THE PREMIER VIRGINIA TECH MODEL UNITED NATIONS CONFERENCE

World Health Organization (WHO)

FEBRUARY 2ND, 2023 - FEBRUARY 4TH, 2023
GENERAL ASSEMBLY | BLACKSBURG, VA

CONTENTS

Dear Delegates of VTMUNC I,
We appreciate your participation and dedication to the premier Virginia Tech Model United Nations Conference's efforts to promote productive and civil discourse and conversation. Nevertheless, please be warned that some presentations, discussions, and or information found in the background guides may contain delicate or triggering material. At Virginia Tech, we prioritize fostering a safe and inclusive environment, so we want to ensure that you are prepared for the nature of the discussions to occur.

That being said, the following content areas may contain sensitive material:

1. **Conflict Zones & Human Rights Violations:** Some conversations may involve sensitive global problems including human rights violations, armed conflicts, and or other difficult themes.
2. **Sensitive Cultural or Religious Topics:** Some topics may raise sensitive cultural or religious issues for individuals.
3. **Violence and Trauma:** In their speeches or resolutions, delegates may reference incidents of violence, trauma, or abuse in real-world scenarios that may potentially be a sensitive topic to delegates in committee.
4. **Discussions about Discrimination and Marginalization:** Emotionally intense discussions concerning discrimination, marginalization, or inequity may arise during committee.

As you prepare for the conference, we encourage all of our delegates to approach these discussions with both respect and empathy for differing perspectives. If the content of these committees is something that you are uncomfortable with, we recommend that you take the appropriate steps to prioritize your well-being, such as seeking support from conference staff or Secretariat of VTMUNC I.

Bound by the motto Ut Prosim (That I May Serve), we serve to ensure that we will promote constructive and respectful dialogue during committee sessions. As you prepare and participate in the conference, we promise that VTMUNC I will stay committed to creating a space where all your voices are heard and are welcome.

Thank you for your compassion and cooperation to our goal of respectful and intellectual discourse for all. We hope that as you progress with our conference, you continue to bloom.

Sincerely,
Aaryan Menon, Secretary General of VTMUNC I
Shriya Chemudupati, Under-Secretary General of General Assemblies of VTMUNC I
Madeline Pedersen, Under-Secretary General of Specialized Agencies of VTMUNC I
Juan Camilo Bonilla, Under-Secretary General of Crisis Committees of VTMUNC I

Conference Guidelines

The first iteration of the Virginia Tech Model United Nations Conference, otherwise known as VTMUNC I, is committed to providing a safe and pleasurable experience for all delegates, advisors, and individuals involved with VTMUNC I. Although participating in Model UN is being involved in competitive activity, its fundamental purpose is to uphold and put into practice both the principles of diplomacy, collaboration, and cooperation. Any individual that violates the policies and procedures of VTMUNC I and the ideals of an open and inclusive environment will be subject to disciplinary action from the staff of VTMUNC I; disciplinary action may include a warning or being disqualified from receiving awards. Promoting an environment that is open to all by being safe, equitable, and exhilarating is our utmost priority. In order to ensure this, the following are **prohibited**:

1. Any pre-writing or working on committee content outside of VTMUNC I committee sessions (as described by the Schedule of Program).
2. Any speeches, directives, crisis arcs, or actions in committee that intend to create violence or promote a violent environment to a specific group of people, including mentions of sexual violence, graphic violence, and other behavior that is beyond committee guidelines.
3. Any hate speech, written documents, or behavior that uses language that is discriminatory and disrespectful, including but not limited to any language that is racist, sexist, homophobic, transphobic, xenophobic, antisemitic, Islamophobic, or language harmful to any specific group.
4. Any actions that are deliberate, both knowingly and intentionally, to bully, harass, or otherwise harmful behavior that may or has hurt other delegates' physical and or mental health.

Dear Delegates,

It is with great pleasure and anticipation that my dias and I can extend a warm welcome to each of you as the Chairs of the World Health Organization (WHO) Committee at the first iteration of VTMUNC. As we gather in this collaborative forum to address pressing global health challenges, your presence as distinguished delegates is a testament to your commitment to diplomacy, cooperation, and the pursuit of solutions that will positively impact the health and well-being of people around the world.

