WORLD HEALTH ORGANIZATION (WHO)

BASMUN

Letter from the Secretary-General

Most Distinguished Participants,

My name is Onat Yarkın Dikkatli, I am a sophomore Law student at Baskent University and I have the upmost honour of serving as the Secretary-General of the third annual session of Baskent University Model United Nations which will be held between 13-16 February 2020 in Ankara.

Over the past few months, both academic and organization teams of BASMUN 2020 have been working in a tireless manner to be able to give an effort to provide all participants with an unforgettable and overjoying experience of Model United Nations. BASMUN aims to increase awareness on the conflicts that the world faces whilst establishing an environment in which the participants are able to build discussion skills. Therefore, our Academic Team has been working relentlessly to create a conference that serves this purpose. In BASMUN 20, we set the theme of our conference as "Understanding the Complexities", so that all the participants will have the chance to acknowledge all the historical moments that the global community suffered both internally and externally without having to find a comprehensive solution. Delegates will address many of the most controversial international and domestic topics in six committees; North Atlantic Treaty Organisation, Disarmament and International Security Committee, Economic and Social Council and many more…

With the aim of gathering a wide diversity of opinion on global and domestic issues, we hope to inspire our participants to improve their understanding of worldwide dialogue and negotiation. Throughout the four days that we devote together, our delegates will be actively participating both in and out of the committee to have a productive and an unforgettable conference. As BASMUN 2020 Team, we are certain that each and every single participant will try to enhance a better type of solution for their agenda items, perhaps even better than their previous generations have been established before. Seeing that as the ultimate purpose, our Academic Team will be providing a diverse educational experience and we firmly believe that our excitement and devotion will give you a high-quality experience alongside our perfected academic content. I welcome you all to the third annual session of BASMUN 2020 on behalf of the academic and organization teams and sincerely hope that we will be seeing you in Ankara.

With my kindest regards,

Onat Yarkın Dikkatli

Secretary-General of BASMUN 2020

Letter from the Under-Secretary-General

Most Esteemed Participants,

My name is Asmin Nupel Akıncı and currently, I am a student in Beştepe College, studying my A Level's. I must begin by saying that it is an honor for me to be an Under-Secretary-General for such a prestigious conference. When my dear friend and the esteemed Secretary-General Onat Yarkın Dikkatli insisted on me to fill this position, I couldn't help but say yes. I would like to present my gratitude to him once again.

The World Health Organization will have two agenda items; the first one being about the promotion of universal vaccination and, the second one being about the prevention of sexually transmitted diseases. Since both of these topics are very up-to-date and are two of the main agendas of WHO, I can confidently say that you will have no trouble in finding and gathering data while you are doing your independent research. Both of these topics are extremely crucial for the general wellbeing of every individual living on this earth. The delegates must perform their very best in the committee which would only be possible by conducting independent research prior to the conference. I trust each and every one of you to come up with efficient and long-term solutions to tackle the issues at hand.

Finally, my great thanks goes out to my lovely assistant, Onat Yiğit. He has been there with me through almost all of the MUN conferences I went to last year and I can gladly say that he truly is one of the best. I would like to finish my remarks by congratulating the Secretary-General Onat Yarkın Dikkatli and the Director-General Tutku Turan on their hard work and dedication once again. I have no doubt that this year's edition of BASMUN will be excellent in the hands of these two amazing MUNers.

Should you have any questions, please do not hesitate to ask me via e-mail. I wish all of my delegates the very best. May you have heated discussions and fruitful debates!

Asmin Nupel Akıncı

Under-Secretary-General responsible for the World Health Organization

I. INTRODUCTION TO THE WORLD HEALTH ORGANIZATION

The World Health Organization (WHO) is a specialized agency of the United Nations that is concerned with international public health.[i] Having been established in 7 April 1948, WHO still actively continues to tackle the issues endangering human health.[ii] Prior to its establishment, the Health Organization, carrying out its duties as an agency of the League of Nations, was responsible for dealing with health related affairs.[iii] WHO is currently a member of the United Nations Sustainable Development Group (UNSDG) which is a consortium of 36 United Nations funds, programs, specialized agencies, departments and offices that are associated with tasks concerning sustainable development.[iv]

For universal health coverage, WHO improves access to essential medicines and health products, supports people's participation in national health policies and works towards sustainable financing and financial protection.[v] Furthermore, WHO addresses certain topics such as non-communicable diseases prevention, mental health promotion, antimicrobial resistance and eradication of high-impact communicable diseases.[vi] In order to maintain a healthy world, WHO works to prioritize health in all policies and healthy settings.

