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MODEL
UNITED
NATIONS
CONFERENCE

CHINA

2024

World Health Organization (WHO)

#Background Guide

WORLD HEALTH ORGANIZATION (WHO)

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TABLE OF CONTENTS

Introduction

Welcome Letter
Committee History

Topic 1

Introduction
Glossary
Topic History
Current Situation
Questions to Consider
Additional Resources

Topic 2

Introduction
Glossary
Topic History
Current Situation
Questions to Consider
Additional Resources

Letter from the Dais

Dear Delegates,

Welcome to the **World Health Organization (WHO)**! Founded in 1948, the WHO stands to promote healthcare across the globe. This year, the WHO will focus on two urgent health matters: the rise of eating disorders in adolescents and pharmaceutical inaccessibility. These issues affect millions of people, and likely impact you or someone you know. They are difficult, multifaceted topics that must be approached with consideration to several areas. I hope that with thorough research and each of your unique voices, we can draft solid resolutions that will shape public health policy around the world.

Hi everyone! My name is Chandler Rosas, and I will be the chair of this committee. I am from Winchester, KY, a small town just south of Lexington! I am a junior at Yale, where I major in neuroscience on the pre-med track. I am also pursuing Yale's Advanced Chinese Language Certificate! If you ever find yourself doubting your English skills during the conference, please feel free to test my Chinese. You'll feel much better about your own language abilities after hearing me struggle! Outside of classes, I conduct neuroscience research in the Chandra Lab and volunteer in several tutoring and clinical programs. I am beyond excited to meet and work with you all! If you have a question at any point, please feel free to reach out to me at chandler.rosas@yale.edu

We hope that by participating in this committee, you will not only gain a deeper understanding of the topics, but also the inner workings of the United Nations and WHO. Another objective of ours is to help you develop your debate and public speaking skills. These will serve you well in future Model UN events as well as the real world. Finally, we hope that through collaboration with your peers, you will make life-long friends! My top priority for this committee is to create a welcoming environment. I strive to ensure that everyone who wants to speak has the chance to do so. Please do not feel intimidated at any point, and know that your opinion is valued! That's it for now!

See you soon!

Chandler Rosas

Committee History

The WHO is a specialized, semi-autonomous United Nations agency that was founded in 1948 with the mission to promote health worldwide. Over the years, the WHO has conducted research and shaped policy related to several important healthcare issues. These include tackling longer term challenges like healthcare accessibility as well as responding to more immediate emergencies like the Ebola outbreak. Among the WHO's various accomplishments, many consider the most notable to be the eradication of smallpox and polio. The WHO conducted several campaigns that strengthened international response and the development and distribution of vaccines. Of course, it is important to remember that although the WHO's work has led to tremendous strides in global health, it is NOT a legislative body. This means that it holds no law-making powers. It only works to launch healthcare initiatives and to provide sound advice and encourage countries to adopt smart healthcare policy.

This year, we will be discussing eating disorders in adolescents and pharmaceutical inaccessibility in developing nations. Although the WHO has created a mental health action program that emphasizes the need for increased attention towards mental health, there have been few policy recommendations specifically aimed at eating disorders. It is important that eating disorders be considered in-depth as they are unique from other mental disorders in several ways. The general mental health recommendations that the WHO outlines mostly call for traditional plans of action like reducing the stigma towards mental health care, promoting access to mental health treatments and resources, and increasing research into these disorders. The WHO has also recommended steps to prioritize the wellbeing of adolescents in their "Global Accelerated Action for the Health of Adolescents (AA-Ha)." In this document, they touch on the exacerbated mental health issues that adolescents commonly face compared to other age groups. They even briefly mention eating disorders, but offer few suggestions not introduced in their mental health action program. There is certainly room for improvement to these guidelines, and countries have already begun to implement unique ways of combating eating disorders. Our committee will use pre-existing methods as well as new, innovative ideas to create substantial positive change that will protect the world's youth.

Regarding our committee's second topic, the WHO has taken several steps towards improving pharmaceutical access. For instance, the WHO biannually releases a list of essential medications that it recommends every country keep in stock. It has also launched vaccine & medication distribution programs, proposed improvements to research and development processes, offered supply chain improvements, etc. A recent example of the WHO's role in the pharmaceutical world can be seen in the COVID-19 Vaccine Delivery Partnership, which helped provide COVID-19 vaccines to the vulnerable 34 countries that had less than 10% vaccination rates in 2022. However, in terms of pharmaceutical policy, there have been numerous obstacles in both drafting resolutions and implementing those that have been passed. These challenges stem from disagreements among member nations, with primary concerns relating to property rights and economic factors. We hope that during debate, you will keep these factors in mind, so that we can create resolutions that are likely to be upheld by member nations.

1

**Improving
Pharmaceutical
Access in
Developing
Nations**



Improving Pharmaceutical Access in Developing Nations

Introduction

Pharmaceutical inaccessibility within developing nations is a critical challenge that deprives millions of crucial medications and healthcare services every year. Addressing this issue of equitability requires global collaboration and innovative solutions.