The World Health Organization (WHO) stands as a global sentinel for public health, tracing its origins to the aftermath of World War II. Established on April 7, 1948, as a specialized agency of the United Nations, the WHO emerged in response to the need for international cooperation in health matters. With a mandate to coordinate global efforts in disease prevention, health promotion, and healthcare system strengthening, the WHO has been instrumental in addressing a wide spectrum of health challenges. From the triumph over smallpox to ongoing initiatives against infectious diseases and the promotion of universal health coverage, the organization has tirelessly championed the cause of global well-being. Today, the WHO continues to be a guiding force in navigating the complexities of modern public health, ensuring that the right to health is recognized and upheld worldwide. The World Health Organization plays a pivotal role in addressing a myriad of global health issues, and your role in this committee is crucial in crafting policies and recommendations that can lead to tangible improvements in healthcare systems worldwide. The WHO Committee will provide a platform for open dialogue, rigorous debate, and the exchange of diverse perspectives. I am confident that your unique insights, expertise, and diplomatic skills will contribute significantly to the success of our discussions.

Throughout the conference, we hope that we foster an environment of mutual respect, collaboration, and innovative thinking. As the Chairs, we are here to facilitate meaningful debates, ensure procedural fairness, and guide our collective efforts towards finding comprehensive and sustainable solutions.

To aid in your preparation, please familiarize yourselves with the agenda items and background materials provided in the conference guide. Feel free to reach out to the Under-Secretary General of General Assemblies or us if you have any questions or concerns before the conference commences. We look forward to meeting each one of you and witnessing the dynamic discussions and resolutions that will undoubtedly emerge from our time together. May this conference be an enriching experience for all, as we work together to address the global health challenges of our time.

Sincerely,

The World Health Organization Dias

Shriya Chemudupati | Under-Secretary General of General Assemblies and Regional Bodies |

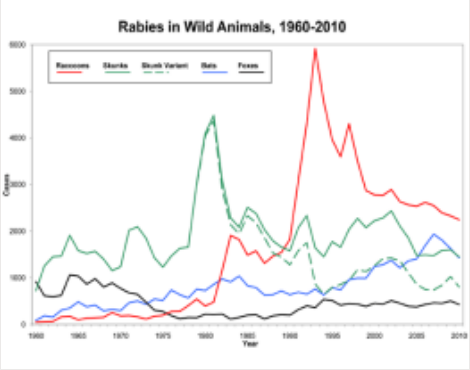
Abe Al-Dalli | Head Chair |

Ranvitha Divi | Co-Chair |

Topic 1: Combatting Rabies

Background Information

Humans and dogs have coexisted for many centuries, and as a result, humans have long been aware of rabies. The history of rabies begins in Mesopotamia, where the disease was first documented. However, it wasn't until the 19th century that a scientist by the name of Louis Pasteur invented the post-exposure prophylaxis (PEP) vaccine. In July 1885, Pasteur treated a victim of a human bite with the first-ever successful rabies vaccine. The vaccination has been refined since then to become the current iteration. If an infected animal bites or scratches a person or pet, the deadly disease rabies can be transmitted. The mortality toll from rabies is close to 59,000 worldwide, with dog bites accounting for the majority of rabies cases in humans, particularly in impoverished nations. The virus mostly affects the central nervous system, and if the infected person does not get prompt medical attention, it may cause death. Avoiding contact with wildlife, obtaining medical attention upon exposure, and vaccinating animals are all effective ways to prevent rabies. The incubation period is the time after a human bite exposes a person to the rabies virus as it makes its way through the body, eventually arriving at the brain. This period can last for weeks or months based on where the human got exposed, the type of rabies virus, and the existing immunity. The first set of symptoms that one will experience is very similar to flu symptoms such as general weakness, discomfort, fever, or a headache that lasts for days. As the virus starts to make its way through the body's system, the person will experience a pickling or itching sensation at the site of infection, cerebral dysfunction (commonly known as brain damage), anxiety, confusion, and agitation. Once the virus reaches the brain the person will then experience delirium, abnormal behavior, hallucination, hydrophobia, and insomnia which will then lead straight to death. Once clinical signs of rabies appear, then the disease is at its most fatal state.



