, is of the utmost importance. I will uphold the same expectation in my own role as President and in regards to my two fellow chair members.

WHO MANDATE

WHO's constitution was first established in 1948 and since then it has been the UN's organisation responsible to coordinate authority on international health.

From the very beginning, WHO has put an effort into ensuring better health to people throughout the world. WHO's work ranges from bringing together the top health experts to produce international reference, such as the International Classification of Diseases (which enables all countries to use a common standard for reporting diseases and identifying health trends) and the WHO Essential Medicines List (a guide for countries on the key medicines that a national health care system needs), to direct, organize and supervise their work. In addition, the Committee enables people to increase control over, and to improve their health through health promotion decrees and campaigns, the first of which is to address the countries, the second to address the people directly.

The areas in which the committee works are health systems, non-communicable and communicable disease and the overall promotion of health through the course of life.

As it was done at the beginning, the committee will continue everyday to do a better job than the day before.

TOPIC A: DEVELOPING INTERNATIONAL PROTOCOLS FOR CANCER SCREENING

INTRODUCTION:

Cancer is a generic term for a large group of diseases that can affect any part of the body. One feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs, the latter process is referred to as metastasizing. Metastases are a major cause of death from cancer. Nearly every family in the world is touched by cancer, which is now the second leading cause of death globally is responsible for almost one in six deaths.

Ageing is a fundamental factor in the development of cancer. The incidence of cancer rises dramatically with age.

Many cancers can be prevented by avoiding exposure to common risk factors, such as tobacco smoke. In addition, a significant proportion of cancers can be cured especially if they are detected early, but it doesn't happen frequently. Therefore, it is also very important to try to reduce cancers and save lots of lives with screening and early diagnosis.

An accelerated action is needed if global targets of reducing premature mortality from cancer and ensuring universal health coverage are to be achieved. Treating cancer in its early stages is the key. Today, many cases of cancer are diagnosed too late and this means they are harder to treat successfully. A renewed emphasis on strengthening health systems is needed to ensure early diagnosis and accessible, high-quality care for patients. In this way, about 30-50 % of cancers could be prevented.

In 2017, only 26% of low-income countries reported having pathology services generally available in the public sector. More than 90% of high-income countries reported treatment services are available compared to less than 30% of low-income countries.

The economic impact of cancer is significant and is increasing. The total annual economic cost of cancer in 2010 was estimated at approximately US$ 1.16 trillion.

Screening

Screening is defined as the presumptive identification of unrecognized disease in an apparently healthy, asymptomatic population by means of tests, examinations or other procedures that can be applied rapidly and easily to the target population. A screening program must include all the core components in the process from inviting the target population to accessing effective treatment for individuals diagnosed with the disease.

An effective screening program should meet the following criteria:

- Mechanisms for a systematic invitation and follow-up for individuals identified by the screening test as having an abnormal finding (call and recall mechanisms);
- Participation of over 70% of the target population to be screened;
- Necessary infrastructure and resources to offer the test periodically and to adequately diagnose and treat those found to have cancer or a precancerous lesion, and;
- Robust monitoring and evaluation framework to assure quality.

In advocating screening programs, it is important to avoid imposing models from high-resource settings with advanced health systems on countries that lack the infrastructure and resources to achieve adequate coverage of the population. There is no single approach that fits all situations thus adaptations are needed depending on the local context.

Compared to early diagnosis, cancer screening is a distinct and more complex public health strategy that mandates additional resources, infrastructure and coordination.

When planned effectively, appropriately financed and implemented, screening can reduce deaths from cancer and, in some cancer types like cervical, can also reduce the risk of developing cancer.

Screening programs can be effective for select cancer types when appropriate tests are used, implemented effectively, linked to other steps in the screening process and when quality is assured.

In general, a screening program is a far more complex public health intervention compared to early diagnosis.

Examples of screening methods are:

- visual inspection with acetic acid (VIA) for cervical cancer in low-income settings;
- HPV testing for cervical cancer;

- PAP cytology test for cervical cancer in middle- and high-income settings; and mammography screening for breast cancer in settings with strong or relatively strong health systems.