Glossary

- 1. Essential Medications:** Drugs that satisfy the health care needs of the majority of the population; they are chosen with regard to disease prevalence, evidence on efficacy and safety, and comparative cost-effectiveness.
- 2. Supply Chain:** The entire system of producing and delivering a product or service, from the initial sourcing of materials to the final delivery to consumers. In the context of pharmaceuticals, this includes the production, distribution, and dispensing of medications.
- 3. Healthcare Coverage:** Financial protection against medical costs for individuals, which can include insurance provided by governments, private companies, or non-profit entities. It plays a crucial role in determining an individual's access to necessary medications.
- 4. Generic Drugs:** Medications created to be the same as an existing approved brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics. Generic drugs are usually sold at lower prices than their brand-name counterparts.
- 5. Patents:** Legal rights granted to inventors to exclude others from making, using, or selling their invention for a certain period, typically 20 years. In the pharmaceutical industry, patents can affect the availability and affordability of new drugs.
- 6. Intellectual Property (IP):** A category of property that includes intangible creations of the human intellect, such as inventions (patents), trademarks, copyright, and trade secrets. In pharmaceuticals, IP rights can influence drug pricing and access.

7. Public-Private Partnerships (PPPs): Collaborations between government entities and private sector companies, often aimed at funding and managing projects to serve the public. PPPs can play a significant role in improving healthcare infrastructure and access to medicines in developing nations.

8. Market Exclusivity: A period during which a drug manufacturer has exclusive rights to sell a drug, separate from patent protection. This can limit competition and affect drug prices and availability.

9. Universal Health Coverage (UHC): Ensuring that all people have access to the health services they need without financial hardship. UHC encompasses a wide array of services, including preventative, curative, and palliative care, as well as essential medicines.

Topic History

Improving pharmaceutical access in developing nations has long been a critical issue in global public health, highlighting stark disparities in the availability of essential medicines. The root causes of these disparities are multifaceted, involving economic constraints, insufficient healthcare infrastructures, complex regulatory environments, and limited local pharmaceutical manufacturing capacities. These factors collectively contribute to a situation where essential drugs, pivotal for treating common and life-threatening diseases, are often unaffordable or unavailable, exacerbating health inequities and impeding the attainment of global health goals.

Efforts to bridge this gap have seen the emergence of numerous international collaborations and policy initiatives aimed at enhancing the affordability and availability of medications in underserved regions. Key players in this domain include the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and GAVI, the Vaccine Alliance, which have been instrumental in driving forward programs that ensure the delivery of critical medications and vaccines. The landmark Doha Declaration on the TRIPS Agreement and Public Health in 2001 stands out as a pivotal moment in this journey. It emphasized the flexibility of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement, allowing member states to circumvent patent rights for public health purposes through mechanisms like compulsory licensing and parallel importing, thereby prioritizing health over intellectual property concerns in emergencies or other pressing needs.

Access to pharmaceuticals is integral to the United Nations' Sustainable Development Goals (SDGs), particularly Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages. Improving access to essential medicines directly supports the achievement of universal health coverage and tackles key health challenges, underpinning progress across multiple SDGs by fostering healthier populations and more equitable societies.

The World Health Organization (WHO) plays a pivotal role in addressing pharmaceutical access disparities across the globe, particularly in low- and middle-income countries where the burden of disease is heaviest and access to essential medicines is most limited. By establishing the Essential Medicines List (EML), the WHO not only identifies the drugs most crucial for meeting basic health needs but also sets a global standard that encourages countries to adapt and integrate these medicines into their healthcare systems. This effort is aimed at ensuring that everyone, regardless of where they live, has access to the most important treatments required to live a healthy life. The EML acts as a guide for national drug policies, informing decisions on healthcare budgeting, procurement, and supply chain management, thereby directly influencing the availability and affordability of vital medications.

Beyond the EML, the WHO's Prequalification of Medicines Programme stands as a testament to the organization's dedication to improving drug quality and accessibility in developing nations. By prequalifying medications for diseases like HIV/AIDS, malaria, and tuberculosis, the WHO provides a trusted source of safe, effective, and quality-assured products that can be used by international procurement agencies and countries. This is particularly critical in environments where regulatory systems may be under-resourced or less robust, offering a layer of protection against substandard and falsified medicines. Furthermore, the WHO's advocacy for the wider adoption of generic drugs helps to drive down costs, making essential treatments more affordable for governments and patients alike. Through these comprehensive efforts, the WHO not only addresses immediate healthcare needs but also contributes to the broader goal of achieving universal health coverage and health equity.

The dramatic transformation in access to HIV medication in Africa over the past two decades serves as a poignant case study of international collaboration and policy evolution in public health. Initially plagued by exorbitant drug costs and limited healthcare infrastructure, the continent faced a dire HIV/AIDS epidemic with little hope for widespread treatment access. However, through concerted efforts by governments, NGOs, international agencies, and pharmaceutical companies, significant strides were made, notably through the implementation of generic drug production and price negotiations, bolstered by initiatives like the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund. These efforts have substantially increased the availability of antiretroviral therapy (ART) across the continent, turning an HIV diagnosis from a death sentence into a manageable chronic condition for millions, showcasing the power of global solidarity and innovation in addressing health crises.