Even though rabies in humans is the subject that most focus on, recognizing the dangers that animals face due to rabies is equally important. The virus can affect the brain and spinal cord of all mammals and just like in humans, it passes to animals through the bite of an infected animal and can be transmitted through scratches, infected saliva that makes contact with the mucous membrane, or exposure to wild animals. The general symptoms that animals face are restlessness, apprehension, and aggression to the point where friendly animals become irritable and they may bite, snap at any stimulus form, or attack other

animals. Excited animals become docile and they will constantly lick the infected site or may show signs of deep fear. As the disease progresses, the infected animals become hypersensitive to touch, light, and sound leading them to eat unusual things or hide in dark places. The animal might also experience paralysis of the throat or jaw muscles (which results in foaming at the mouth), disorientation, incoordination, staggering caused by paralysis of the legs, or seizures. The most common way that rabies is transmitted to humans is through direct contact between the infected animal and the human such as a bite. Transmission can also occur in areas with broken skin, the mucous membrane in the eyes, nose, and mouth, or from the saliva or brain/nervous system tissue from a rabid animal. It is very rare for humans to get rabies from non-bite exposures but, if a is scratched by the raid animal or an abrasion, scratch, or open wound is exposed to the saliva or other potentially infectious material from a rabid animal, then it is high possible for the person to get rabies. Contact with the blood, urine, or feces of the rabid animal is not associated with the risk of inception and is not considered an exposure concern for rabies. Other modes of transmission, such as inhalation of aerosolized rabies virus or corneal and solid transplants are uncommon, but possible. Most laboratory workers face the risk of obtaining the virus due to inhalation of aerosolization and records of the virus transplants are very rare, but it has happened before. Casual contact such as touching or talking to an infected person is not associated with risk for the infection. Rabies is a worldwide problem, but some countries such as the United States of America are in a better position with combatting rabies compared to countries in Africa or Asia. Rabies causes approximately 59,000 deaths worldwide and, in many countries, dog rabies is the most common form of rabies. Exposure to rabid dogs is the cause of over 90% of human exposure to rabies and 99% of human rabies deaths worldwide. Although rabies vaccines have been available for more than 100 years, countries with inadequate public health resources have the most deaths from rabies. The cost of animal vaccination programs often prevents full implementation in much of the developing world and even the countries that were successful in combating rabies had to face the overbearing cost of effective dog rabies. The cost drains public health resources, even the U.S.A. has an estimated annual expenditure for rabies and most of the 300 million dollars was spent on dog vaccinations. Even if a sufficient level of dog vaccination is reached, the efforts to control rabies have to remain constant and robust because about 25% of the dog population requires revaccination. Still, the world faces the threat of the reintroduction of rabies through the transport of infected animals from beyond any secure area in countries if control programs lapse. The countries that are most affected by rabies are Mainland China, Indonesia, Israel, Japan, India, and South Africa.

In 2015, the UN Food and Agriculture Organization (FAO), The World

Organization for Animal Health (OIE), the Global Alliance for Rabies Control (GARC), and the World Health Organization (WHO), created the Zero by 30 plan and the main goal of the plan is to eliminate the threat of rabies in all countries by 2030. Zero by 30 mainly focuses on eliminating rabies by effective use of vaccines, medicines, tools and tech, providing countries with clear guidance, policies, and monitoring tools, and sustaining countries' commitment and resources. So far, 2 million doses of quality-assured dog rabies vaccines have been delivered to 133 countries in Asia and Africa. The committees will support countries to accelerate their action toward eliminating rabies in dogs by 2030 and the implementation of accelerated human vaccination schedules which include accelerated doses and cost-saving options. The global strategic plan presents a strategy to eliminate human death from dog-meditated rabies and the plan integrates rabies prevention with other healthcare interventions to strengthen health systems. Current treatments offered to those who are infected by rabies are supportive care and post-exposure prophylaxis otherwise known as PEP. Support care is meant to prevent or treat as early as possible the symptoms of a disease and treat side effects caused by treatment of the disease. Supportive care also treats any psychological social or spiritual problems related to the disease or its treatment. PEP consists of a dose of human rabies immune globulin (HRIG) and rabies vaccines given on the day of the rabies exposure and a dose of vaccine is given again on days 3, 7, and 14. The combination of HRIG and the rabies vaccine is recommended for both bite and non-bite exposures. Rabies vaccinations are also available for people before getting potentially exposed to the disease as a preventive measure.