HISTORY:

In 1761, Giovanni Morgagni of Padua did for the first time autopsies to relate the patient's illness to pathologic findings after death. This laid the foundation for scientific oncology, the study of cancer. The Scottish surgeon John Hunter (1728-1793) suggested that some cancers might be cured by surgery and described how the surgeon might decide which cancers to operate on. If the tumor had not invaded nearby tissue and was "moveable," he said, "There is no impropriety in removing it."

A century later the development of anesthesia allowed surgery to flourish and classic cancer operations such as the radical mastectomy were developed.

The 19th century saw the birth of scientific oncology with use of the modern microscope in studying diseased tissues. Rudolf Virchow, often called the founder of cellular pathology, provided the scientific basis for the modern pathologic study of cancer, in this way Virchow correlated microscopic pathology to illness. Body tissues removed by the surgeon could now be examined and a precise diagnosis could be made. The pathologist could also tell the surgeon whether the operation had completely removed the cancer.

The growth in our knowledge of cancer biology has led to remarkable progress in cancer prevention, early detection, and treatment. Scientists have learned more about cancer in the last 2 decades than had been learned in all the centuries preceding, and many other things have to be discovered yet.

The first screening test to be widely used for cancer was the Pap test, and it was developed by George Papanicolaou as a research method in understanding the menstrual cycle. Papanicolaou soon recognized its potential for finding cervical cancer early and presented his findings in 1923. At first, most doctors were skeptical, and it was not until the American Cancer Society (ACS) promoted the test during the early 1960s that this test became widely used. Since that time, the cervical cancer death rate in the United States has declined by about 70%. Modern mammography methods were developed late in the 1960s and first officially recommended by the ACS in 1976.

PROJECTS AND ACTIONS TAKEN:

"*All countries can do more to prevent and treat cancer*" notes Dr Etienne Krug, WHO Director for the Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention. "*We know the main causes. Acting upon them will avoid that many cases occur in the first place. By strengthening the health system response, we can also ensure earlier diagnosis and better access to affordable treatment by qualified personnel, thereby saving millions of lives.*"

Cancer mortality can be reduced if cases are detected and treated early. Early diagnosis is necessary for early detection in order to identify cancer in its early stages an to immediately start treatment with a higher probability of surviving. Also, screening that aims to identify individuals with abnormalities, that are suggestive of a specific cancer or pre-cancer condition, who have not developed any symptoms and refer them promptly for diagnosis and treatment.
We need to give to every country a protocol for cancer screening. After that, go on with the other treatments to solve or reduce this huge problem. If we don't start with screening and prevention the other projects will be useless.
Detecting cancer early also greatly reduces cancer's financial impact: not only the cost of treatment is lower in cancer's early stages, but people can also continue to work and support their families if they can access effective treatment in time.
Effective programs can then be implemented at various levels that include community engagement, improving diagnostic and referral capacity and ensuring access to timely, high-quality treatment.
Control plans should be goal-oriented, realistic, carefully prepared and appropriately funded through a participatory process in order to be effectively implemented. Cancer control planning requires accurate data, including reliable cancer registries and monitoring and evaluation programs to ensure programs are appropriately prioritized and to assure quality.

In May 2005 WHO adopted a guide that is a response to the World Health Assembly resolution on cancer prevention and control (WHA58.22), which calls on Member States to intensify action against cancer by developing and reinforcing cancer control programs. It has developed a series of six modules that provide practical advice for program managers and policy-makers on how to

advocate, plan and implement effective cancer control programs, particularly in low- and middle-income countries. Delays in accessing cancer care are common with a late-stage presentation, especially in lower resource settings and vulnerable populations. The consequences of delayed or inaccessible cancer care are a lower likelihood of survival and higher costs of care, resulting in avoidable deaths and disability from cancer. This WHO Guide to cancer screening aims to help policy-makers and program managers facilitate timely diagnosis and improve access to cancer treatment for all.