Current Situation

Despite significant strides towards improving pharmaceutical access, as reflected in the rising life expectancy and growing populations in developing regions, substantial challenges persist. As much as 2 billion people worldwide remain without access to essential medicines, highlighting a critical gap in global health equity. This stark reality underscores the need for a sustained and multi-dimensional approach to addressing pharmaceutical access. Strategies must encompass international partnerships, build robust distribution networks, harness diverse resources including non-governmental organizations (NGOs), and foster policies that delicately balance the imperatives of pharmaceutical innovation with the imperative of broad access to life-saving medicines.

International Partnerships:

International cooperation has been pivotal in improving access to pharmaceuticals in developing nations, with numerous aid programs and partnerships demonstrating the potential for collaborative efforts to make substantial impacts. Initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and GAVI, the Vaccine Alliance, exemplify successful models where governments, NGOs, and private sector entities converge to finance and distribute essential medicines and vaccines. These programs have led to significant advancements, such as the expansion of antiretroviral therapy for HIV/AIDS and increased vaccination rates against preventable diseases, showcasing the transformative power of global health alliances. Moreover, partnerships for research and development have been crucial, enabling the adaptation of existing medicines to more affordable formats and the innovation of new treatments tailored to the epidemiological profiles of low-resource settings.

In response to the COVID-19 pandemic and the highlighted global inequities in pharmaceutical access, the World Health Organization launched the Technology Transfer Hub initiative. This initiative aims to facilitate the sharing of technology, knowledge, and data necessary for the local production of COVID-19 vaccines and therapeutics, especially in regions with limited production capacity. By promoting local manufacturing, the initiative seeks to decentralize vaccine production, reduce dependency on international supply chains, and improve resilience against current and future health emergencies. The COVID-19 pandemic has underscored the fragility of global health systems and the critical need for robust international cooperation. The pandemic's unprecedented demand for pharmaceuticals, particularly vaccines, highlighted inequities in access and the consequences of uncoordinated responses. Initiatives like COVAX, aimed at ensuring equitable access to COVID-19 vaccines, represent a novel model of international collaboration, bringing together a broad coalition of partners to finance and distribute vaccines globally. However, the pandemic also revealed limitations in this approach, with wealthier countries securing large vaccine supplies early on, leading to calls for more radical reforms in how pharmaceuticals are developed, priced, and distributed on a global scale.

The lessons learned from the COVID-19 response may thus catalyze future cooperation models that are more inclusive, equitable, and responsive to global health emergencies.

The geopolitical rivalry between China and America has also significantly influenced pharmaceutical access in the developing world, intertwining with global health diplomacy, supply chain dynamics, and technological innovation. Supply chain disruptions arising from this competition can affect the availability and cost of essential medicines, while both nations leverage health aid and pharmaceutical investments as diplomatic tools to extend their influence, potentially leading to a fragmented global health landscape. The race for innovation, especially evident during the COVID-19 pandemic's "vaccine diplomacy," accelerates the development of new treatments but also risks prioritizing geopolitical interests over equitable access. This complex interplay between geopolitical objectives and global health initiatives underscores the need for a balanced approach that prioritizes the well-being of developing nations amidst the broader U.S.-China strategic competition.

Distribution Networks:

In many developing countries, the state of pharmaceutical distribution networks is often characterized by significant challenges that hinder access to essential medications. A primary concern is the lack of robust infrastructure, which encompasses inadequate transportation systems, unreliable supply chain management, and insufficient storage facilities. The dearth of paved roads and climate-controlled storage in remote areas complicates the delivery of temperature-sensitive medications, leading to spoilage and wastage. Additionally, weak regulatory frameworks and a lack of trained personnel exacerbate these logistical challenges, resulting in inefficient distribution systems that struggle to meet the healthcare needs of dispersed and rural populations. This infrastructure deficit not only impedes the timely and consistent supply of drugs but also contributes to higher costs and limited availability of essential medicines in these regions.

Compounding the issue of inadequate infrastructure are concerns related to crime, including theft, counterfeiting, and the illegal diversion of pharmaceuticals. In many developing countries, the pharmaceutical supply chain is vulnerable to criminal activities due to weak enforcement mechanisms and regulatory oversight. Counterfeit drugs, which may contain incorrect dosages, harmful ingredients, or no active ingredients at all, pose a significant risk to patient safety and public health. In sub-Saharan Africa alone, 500,000 people die every year from consuming false medicine. In Southeast Asia, pharmaceutical trafficking has emerged as a significant challenge, exacerbating public health crises and undermining efforts to improve access to legitimate medications. A notable case is the proliferation of counterfeit antimalarial drugs, particularly in the Mekong region, which includes countries like Cambodia, Laos, Myanmar, Thailand, and Vietnam. These counterfeit drugs not only fail to treat malaria effectively, potentially leading to fatal outcomes, but also contribute to the development of drug-resistant strains of the disease. Investigations have revealed complex trafficking networks that

exploit weak regulatory systems, inadequate law enforcement, and the high demand for affordable medicines. Efforts to combat this issue involve regional cooperation, such as the ACTwatch project and the World Health Organization's collaboration with local governments, aiming to strengthen regulatory frameworks, enhance surveillance, and raise public awareness about the dangers of counterfeit drugs.