Possible Solutions

Many countries around the world have successfully combated a certain type of rabies that posed a threat to their areas. Australia is one of the few that remains rabies-free and so the country works to support other countries that are heavily affected by rabies. For example, Australia partnered with multiple organizations such as the World Organization for Animal Health (OIE) for a rabies vaccine bank that any country heavily affected by rabies can use. The country also works to educate all of its citizens on the dangers of rabies. In Britain, since an outbreak of rabies is possible through an illegally imported companion animal, security measures were put in place to ensure that illegally brought animals would be caught. The threat is to be identified through the source of infection, if the illegal animal transmits the virus to another mammal, or exposure history which will be investigated by officials. The country has a list of specific measures to take based on the severity of an outbreak. Though, in Chile, dog rabies has not been reported for over 30 years, the country is still at risk of bat rabies. In response to this threat, the country has tested a large number of bats in

dangerous areas and reported those areas to the public as danger zones. This approach is similar to one that the country took to combat dog rabies. Similar to Chile, Jamaica is free of dog rabies but still is under the potential threat of bat rabies. The country and the CDC recommend citizens that who travel to wildlife areas vaccinate themselves as a prevention method. After the 18th-century rabies epidemic in Japan, the country eradicated rabies in 1957. The country set strict rules to have family dogs registered and confined, eliminate stray dogs, and make the vaccination of dogs compulsory. These strict measures were put in place due to the few numbers of facilities present to investigate the disease and the country has a limited number of medical centers that hold the vaccinations.

Questions to Consider

I. What are the possible ways to lower the cost of the vaccine procedure so that third-world? Can countries afford to massively distribute the vaccine?
II. What procedures should be put in place if the control programs lapse and mammals from an under-controlled area spread the disease?
III. How can the vaccines reach the corners of a country that is most affected by rabies and how will the amount of people or animals vaccinated be accounted for?
IV. Should the vaccine be distributed through organizations that work to combat rabies or should countries be responsible for making sure that the vaccine reaches everyone?

Topic 2: Controlling Organ Trafficking

Background Information

Organ trafficking, though it is a longstanding heinous act that occurs worldwide, is often overshadowed by other more prevalent forms of human trafficking including forced labor, debt bondage, and sex trafficking. Like the other forms of trafficking, organ trafficking is extremely targeted towards higher-risk people (homeless, lower-income individuals, etc.). In all three common ways for traffickers to obtain organs illegally, poor, less educated people are the easiest prey. The first possible way is simply lying to people by diagnosing them with a pretended condition that needs an operation and taking the organs in that manner. Secondly, traffickers can agree to pay their victims for the organs and then pay them less, or agree to an extremely low price that does not require negotiation.

Lastly, trafficking can convince the victim to give an organ for a multitude of reasons. All the usual ways deceive people who are either desperate for money or lack the education to tell that they are being tricked. The issue shows no signs of going away. The number of donors worldwide continues to increase, but the amount of people needing an organ, on the organ transplant waiting list, grows far too rapidly. In the United States, for example, the difference between transplants and waiting people continues to grow. In 1991, a reported 15,756 organs were transplanted with 23,198 still on the waiting list. While this represents a need for many more organs, the margin increased further still. A reported 39,718 transplants occurred in 2019 with 112,568 people on the waiting list. And since the numbers offer such a concerning outlook for those on the waiting lists, demand for organs is extremely high. Desperate people take desperate measures to attempt to save their lives, even when the cost is soaring. One of the most common transplanted organs, a kidney, costs about 415,000 USD to transplant. The actual price of the organ is close to 262,000 USD in the United States, but prices vary worldwide for various reasons. Therefore, traffickers can populate a market with high rewards. While the price of the kidneys seems unrealistic for nearly all people around the world, and is, other organs cost even more. As previously mentioned, the high demand for organs worldwide combined with the large financial compensation creates a large market for organs. Donors simply are not prevalent enough to fill the ever-increasing need for organs. Traffickers thrive in this environment. The World Health Organization has estimated that 10% of worldwide organ transplants are made with illegally obtained organs, equating to about 600 million USD to 1.2 billion USD in illegal industry. These organs are transported across the black market, the clandestine trading network. The targeting of people groups in this practice is clear. In several instances of people being in horrible humanitarian situations, they either are slaughtered or else sell their organs out of necessity for resources. The Syrian refugee crisis provides an excellent, if brutal, example of the power imbalance in crime.