In May 2017 Member States came together around priority actions to ensure cancer care for all. World Health Assembly resolution WHA A70/A/CONF./9 "Cancer prevention and control in the context of an integrated approach" lays out a clear roadmap to realize the potential for prevention, early diagnosis, prompt treatment and palliative care for people with cancer.

Member States reported on progress in achieving implementation of the road map of national commitments for the prevention and control of cancer at the Third High-level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases held in 2018.

On 30th May 2017, the 70th World Health Assembly adopted a draft resolution on cancer prevention and control with 18 sponsors and more than 40 Member States and 11 NGOs speaking in support of the resolution. During its deliberation, there was broad consensus that cancer is a growing public health concern which requires increased attention, prioritization and funding.

The resolution lays out a clear roadmap for stakeholders to realize the potential for prevention, early diagnosis, prompt treatment and palliative care for people with cancer.

If national leaders decide to create a new or updated cancer control plan, then the cancer control planning process can start with broad participatory support. All key stakeholders should be involved early in the planning stages, and national leadership is needed throughout the process. Decision-makers can be reassured that a cancer control plan will not create a costly vertical program, but should be integrated with noncommunicable diseases and other related programs to make it better

QUESTIONS:

-How does your country try to limit deaths due to cancer? Are screening practices common?

-Does your country have the specific tools to make correct and reliable screening?

-Is screening a widespread exam in your country? Can everyone access it?

-Does your country have the necessary funds to make this service accessible to everyone?

-Is screening in your country a safe exam, or are there any risks and collateral effects in which people who submit themselves to the exam may incur?

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TOPIC B: CREATING INTERNATIONAL POLICIES FOR MENTAL DISORDERS

INTRODUCTION:

Mental health is a level that expresses the well-being of a person's mind and that is characterized by the absence of mental illness. A satisfactory behaviour related to psychological state is the universally accepted definition of mental health. The absence of mental illness means the absence of a range of symptoms, that can go from abnormal thinking to inability of relating to other people, present in a vaste classification of different mental disorders; the most glaring examples of mental disorders are schizophrenia, depression, intellectual disabilities and inability to act due to drug abuse; most mental disorders can now be safely treated, but there still are many mental disorders that make up the very long and diverse list of mental illnesses that require necessary study and treatment.

PAST PRESENT AND FUTURE OF TOPIC

Mental illness was, since early civilizations, regarded as a religious punishment or as a mere personal problem that wouldn't fit into society. In ancient Egypt people affected by mental illness were people who did something against religion. This belief was briefly interrupted in Greece, where Hippocrates started treating mental disorders as something outside the religious sphere and attempted improvement in psychologic conditions of patients through a change in environment and in alimentation.

With the advent of Catholicism mental disorder was again regarded to as a religious punishment of a person in need of religion, or as the possession of the body by the devil. Mentally ill individuals were confined at the margins of society, if not executed as sinners. This stigmatization of mental disorders went on until 18th century when pioneers in medicine and psychology started regarding it as a medical condition that was supposed to be treated. Although awareness on the real nature of mental illness was starting to spread, the condition of disorder-affected patients did not improve in many parts of the world: they were kept at the margin of society and treated in underequipped structures where many violations of human rights took place every day.

The first asylums for disorder treatment were built in England and France in late 16th\early 17th century, but their main function was to keep patients away from people regarded as “normal”; that’s why these asylums started gathering not only people affected by some kind of mental disorder but also criminals and poor people, making the environment, already adverse and unhygienic, even less fit to host them. During this period the medical community mostly treated mentally ill patients with physical methods, using techniques such as restraining patients and ice baths were very common. Another technique that was introduced in this period is metrazol therapy, consisting in injecting stimulating substances to induce seizures; this practice often resulted in fractured bones and torn muscles, but it didn’t fall in disuse until 1982.