The illicit trade in pharmaceuticals not only undermines the integrity of health systems but also erodes public trust in healthcare providers and medicines. Moreover, theft and diversion of drugs from legitimate supply chains lead to shortages and further limit access to essential medications for those in need, exacerbating the health disparities within these countries.

Improving pharmaceutical distribution networks in developing countries requires a multifaceted approach that addresses both infrastructural deficiencies and crime-related challenges. Investments in infrastructure, such as better transportation networks and temperature-controlled storage facilities, are crucial for enhancing the efficiency and reliability of drug delivery systems. Strengthening regulatory frameworks and building local capacities for supply chain management can also mitigate risks associated with theft and counterfeiting. Implementing technology-driven solutions, such as track-and-trace systems, can enhance supply chain visibility and security, deterring criminal activities and ensuring the integrity of pharmaceutical products. Additionally, international cooperation and public-private partnerships can play a pivotal role in mobilizing resources, sharing best practices, and fostering innovation in distribution networks. By tackling these issues holistically, developing countries can improve access to essential medicines, ultimately contributing to better health outcomes and reduced disparities.

Non-Governmental Organizations:

Non-governmental organizations (NGOs), which collectively have been growing in number, size, and influence in recent years, can play a crucial role in promoting access to pharmaceuticals in developing nations, bridging gaps that governments and private sectors sometimes cannot fill. Through their efforts, NGOs have been instrumental in various capacities, including the direct procurement and distribution of medicines, advocacy for lower drug prices, and implementation of healthcare programs aimed at disease prevention and treatment. One notable example is the work of Médecins Sans Frontières (Doctors Without Borders), which not only provides immediate healthcare services in crisis zones but also advocates for patent reforms to ensure the availability of affordable generic medications. Another significant player, Partners In Health, works in rural and underserved areas, focusing on strengthening healthcare systems and ensuring that patients receive the necessary treatments for diseases like tuberculosis and HIV/AIDS.

However, the involvement of NGOs in pharmaceutical access is not without its drawbacks. Dependency on NGO-provided healthcare services can sometimes undermine local health systems, particularly if

there is a lack of coordination with government initiatives or a failure to build local capacities. Moreover, the sustainability of NGO-led interventions can be a concern, as projects may be subject to the availability of funding and shifting priorities of donors. This can lead to situations where programs are scaled down or terminated abruptly, leaving communities without the necessary support. Additionally, the fragmented efforts of multiple NGOs operating within the same regions can lead to inefficiencies and duplication of efforts, diluting the overall impact on healthcare improvement.

Incorporating case studies, the work of The Global Fund to Fight AIDS, Tuberculosis and Malaria showcases a collaborative model where NGOs, governments, and private sector partners unite to combat these diseases, demonstrating the potential for large-scale impact through coordinated efforts. Another example is the role of the GAVI Alliance, which focuses on increasing access to immunization in low-income countries. Through partnerships with NGOs, GAVI has facilitated the introduction of new vaccines and strengthened immunization systems, significantly reducing morbidity and mortality from vaccine-preventable diseases. These case studies highlight the diverse strategies employed by NGOs to enhance pharmaceutical access and underscore the importance of collaboration and sustainability in these initiatives. The Bill and Melinda Gates Foundation has also been a pivotal force in enhancing access to pharmaceuticals in developing nations through its significant financial investments and partnerships aimed at addressing global health challenges. Their initiatives focus on a wide range of issues, from infectious diseases like malaria and HIV/AIDS to improving the delivery of healthcare services. The foundation's approach often involves funding research and development for new treatments and vaccines, supporting the scale-up of successful health interventions, and advocating for policies that facilitate broader access to essential medicines. Notably, the foundation's commitment to eradicating polio through extensive vaccination programs has contributed to the dramatic reduction of the disease worldwide, exemplifying the substantial impact that focused philanthropic efforts can have on global health outcomes.

Pharmaceutical intellectual property (IP):

Balancing intellectual property (IP) rights with the need for access to affordable medicine in developing countries presents a complex challenge within the global health landscape. On one hand, IP rights, such as patents on pharmaceuticals, play a crucial role in encouraging innovation and research by ensuring that companies can recoup their investments and profit from their discoveries. This incentive structure is vital for the development of new drugs, including treatments for diseases that predominantly affect low- and middle-income countries. However, these same IP protections can also lead to high drug prices, limiting access for those in developing nations where healthcare budgets are constrained, and the burden of disease is often greatest. Indeed, generic drugs typically cost 80-85% less than name-branded drugs.