Since the eruption of the civil war in 2011, Syrians have been forced to leave their homes and find refuge in safer parts of the nation or other countries. Nearly twelve million people fall into these two categories, and their possessions and resources are often limited to what is given to them by humanitarian aid. Some are not even that fortunate. Because of the hopeless situation, the refugees are willing to take extreme risks to take care of themselves or their families.

Selling their organs can be a tempting option. Some organs can be donated without health consequences if done safely. With the promise of monetary compensation, some Syrians are willing to accept the great risk of their decision, hoping for the best outcome. Unfortunately, the organ traffickers do not care about the refugees. Once the organs are obtained, the person is not valuable to the trafficker anymore. Additionally, the monetary compensation is extremely low, owing to the desperation of the refugees. One Syrian refugee teenager, for example, sold his kidney for 8,300 USD, far lower than the fair price of the organ. Finally, the risk of the operation is far greater. The locations for the surgery are almost always temporary as the criminals seek to avoid arrest, and the "operation rooms" are no more than rented housing spaces. While the wellness of the patient is measured to ensure a healthy organ, the surgical practices are not designed to be tailored toward the individual. Similar examples of organ trafficking of minority groups and desperate people include Chinese trafficking of Uighur Muslims, gross instances of Mexican cartels harvesting children's organs, and trafficking organs of Yemen during the current civil war. On the global stage, it makes sense that some areas deal with the problem on a far more large-scale basis than other countries. Organ trafficking is most common in countries including China, India, Brazil, Nepal, and the Philippines and regions including post-Soviet Eastern Europe and the Middle East. While organs are extracted from humans most commonly in these areas, most of the organs travel to other countries. In the same pattern of poorer, more desperate people donating their organs more frequently, richer, more prosperous people receive organs most of the time. Once again it should be noted that the price of organs is extremely high because of the high demand, low supply, and constant need.

Potential Solutions

There are several ways to attempt to deal with the difficult issue at hand. Provided below are a few of the various feasible options; by no means is this short list comprehensive. Note that perhaps the best course of action is to combine several solutions to deal with many of the issues in the most efficient way. Because illegally removed organs are almost always transported from desperate people to prosperous individuals, people either travel to another country and receive transplants with illegal organs (see transplant tourism) or organs are transported across borders to the people that will receive the transplant. Since the organs being used are illegal, both practices are also illegal. Yet most of the time, the illegal activities are successful. By creating better border security and more attention to the common aspects of organ trafficking, it is possible that the problem could be minimized. Two issues with this solution are that most of the countries that have common organ trafficking problems do not have the resources to meet better security standards. Additionally, the United Nations must be careful not to overstep the

sovereignty of nations, but it relies on cooperation from most countries. Organ trafficking happens because the amount of legal organs is not enough to sustain needs. Increasing the supply of legal organs minimizes the need for harvesting organs illegally. However, it also lowers the high reward that traffickers can get for their crimes, since prices would go down with a lower demand. The way to approach this is less straightforward. Perhaps it makes sense to give money to people who sacrifice their organs legally (no longer donation) to encourage a greater supply. Maybe there could be new technology to somehow mass-create organs reliably. It might even be a good idea to obtain organs from deceased individuals, but that brings up a slew of moral, religious, and legal issues that would have to be resolved. Again, the sovereignty of nations must be recognized when trying to come up with a useful resolution. Organ trafficking is not an unbiased practice, as mentioned several times before. Improving world data on trafficking and cases of different demographics could prove instrumental in coming up with a solution to the problem. In the example of the Syrian refugees, a viable solution could be to provide extensive humanitarian support instead of letting criminals determine the fate of the innocent. It could be beneficial to educate poorer people about the motives of potential harvesters, yet the process by which to do that must be carefully thought out. It is known that there are countries that have exceptionally many instances of trafficking, but those countries may not admit to their issues. Those same countries could easily refuse to accept any help, as they continue to assert that no problem needs to be addressed. This idea must be considered, as giving aid to countries carries no meaning if the aid never gets past the country's restrictions. Previously mentioned was the possibility of reducing the amount of money that a trafficker could receive after a successful attempt. Another route in attempting to slow the temptation for traffickers to continue in illegal activity is to make their risk higher by increasing punishments. For the atrocity of the crime, the penalty should be great, especially considering that illegal removals can result in permanent health problems and death. Creating stricter discipline for the crime would force traffickers to decline in number, and the problem to diminish. Attempting to accomplish a solution by this means requires a careful understanding of the international environment and what the United Nations can do to create meaningful change. Instead of punishing the traffickers themselves, it might be prudent to create incentives for countries to minimize the crime in their own country, but this step might not be reliable.