In the early years of 1900, the view on mental health started to change again, partly thanks to philosopher Sigmund Freud, becoming more aware of patients behavior on logical and medical criteria, and beginning to consider taking new ways of treating their conditions. But this work was still long, and the situation in asylums went on perpetrating deaths and irretrievable damage; doctors started radicalizing treatments, hoping to eliminate mental illness at once, using techniques such as lobotomy, insulin-induced coma and electroshock therapy. These therapies stayed active throughout 1940 and 1950 when they started falling out of use in favour of new methods of treating mental disorders.

In the second half of the 20th century, the focus of treating mental illness slightly changed: it was the birth of chemistry, or better medicine, pioneering aimed to find a cure to the illness itself, rather than trying to limit its effects on human brain. Major discoveries in this field are still in use today, for istance treatments amongst which antidepressant medicantions. Other late 20th’s discoveries, such as electroshock treatment, contrarily to others still in use nowadays, have been found to be more harmful than helpful, thus resoulting in a stop of their usage.

In modern times mental health care has evolved into a very complex organ of therapies and counselling, which has helped many patients regain confidence and find their place into society. As the personal issues connected to mental health continuosly changed, the percentage of patients who suffer from cronical depression increased, also related to the internation in hospitals and the emargination from society, with the consequence of an higher suicide rate. This issue, as a study from the UN Mental Health Foundation have shown, that a non-treated, advanced status of a mental

disorder, is related to 27% of suicide cases. Thus, we can comprehend how this can lead to extremist acts that can harm society directly.

PROJECTS AND ACTIONS TAKEN:

The WHO constitution states that health is a state of complete physical, mental and social well-being and not the mere absence of disease or infirmity. An implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.

Mental health promotion involves actions that improve psychological well-being. This may involve creating an environment that supports mental health.

WHO states that an environment that respects and protects basic civil, political, socio-economic and cultural rights are fundamental to mental health, and that without the security and freedom provided by these rights, it is difficult to maintain a high level of mental health.

For such reason, national mental health policies should be concerned both with mental disorders and with enlarged issues that promote mental health. Mental health promotion should be mainstreamed into governmental and nongovernmental policies and programmes. In addition to the health sector, it is essential to involve the education, labour, justice, transport, environment, housing, and welfare sectors.

Some of the ways the WHO has brought up as essentials to contrast this issue are:

- Early childhood interventions (e.g. providing a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating);
- Support for children (e.g. life skills programmes, child and youth development programmes);
- Socio-economic empowerment of women (e.g. improving access to education and microcredit schemes);
- Social support for elderly populations (e.g. befriending initiatives, community and day centres for the aged);

- Programmes targeted at vulnerable people, including minorities, indigenous people, migrants and people
- affected by conflicts and disasters (e.g. psycho-social interventions after disasters);
- Mental health promotional activities in schools (e.g. programmes involving supportive ecological changes in schools);
- Mental health interventions at work (e.g. stress prevention programmes);
- Housing policies (e.g. housing improvement);

WHO supports governments in the goal of strengthening and promoting mental health. WHO has evaluated
evidence for promoting mental health and is working with governments to disseminate this information and to integrate effective strategies into policies and plans.

In 2013, the World Health Assembly approved a " Comprehensive Mental Health Action Plan for 2013-2020&quot. The Plan is a commitment by all WHO's Member States willing to take specific actions to improve mental health and to contribute to the attainment of a set of global targets. It focuses on 4 key objectives:
-strengthening effective leadership and governance for mental health;
-providing responsive mental health and social care services in community-based settings;
-implementing strategies for promotion and prevention in mental health, as well as implementing scientific research and information systems;

QUESTIONS:

- What does the issue consist in?
- What is your country's position on affected people's social status?
- What actions have been taken by your country to improve the condition of people affected by mental health issues?
- Has your country taken part in the WHO Action Plan?
- Has your country taken action against mental health issues such as depression? Does it have a suicide prevention plan?
- Is your country part of any other mental health oranisation?

- What is your country's view on suicide and suicide attempt? Does it provide services to reinsert people into society?

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