A. Structure

The WHO is composed of the World Health Assembly, the Executive Board and the Secretariat.[vii] The Assembly, which is the supreme decision-making body for WHO, is comprised of 194 Member States and generally meets annually in May.[viii] The main focus of the Assembly is forming and determining policies for the Organization.[ix] Furthermore, the Assembly possesses the power to appoint a new Director-General every five years, as well as being responsible for reviewing and voting on matters relating to budget and finance of the

Organization.[x] Most importantly, the Assembly is tasked with electing 34 members who are experts in the field of health, to take part in the Executive Board for three-year terms.[xi]

Being composed of 34 members, the Executive Board meets annually in January.[xii] Additionally, the Board gathers for a shorter meeting in May, immediately after the gathering of the Health Assembly, for administrative purposes.[xiii] The main purpose of this Board is to facilitate the proceedings of the Organization and to give effect to the decisions and policies previously determined by the Assembly.[xiv]

B. Membership

In order to become a member of WHO, states must ratify the Constitution of the World Health Organization.[xv] Currently, the Organization has 194 Member States (All Member States of the United Nations except Niue and the Cook Islands).[xvi] Each member state of the United Nations Is an eligible candidate to become a member of WHO. Delegations of the Member States are appointed as delegates in the Healthy Assembly.[xvii]

II. AGENDA ITEM I: PROMOTING UNIVERSAL VACCINATION AND ELIMINATING VACCINE HESITANCY

A. Glossary of Terms

Adaptive Immune System: A subsystem of the overall immune system that is composed of highly specialized, systemic cells and processes that eliminate pathogens or prevent their growth

Adverse Effects (AE): Undesirable medical occurrences that are observed after immunization.

Antigen: A toxin or other foreign substance which induces an immune response in the body, especially the production of antibodies.

Autism: a developmental disorder of variable severity that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behavior.

Contraindication: The act of withholding a treatment for a patient on the grounds that it may be life-threatening for them.

Inoculation: the action of inoculating or of being inoculated; synonymous with vaccination.

B. History of Vaccination

In its simplest terms, vaccination can be defined as the administration of a vaccine to help the immune system fight off certain pathogens such as viruses and bacteria.[xviii] A vaccine is usually comprised of a disease-causing microorganism and is often made from weakened or killed forms of the microbe, its toxins, or one of its surface proteins.[xix] By stimulating the body's adaptive immunity, vaccines work to prevent infectious diseases. The history and the evolution of vaccines go a long way back.

1. Vaccination in Earlier Times

Although the idea of vaccination had originated and inoculation was practiced in China in the late 10th century during the Ming Dynasty, the generally accepted first successful vaccination dates back to 1796.[xx] In 1796, Edward Jenner, an English Physician who is also known as the 'Father of Immunology', realized that people who had suffered from cowpox before, did not get infected with the smallpox disease which was a very prevalent disease at the time.[xxi] He

then moved forward to prove this claim by deriving cowpox material from the hand of an infected milkmaid and then injecting it into an eight-year-old boy named James Phipps.[xxii]

Figure 1: Dr Jenner performing his first vaccination on James Phipps, a boy of age 8. May 14th, 1796. Painting by Ernest Board (early 20th century).

Two months after, Jenner inoculated the boy with the smallpox disease and it was observed that the disease did not develop owing to the previously injected cowpox material. [xxiii] In 1798, Jenner published a book about his findings and his scientific discoveries called "*An Inquiry into the Causes and Effects of the Variolae Vaccinae*" in which he used the term 'vaccination' for the first time.[xxiv] Although his 'arm-to-arm' method had created a controversy within the medical field, his book was translated into six different languages and had sold thousands of copies worldwide in just a few years.[xxv] His groundbreaking discovery had drawn interest all around the globe.