Questions to Consider

I. How can international discussion be shifted to devote more attention to the growing issue of organ trafficking?
II. Considering every country has a different situation regarding this topic, how can a comprehensive

solution be made that targets the most nations possible?

III. How can target groups be educated so that they do not fall victim to the dangers of their organs being harvested?

IV. What can the World Health Organization do to increase the number of legal organs available for transplant?

V. Is it possible to eliminate the need for illegal organs, or is it best to try to disincentivize traffickers from continuing their operations?

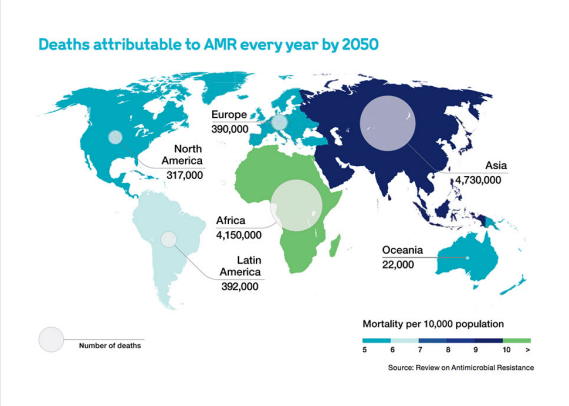
Topic 3: Antimicrobial Resistance

Background Information

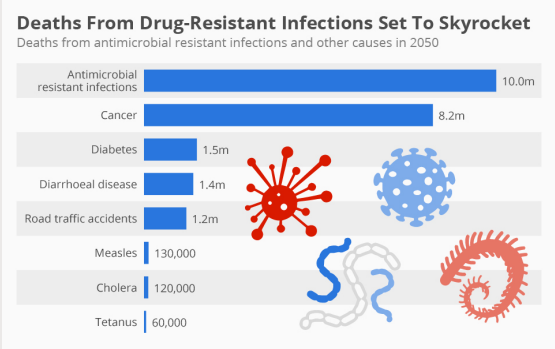
As diseases become more and more resistant to current medical treatment, the world faces a global crisis against antimicrobial resistance. Antimicrobial resistance, also known as antibiotic resistance or AMR occurs when antibiotics are used to kill bacteria, fungi, viruses, or parasites. When antibiotics enter the human body, AMR is a naturally occurring process that can be harmless in some cases where the immune system is strong enough to defend itself from harmful microbes. However, increases in antimicrobial resistance are driven by a combination of germs exposed to antibiotics, and the spread of those germs and their resistance mechanisms. During this process, it is common for some bacteria to manage to survive and develop resistance to the antibiotics being used to treat their host. After withstanding the efforts of antibiotics, bacteria will multiply, allowing the resistance to spread as those with the trait reproduce, in turn rendering the antibiotics useless. In addition, antibiotic use can kill off the "good bacteria" in humans that aid in digestion and other bodily processes. Many modern medical advancements will become ineffective should this issue not be resolved, potentially making a simple infection deadly. In many cases, antimicrobial resistance has developed to the point 2nd and 3rd line drugs are necessary, thus increasing treatment time and cost as well as reducing cure rates. Infections caused by resistant germs are generally very difficult, or even impossible to treat. In many cases, these infections require extended hospital stays, additional follow-up doctor visits, and the use of treatments that may be costly and are usually more dangerous than initial procedures for patients. Specifically, antibiotic resistance increases the risk of medical operations such as chemotherapy, organ transplants, and diabetes management. However, the effects of this issue have extended to veterinary, agricultural, and tourism industries as well, making it a crisis for countries across the globe.