The international community has attempted to address this dilemma through various frameworks and agreements. In 1995, the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) became the first multilateral agreement to link IP rights with international trade. One of its consequences was that generic drug manufacturing in the developing world, much of which had previously been conducted without the agreement of IP right holders, was drastically curtailed at the request of Western governments and pharmaceutical companies. This provoked a massive outcry among the developing world, as millions suddenly lost access to life-saving medications. This reaction eventually prompted the Doha Declaration on the TRIPS Agreement and Public Health, adopted in 2001, which affirmed that the TRIPS agreement should not prevent members from taking measures to protect public health. This declaration paved the way for increased flexibility, allowing countries facing public health problems to issue compulsory licenses for essential drugs, thereby bypassing patent restrictions to facilitate access to affordable generics. Despite these provisions, the implementation can be fraught with political and legal complexities, and the potential impact on future drug innovation remains a concern.

Striking a balance requires innovative solutions and collaborative efforts that respect IP rights while ensuring that life-saving medicines are accessible to all. Mechanisms such as tiered pricing, where pharmaceutical companies charge lower prices in developing countries, and voluntary licensing agreements, where patent holders allow generic manufacturers to produce their drugs for a fee, have shown promise. Furthermore, public-private partnerships and international coalitions are working towards new models of drug development and distribution that decouple R&D costs from sales prices, aiming to foster an environment where the fruits of pharmaceutical innovation are both globally accessible and sustainably financed. In Thailand, the government issued compulsory licenses for several high-cost medicines, including antiretrovirals for HIV/AIDS, leading to more affordable versions being made available to the population. Similarly, the Medicines Patent Pool (MPP) has facilitated access to HIV, hepatitis C, and tuberculosis treatments by negotiating licenses for generic production, significantly reducing prices and increasing access in developing countries. These examples highlight the potential of policy tools and collaborative models to mediate the tension between IP rights and the need for affordable medicines, showcasing practical ways in which this balance can be achieved for the benefit of global public health. These efforts reflect a growing recognition that access to essential medicines is a fundamental aspect of the right to health, necessitating a delicate balance between incentivizing innovation and ensuring universal access.

Questions to Consider

1. How can we best structure international partnerships to improve access to pharmaceuticals among developing nations? How much are developed countries morally or legally obliged to contribute? How should the international community decide which regions or countries deserve the most help, and how should that help be dispersed?
2. How can the WHO assist member states in building up strong infrastructure to assist in the distribution of essential pharmaceuticals?
3. What can be done to prevent criminal organizations from stealing or profiting from pharmaceutical trades? What can be done to curtail counterfeit medicines?
4. How can we best harness the power of NGOs in improving access to pharmaceuticals?
5. Should the Essential Medicine List (EML) be updated or modified?
6. How can we best strike a balance between preserving monetary incentives for pharmaceutical development and ensuring access to affordable medicine?
7. Should we release new international frameworks on pharmaceutical IP?

Additional Resources

UN List of Developing Countries:

https://www.un.org/en/development/desa/policy/wesp/wesp_current/2014wesp_country_classification.pdf

Scholarly Research on Policies to Improve Access to Pharmaceuticals:

<https://www.who.int/westernpacific/activities/improving-access-to-essential-medicines>

<https://publichealth.jhu.edu/johns-hopkins-drug-access-and-affordability-initiative/research/policies-to-improve-access-to-medicines>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6901066/>

History of the TRIPS agreement:

https://www.wto.org/english/tratop_e/trips_e/pharmpatent_e.htm#:~:text=The%202001%20Doha%20Declaration%20on,confirming%20the%20right%20of%20WTO

Some important NGOs:

<https://www.gavi.org/>

<https://www.gatesfoundation.org/>

<https://www.doctorswithoutborders.org/>

Medicine and Crime:

https://www.unodc.org/documents/treaties/publications/19-00741_Guide_Falsified_Medical_Products_ebook.pdf

<https://news.un.org/en/story/2023/02/1133062>

2

**Combating
Eating Disorders
in Adolescents
& Children**



Combating Eating Disorders in Adolescents & Children

Introduction

Eating disorders have dramatically increased in recent years with an estimated 8% of the global population affected. Disturbingly, adolescents represent one of the highest at-risk populations, emphasizing the need for immediate action.

Glossary

Eating Disorder: A term used to describe an array of irregular eating patterns that may lead to devastating physical, mental, or social consequences.

Body Dysmorphic Disorder (BDD) or Body Dysmorphia: A mental health disorder characterized by obsession with flaws in appearance that are usually unnoticeable by others. BDD often leads to eating disorders.

Purging: A set of dangerous behaviors in which one attempts to limit the weight-gain effect of calories consumed. These include self-induced vomiting and the use of laxatives.

Anorexia Nervosa: An eating disorder characterized by an intense fear of weight gain. Those affected may seem obsessed with food and likely have a distorted body image. In an attempt to control their weight, they may starve themselves, overexercise, or purge food.

Bulimia Nervosa: An eating disorder characterized by intense periods of bingeing -where one consumes a very large amount of food in a short amount of time- followed by actions to decrease the likelihood of weight gain. After bingeing, individuals intentionally over-exercise or purge food in an attempt to limit weight gain.

Binge Eating Disorder (BED): An eating disorder similar to Bulimia nervosa, except binges are not followed by weight gain counter-measures. Affected individuals eat large amounts of food in short time periods, but make no attempt to offset consumed calories.