During the 19th century, Jenner's discoveries were further developed by Louis Pasteur who is a French biologist, microbiologist and a chemist.[xxvi] Pasteur had extended the usage of

vaccines in such a way that he made it possible to protect people against diseases such as anthrax and rabies.[xxvii] With his method of vaccination, the agents that cause the disease are deactivated and are left unable to infect therefore, his method was considered effective and competent enough.[xxviii]

Maurice Hilleman, another microbiologist who specialized in vaccinology, also made revolutionary discoveries in the field of science. He developed about 40 successful vaccines for dangerously prevalent diseases such as chicken pox, hepatitis A, hepatitis B, measles, meningitis, mumps, and rubella.[xxix] His work has been widely appreciated due to his findings helping medicine save millions of lives and preventing diseases that once were deadly.[xxx] Furthermore, Hilleman received many honors during his lifetime, including a special lifetime award from the World Health Organization itself.[xxxi]

2. The Evolution of Vaccination

In modern times, since science has evolved and technology is developing rapidly, scientists are targeting different diseases to prevent each day. The recently developed recombinant DNA technology and new delivery techniques have driven scientists into new directions which has helped the rapidly evolving field of medicine improve significantly.[xxxii] Scientists are currently working to eradicate vaccine-preventable diseases and the most recent case for such disease is the eradication of smallpox.[xxxiii] In a project led by the World Health Organization, smallpox has been eradicated completely in 1979.[xxxiv] After the smallpox outbreak in Somalia in 1977, WHO was quick to act upon the problem and finally, solved it once and for all, finally declaring in 1980 that "the world and all its peoples have won freedom from smallpox."[xxxv] WHO also Initiated a project in 1988 in order to eradicate the polio disease by 2000 and although an

absolute eradication was not achieved, they managed to reduce the prevalence of the disease by 99.99%[xxxvi]

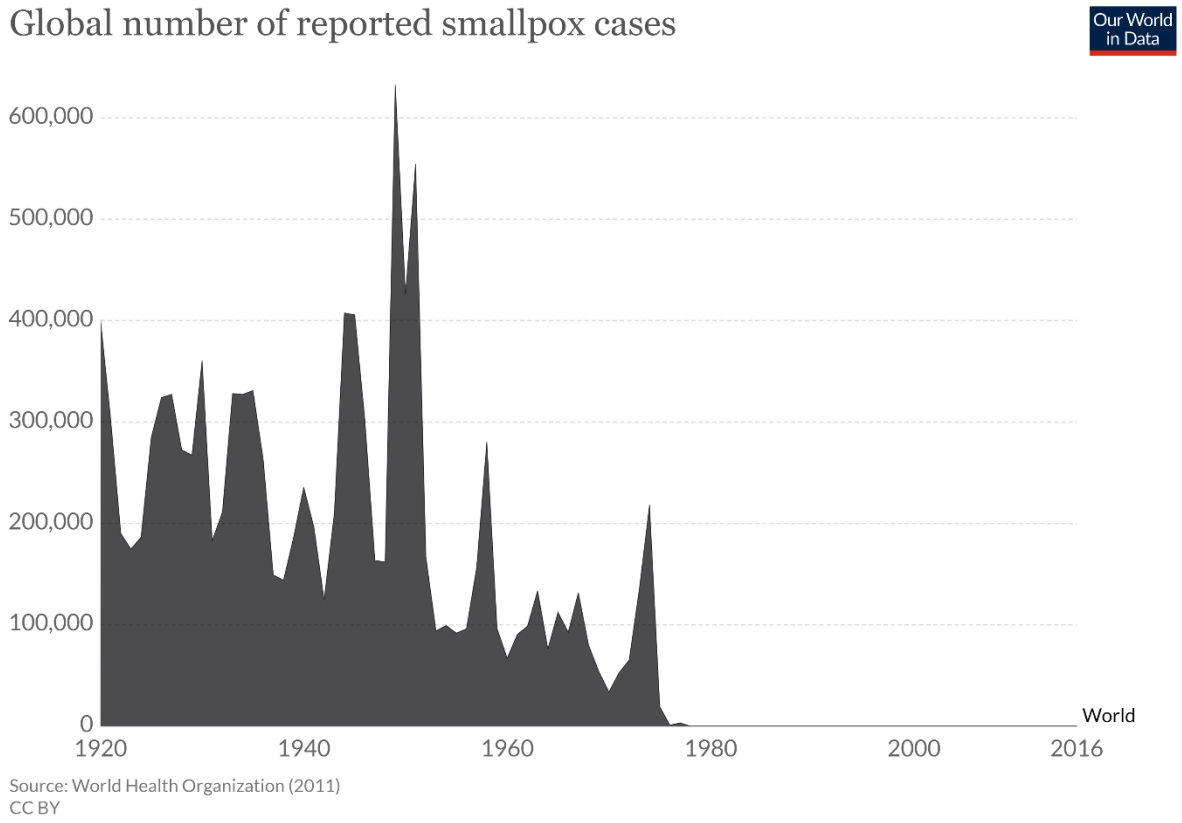

Figure 2: A graph representing global smallpox cases from 1920 - 2010.[xxxvii]