Many developed nations have already begun efforts against antimicrobial resistance, and have released thorough guidelines to educate the public and the specialists on how they can prevent the furthering of the issue. Doctors are being instructed to not freely prescribe antibiotics, unlike before, and to be extremely cautious while selecting a prescription to avoid using

an ineffective medication and worsening antibiotic resistance. Also, a variety of scientific institutes have been working to research and discover more on this issue, but resources have been limited in most locations especially due to the COVID-19 pandemic. On April 30th, 2014, the World Health Organization made the first global report on antibiotic resistance recognized it as a major issue, and has been working to resolve the problem in a variety of ways.



From research to coordination efforts, WHO has been categorizing and informing medical officials on which antibiotics to avoid in certain areas in addition to raising awareness. However, unless the nations join together, the issue at hand will not be solved in time to prevent further catastrophe. As of 2021, the United Nations estimates that each year, 700,000 people die from AMR-related causes. Even more alarmingly, Chief Veterinary Officer Keith Sumption of the UN Food and Agriculture Organizations believes that if no significant actions are taken, the annual tally could skyrocket to over 10 million deaths by 2050.



Potential Solutions

To ensure progress regarding antimicrobial resistance, countries across the globe must ensure the effective implementation of national action plans across sectors to ensure sustainable progress. Attention must be drawn to both developed and lesser developed areas to prevent intercontinental spread, which is made especially difficult given the ease of global travel. Higher-income nations would be wise to begin or to continue assisting their lower-income counterparts in the mobilization against antimicrobial resistance, as well as work to incorporate both private and public industry in the fight against this crisis. A key component of executing antibiotic resistance efforts is the education of all citizens--frequent antibiotic misuse has sped up the rate of antibiotic resistance development, causing annual deaths to be on a rapid incline. A simple yet effective solution would be to educate the public with PSAs, brochures, and simple messages across government networks.

Specific audiences for certain points could include having medical personnel use antibiotics as a last solution amongst first-line drugs for bacterial infections; alerting the people on proper usage and consequences, such as how stopping treatment early or taking partial doses increases the risk of developing antibiotic-resistant forms of an ailment; and monitoring as well as informing the agricultural sector, specifically aquaculture, livestock, and crops. In addition to looking into social solutions to this issue, we expect that you work within the medical industry's abilities to explore treatment and prevention options for citizens. Though this issue is rapidly worsening, many leaders have been aware of its development in recent years and have gone through trial and error while attempting to find solutions. Research what methods your country has devoted resources and research to, what was successful, what was unsuccessful, and so forth, and use creative rationale to come up with unique solutions applicable to both your country and other member nations of the UN.

Questions to Consider:

I. How can less developed areas that have limited access to clean water, sanitization supplies, and healthcare facilities incorporate solutions to antimicrobial resistance?

II. How does antimicrobial resistance affect children of your country and what are solutions that benefit both health and education?

III. How will your country address the skyrocketing prices of healthcare facilities in both developed and lesser developed countries concerning antimicrobials?

Works Cited

Topic 1:

"CDC - Rabies around the World - Rabies." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 29 July 2020, www.cdc.gov/rabies/location/world/index.html. "Epidemiology and Burden of
"How Can You Prevent Rabies in People?" Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 11 June 2019, www.cdc.gov/rabies/prevention/people.html.
"How Can You Prevent Rabies in People?" Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 11 June 2019, www.cdc.gov/rabies/prevention/people.html. "How Is Rabies Transmitted?" Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 11 June 2019, www.cdc.gov/rabies/transmission/index.html. "Rabies." Mayo Clinic, Mayo Foundation for Medical Education and Research, 6 Dec. 2019, www.mayoclinic.org/diseases-conditions/rabies/symptoms-causes/syc-20351821 "Rabies Postexposure Prophylaxis (PEP)." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 11 June

2019, www.cdc.gov/rabies/medical_care/index.
“Rabies in Dogs: Vaccination, Symptoms, Diagnosis, and Treatment.” WebMD, WebMD, www.pets.webmd.com/dogs/rabies-dogs#1.
Tarantola, Arnaud. “Four Thousand Years of Concepts Relating to Rabies in Animals and Humans, Its Prevention and Its Cure.” Tropical Medicine and Infectious Disease, MDPI, 24 Mar. 2017, www.ncbi.nlm.nih.gov/pmc/articles/PMC6082082/#sec1-tropicalmed-02-00005title
“What Are the Signs and Symptoms of Rabies?” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 11 June 2019, www.cdc.gov/rabies/symptoms/index.html.
“When Should I Seek Medical Attention?” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 11 June 2019, www.cdc.gov/rabies/exposure/index.html.