Avoidant/Restrictive Food Intake Disorder (ARFID): An eating disorder where affected individuals refuse to eat certain foods based on food characteristics like taste, aroma, texture, fear of choking, fear of unknown ingredients, etc. This disorder is especially prominent in children and usually results in malnourishment.

Pica: An eating disorder characterized by compulsive eating of objects that are not foods. Objects may include ice, chalk, dirt, toys, etc. This disorder disproportionately affects children.

Rumination Syndrome: An eating disorder characterized by cycles of regurgitation of food in which one chews food, spits it up, and then rechews. It is most commonly diagnosed in children.

Other Specified Feeding or Eating Disorders (OSFED): A classification of disordered eating habits that do not fit all of the diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Pica, Avoidant/Restrictive Food Intake Disorder, Rumination Syndrome. Examples of OSFED include Purging Disorder and Night Eating Syndrome.

Cognitive Behavioral Therapy (CBT): A common form of talk therapy in which you work with a counselor or therapist to learn how to better deal with negative thoughts and emotions.

Marginalized communities: Groups of people who may be systematically excluded or disadvantaged within broader society. These include groups like the Lesbian, Gay, Transgender, Bisexual, Queer (LGBTQ) community, Black, Indigenous, People of Color (BIPOC), low-income groups, etc.

Body Mass Index (BMI): A measurement value derived from the height and weight of an individual. BMI is used to estimate body fat.

Topic History

Eating disorders are a broad class of conditions characterized by irregular feeding patterns. Eating disorders have a long history and have evolved with societal, cultural, and medical developments. Although there is a long historical trace of eating disorders, it wasn't until recently that they would become formally recognized in the clinical world.

Eating disorders date back to the B.C era, with historical documents outlining cases of bingeing, purging, and fasting for a variety of reasons. For instance, ancient Romans would eat large amounts of food at feasts before purging, so that they could return to eat more. In the Middle Ages, fasting and purging were regular religious acts believed to cleanse the unholy body. Nevertheless, it wasn't until the late 1600's that the first medical description of an eating disorder was made, when Richard Morton described a case of Anorexia Nervosa. Even then, the term Anorexia Nervosa was not coined until the late 1800's when Sir William Gull labeled it as a psychological disorder. The increased medical attention to irregular eating behaviors during this time period was likely a result of the industrial revolution. As more individuals entered the workforce, the world saw a changing cultural environment where the

standard of physical female beauty shifted from a plump figure to a frail and slender silhouette. The disproportionate effect of eating disorders on women can still be seen today.

Since the identification of Anorexia Nervosa, eating disorders have continued to capture the attention of medical professionals. However, it wasn't until the mid to late 1900's that formal classifications of eating disorders began to appear. In 1979, Bulimia Nervosa was first recognized as a unique eating disorder when British psychiatrist Gerald Russell noted characteristic binge-purge behaviors not seen in Anorexia Nervosa. In 1980, the American Psychiatric Association included Anorexia Nervosa and Bulimia Nervosa in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), which outlines proper disease diagnostic procedures. Shortly thereafter, Anorexia Nervosa and Bulimia Nervosa were also included in the WHO's 9th edition of the International Classification of Disease (ICD), a record keeping resource that tracks disease statistics.

The 1980s and 1990s saw increasing awareness of eating disorders as a result of increased prevalence rates and societal debate. This led to the formation of support groups, treatment centers, and research initiatives focused on discovering effective prevention and treatment methods. With time, new eating disorders like Binge Eating Disorder, Pica, Rumination disorder, Avoidant/Restrictive Food Intake Disorder (ARFID) and Other Specified Feeding or Eating Disorders (OSFED) have also been recognized and added to lists like the DSM and ICD.

Research breakthroughs have also elucidated some of the environmental and biological factors that contribute to eating disorders, leading to the adoption and development of expansive treatment methods. Counseling methods such as Cognitive-behavioral therapy (CBT), support groups, and medication have become key practices in eating disorder treatment.

Despite huge strides in the awareness and treatment of eating disorders, there are still old and emerging challenges that remain important topics of discussion. Healthcare accessibility, stigma and discrimination, and cultural differences continue to complicate the battle against eating disorders. Meanwhile, social media and online internet culture have exacerbated body dysmorphia and disordered eating, especially among children and adolescents.

Looking to the future, there is a need for the implementation of multidisciplinary approaches and comprehensive public health strategies to address eating disorders, particularly in the context of children and adolescents. Governmental regulations, educational programs, and support networks hold promise in reducing the impact of eating disorders and promoting positive body image and the mental well-being of the global youth.

Current Situation

Eating disorders are unique from many other mental health disorders, due to the immediate consequences that they often have on physical health. Symptoms of eating disorders include dehydration, electrolyte imbalance, gastrointestinal issues, tooth decay, and even heart attacks. In fact, eating disorders are now considered the most lethal of psychiatric disorders. The statistics and devastating effects of eating disorders clearly highlight the need for immediate international action within the United Nations framework to protect the world's youth.

Eating disorders have shown an exponential increase in recent years. From 2000 to 2006, less than 4% of people suffered from an eating disorder. However, studies estimate that between 2013-2018, around 8% of the global population suffered from an eating disorder. A disturbing revelation is that these disorders mostly impact younger individuals. One study projects that one out of seven men and one out of five women will struggle with an eating disorder before the age of forty, but that 95% of these cases will occur before the age of 25. Another estimates that between 5.5% - 17.9% of young women and 0.6% - 2.4% of young men have already experienced an eating disorder. Finally, the WHO approximates that 14% of those aged 10-19 are currently battling an eating disorder.

Although eating disorder prevalence is considerable in adults, the statistics clearly show a disproportionate impact on adolescents. There are several biological, social, and psychological factors unique to adolescents that may be responsible for this disturbing trend.

Biologically, adolescents are at a stage in their life where their bodies are changing. These changes may lead to discontent with one's body image. Negative body image can easily spiral into body dysmorphia that leads youth to adopt unhealthy eating habits. Hormonal changes during puberty may also lead to changes in appetite or emotional regulation that negatively impacts eating patterns.

Socially, adolescents spend a significant amount of time around peers who may negatively influence their physical self-image. Adolescents may compare themselves to their peers, leading to feelings of insecurity. Physical appearance and weight-oriented bullying are also significant problems in schools that might encourage eating disorders. Although adolescents are heavily impacted by their peers, other youth are not the only people that may propagate eating disorders in adolescents: adult pressures may also play a role. Some school sponsored sports place a heavy emphasis on rapid weight loss for the purposes of competition. For instance, in wrestling, many coaches will encourage students to adopt poor eating habits like dehydration and fasting in order to "make weight". Even in sports that don't utilize weight classes, athletes may be put on strict diets or exercise regiments in hopes of improving their performance. Adults and peers may also encourage unrealistic body expectations through social media and advertising. In our increasingly digital world, adolescents are constantly exposed to perfectly curated and edited images that may perpetuate feelings of inferiority.

Psychologically, adolescents are at a key stage in identity development. They are learning who they are and how they fit within the greater world. Many may associate their identity with their physical appearance which may encourage eating disorders. Moreover, adolescents are developing and reinforcing the coping mechanisms they use to respond to difficult situations. Adolescents face many unique stressors like academic expectations and social pressures that may lead them to turn to eating disorders for approval or comfort. Adolescents are also at an increased risk of developing an eating disorder due to their predisposition to comorbid conditions like depression and anxiety.

Researchers, governments, and advocacy groups have tried to take all of these unique aspects into account while designing policy targeting eating disorders in youth. Some actions that have been taken by these groups are the introduction of educational and support programs aimed at increasing knowledge and de-stigmatizing eating disorders, screening and early intervention programs, increased treatment access, improved insurance coverage, and governmental regulations on media and advertising. However, several of these efforts have been met with controversy, with many criticizing current policy at the conceptual and/or implementation level.

With respect to educating adolescents about eating disorders, many have brought attention to the need for age-appropriate teaching methods. Many state the importance of considering the balance between providing comprehensive information and causing distress. There is also the question about how educational efforts should broach disordered eating. Some state that solely focusing on body image and appearance only promotes vanity and could even perpetuate eating disorders. These critics suggest that there should be a broader, holistic message of self-acceptance that emphasizes the reinforcement of healthy coping mechanisms. Some even question whether or not eating disorder education should be encouraged in schools. There are beliefs that teachers should not be responsible for such education, and that educational responsibility should rely on parents and guardians. Either way, this also raises the question as to how educators and authority figures should be educated on eating disorders so that they can identify and be useful resources.

Turning our attention to support programs, there is the question as to whether or not they should only be conducted within clinical settings, as community support groups may only reinforce negative behaviors. There are also questions regarding how to ensure marginalized groups like the LGBTQ community and BIPOC are included.

In terms of screening and early intervention programs, many have questioned the effectiveness of current methods. Many screening methods rely on the forthcoming of struggling individuals through conversation or the completion of questionnaires. However, considering the stigma that many individuals face, it is not always likely that adolescents will feel comfortable sharing their struggles. Some countries have tried to implement aggressive screening methods that have been met with

backlash. This includes the implementation of mandatory BMI screening in schools as well as mandatory eating disorder screening during health checkups.

Controversies surrounding treatment methods primarily focus on the fact that many people feel that healthcare providers do not have proper training or that they do not prioritize treatment of eating disorders. There is also controversy surrounding whether or not therapy, nutritional counseling, or medication should be the main focus of treatment. Regarding all of these options, there is also the issue of insurance coverage. Many insurance plans do not include several treatment options, or necessitate that patients fit strict criteria before they are eligible.

Finally, one area that has caught significant public attention is the realm of media and entertainment. Many arguments exist surrounding the best ways to combat potential negative effects of social media and online forums.. Some countries have even begun to develop policies regulating these platforms. For instance, Israel outlawed the depiction of underweight models in advertising fashion shows in an attempt to combat eating disorders.

Delegates can see that there are many areas that must be considered when tackling the issue of eating disorders in adolescents. Nevertheless, with this background information in mind and further research, delegates will be able to make meaningful contributions towards tackling this ever growing problem.