Topic 2:

Bain, Christina, et al. "Organ Trafficking: The Unseen Form of Human Trafficking." ACAMS Today, 26 July 2018, www.acamstoday.org/organ-trafficking-the-unseen-form-of-human-trafficking/.
"General Assembly Adopts Texts Including on Human Organ Trafficking Prevention, Indigenous Peoples Enhanced Participation in United Nations | Meetings Coverage and Press Releases." United Nations Meeting Coverage and Press Releases, United Nations, 8 Dec. 2017, www.un.org/press/en/2017/ga11938.doc.htm.
Gonzalez, Juan, et al. "Organ Trafficking and Migration: A Bibliometric Analysis of an Untold Story." International Journal of Environmental Research and Public Health, MDPI, 5 May 2020, www.ncbi.nlm.nih.gov/pmc/articles/PMC7246946/.
"How Much Does a Kidney Transplant Cost?" U.S. Department of Health and Human Services, Oct. 2019, www.esrdncc.org/contentassets/938027475302483a9e7cf526d789400a/howmuchkidneytransplan tcost508.pdf.18
Magdalena, Mis. "Organ Trafficking 'Booming' in Lebanon as Desperate Syrians Sell Kidneys, Eyes: BBC." Reuters, Thomson Reuters, 26 Apr. 2017, https://www.reuters.com/article/us-mideast-crisis-syria-trafficking/organ-trafficking-booming-in-lebanon-as-desperate-syrians-sell-kidneys-eyes-bbc-idUSKBN17S1V8/
Martin, Will. "China Is Harvesting Thousands of Human Organs from Its Uighur Muslim Minority, UN Human-Rights Body Hears." Business Insider, Insider Incorporated, 25 Sept. 2019, www.businessinsider.com/china-harvesting-organs-of-uighur-muslis-china-tribunal-tells-un 2019-9.
"Organ Donation and Transplantation Statistics: Graph Data." Health Resources & Services Administration, U.S. Department of Health and Human Services, 27 Mar. 2020, www.organdonor.gov/statistics-stories/statistics/data.html.

"Organ Donation Statistics." Health Resources & Services Administration, U.S. Department of Health and Human Services, 28 Sept. 2020, www.organdonor.gov/statistics-stories/statistics.html.
"Organ Transplant Trends: More Deceased-Donor Transplants than Ever." United Network for Organ Sharing, 23 Dec. 2020, www.unos.org/data/transplant-trends/.
Shimazono, Yosuke. "The State of the International Organ Trade: A Provisional Picture Based on Integration of Available Information." World Health Organization, World Health Organization, 4 Mar. 2011, www.who.int/bulletin/volumes/85/12/06-039370/en/.
"Transplant Costs." United Network for Organ Sharing, 19 Feb. 2020, www.transplantliving.org/financing-a-transplant/transplant-costs/.
Wright, Erika. "Organ Trafficking and the Poor." The Borgen Project, 3 June 2015, www.borgenproject.org/organ-trafficking-and-the-poor.

Topic 3:

“About Antibiotic Resistance.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 13 Dec. 2021, https://www.cdc.gov/drugresistance/about.html.
Antimicrobial Use and Resistance in Animals - Jstor.org. https://www.jstor.org/stable/4483149.
“Antimicrobial Effectiveness Leaning towards 'Tipping Point' Resistance – FAO | | UN News.” United Nations, United Nations, https://news.un.org/en/story/2021/11/1106472. Bishop, Madeline. “Global Disruption of Antibiotic-Resistant Bacteria.” Public Health Post, 6 July 2019, https://www.publichealthpost.org/databyte/antibiotic-resistant-bacteria/.
Commissioner, Office of the. “Antimicrobial Resistance Info.” U.S. Food and Drug Administration, FDA, https://www.fda.gov/emergency-preparedness-and-response/mcm-issues/antimicrobial-resistance-information-fda.
The Tragedy of Antimicrobial Resistance ... - Jstor Home. https://www.jstor.org/stable/24107296.
Vol. 52, 1 May 2011 of Clinical Infectious Diseases on JSTOR. https://www.jstor.org/stable/i23024424.