Questions to Consider

1. Eating Disorder Prevalence & Impact:

What is the current prevalence of eating disorders within your country? Are there any particular eating disorders that are especially prominent? How do these rates compare to the global prevalence rates?

How have eating disorders impacted adolescents within your country? Consider researching statistics like hospitalization and treatment rates as well as more anecdotal accounts from struggling adolescents, parents, and healthcare providers.

2. Risk Factors and Complicating Issues:

What are the main risk factors that you believe should be considered when designing policy at improving eating disorders in adolescents?

Are there any unique societal pressures in your country that you believe could contribute to eating disorders in adolescents?

3. Taking Action:

What steps has your country already taken towards combating eating disorders? What policies are being implemented at the local, provincial, and/or national levels?

What are the cultural and social norms within your country that should be considered when designing programs aimed at preventing and treating eating disorders in adolescents?

The WHO has a history of trying to promote inclusive policies that represent the different economic and financial situations in member states. Are there any policies that would be difficult to implement given your nation's economic situation, and can you think of ways to address these limitations within your position? Consider the level of healthcare accessibility, insurance options, etc.

What are unique ways in which we can destigmatize the conversation surrounding eating disorders?

Are there any groups that educational and support programs should target? Consider factors like age groups and socioeconomic class that might emphasize a need for increased attention. How can we improve the current prevention and treatment of eating disorders, without further perpetuating them or creating unnecessary distress?

What further research do you think should be encouraged regarding eating disorders within member nations? Consider the more social and scientific aspects.

4. International Disparities

How do countries with different socio-economic and political developmental stages address eating disorders differently? How can developed countries use their financial resources to aid underdeveloped or developing countries?

Additional Resources

History and Background Information of Eating Disorders:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4939998/>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiGwf-KjMyEAxVRC3kGHWUQAGgQFnoECCYQAQ&url=https%3A%2F%2Fnedc.com.au%2Ffeeding-disorder-resources%2Ffind-resources%2Fshow%2Fissue-40-history-of-eating-disorders-treatment&usg=AOvVaw1geRJ3ZoyDXM9bNmXYJwF9&opi=89978449>

<https://link.springer.com/article/10.1023/A:1005721808534>

Miscellaneous Eating Disorder Statistic Resources:

<https://anad.org/eating-disorder-statistic/>

<https://www.health.harvard.edu/blog/eating-disorders-spike-among-children-and-teens-what-parents-should-know-202204212731>

<https://pubmed.ncbi.nlm.nih.gov/36125216/>

<https://www.webmd.com/teens/news/20230501/eating-disorders-in-teenagers-on-the-rise>

<https://www.crossrivertherapy.com/eating-disorder-statistics#:~:text=Key%20Eating%20Disorder%20Statistics,being%20underweight%20by%20healthcare%20professionals.>

<https://www.nimh.nih.gov/health/topics/eating-disorders>

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7108e2.htm>

World Health Organization Resources:

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

<https://www.who.int/publications/i/item/9789240031029>

<https://www.who.int/publications/i/item/9789240081765>

Contributing Factors to Eating Disorders:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9847054/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6842941/>

<https://www.sciencedirect.com/science/article/pii/S1476179309001190>

Common Treatment Options:

<https://www.mayoclinic.org/diseases-conditions/eating-disorders/in-depth/eating-disorder-treatment/art-20046234>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096990/>

Op-Eds related to Eating Disorders:

<https://cwp.missouri.edu/2010/the-anti-ana/>

<https://dailycampus.com/2023/01/25/students-need-more-support-in-eating-disorder-recovery/>

<https://www.nhregister.com/opinion/article/Opinion-It-s-time-we-act-to-prevent-eating-15443066.php>

<https://www.theguardian.com/commentisfree/commentisfree+society/eating-disorders>

Difficulties in Prevention and Treatment:

https://bioethics.miami.edu/_assets/pdf/education/ethics-and-medical-humanities-pathway/ethics-and-medical-humanities-pathway-student-projects/2021-tamargo.pdf

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879222/>

<https://journals.sagepub.com/doi/pdf/10.1177/070674379904400703>

<https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-022-00570-5>

Some Steps Already Taken by Governments, Advocacy Groups, and Researchers:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5217921/>

<https://pubmed.ncbi.nlm.nih.gov/19308991/>

https://www.eatingdisorderscoalition.org/inner_template/our_work/previous-policy-initiatives.html

<https://www.sciencedirect.com/science/article/pii/S2772653322000016#:~:text=The%20Israeli%20%27Models%27%20Law%27%20of%202012%20was%20the%20first,media%20and%20the%20modeling%20industry.>

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjZzNDzi8yEAXW-hIkEHSryBVMQFnoECBMQAQ&url=https%3A%2F%2Fedgi.org%2F&usg=AOvVaw1PVKMs8doTfWpyFAicMBed&opi=89978449>

<https://eatingdisorderfoundation.org/about-us/programs/>

Yale Model United Nations China 2024

May 17-19, 2024
Shenzhen, China

ymunchina.org
[@ymunchina](https://twitter.com/ymunchina)