Another important step taken in regards to vaccination is the establishment of the Global Alliance for Vaccines and Immunization (also known as GAVI) in the year 2000. Their aim is to increase immunization in rather poor countries and provide a global health partnership in order to do so.[xxxviii] GAVI brings together developing countries and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry in both industrialized and developing countries, research and technical agencies, civil society, the Bill & Melinda Gates Foundation and other private philanthropists.[xxxix] The establishment of this alliance holds the utmost importance as it sets the grounds for international partnership and tackles an important issue which is to provide access to vaccination in developing countries.

C. The Anti-Vaccination Movement

1. Inception of the Anti-Vaccination Movement

Since the first time a vaccine had ever been introduced, people have always had questions and concerns regarding it. Most of these concerns were raised over disbelief in doctors, some religious matters and possible poor sanitation of the earlier vaccines. However, it was not until the British Vaccination Act of 1853 had come into force that a global outbreak was present. The adoption of this act meant that vaccination had become compulsory for all infants in England and Wales who were in the first three months of their life and, it made defaulting parents liable to a fine or imprisonment.[xl] The British had steamed up after the passing of this act and consequently, established the Anti-Vaccination League and alike organizations.[xli] When the famous British anti-vaccinationist William Tebb went on a trip to the United States in 1879, it led to his ideas being quickly spread across the nation and finally, the establishment of the Anti-Vaccination Society of America.[xlii]

On 23 March 1885, a massive demonstration took place in Leicester, England. The demonstration was mainly orchestrated by the Leicester Anti-Vaccination League and it consisted over 80 000 protesters, along with delegations sent from other anti-vaccination organizations from fifty towns in England, Wales and Northern Ireland.[xliii] The main idea behind the demonstrations was to condemn the whole practice of vaccination altogether.[xliv] Such demonstrations finally lead to a commission to be created in order to study vaccination and take measures if deemed necessary.[xlv] In 1896 it was ruled by the aforementioned commission that vaccination indeed provided protection against smallpox however, suggested that penalties to those who refuse to be vaccinated be removed.[xlvi] Subsequent to the rulings of the commission, the Vaccination Act of 1898 removed penalties against non-

vaccinators and so the parents who did not believe in the efficacy of vaccination gained the right to refrain from getting their child vaccinated.[xlvii]

2. Anti-Vaccination After the Beginning of the 20th Century

In the city of Cambridge, Massachusetts, after a smallpox outbreak took place in 1902, it was mandated that all city residents be vaccinated in order to prevent the prevalence of smallpox.[xlviii] However, a resident named Henning Jacobson refused to be vaccinated, claiming that this law was taking away his freedom to care for his own body and that this situation violated his basic human rights.[xlix] As a result, the city filed criminal charges against him.[l] Jacobson lost his local court battle and finally, appealed to the U.S. Supreme Court, hoping to be proven right.[li] However, in 1905, the Court found him guilty, ruling that "the state could enact compulsory laws to protect the public in the event of a communicable disease."[lii]

The vaccination antagonists kept terrorizing people in the United States. In 1926, a group of health officers visited Georgetown, Delaware with the aim to vaccinate the residents of the town.[liii] However, a retired army lieutenant and a city councilman led an armed mob to attack the health officers so that their vaccination attempt would fail.[liv] Alike attacks and protests continued in the US.

In April 1955, about 200 000 children in five Western and mid-Western US states received a polio vaccine.[lv] It was later revealed that the laboratory producing the vaccines had made a mistake since the process of inactivating the live virus proved to be defective.[lvi] As soon as the children were vaccinated, numerous reports of paralysis and even death were recorded.[lvii] Within a month, the first mass vaccination programme against polio was abandoned.[lviii] Consequently, an immediate investigation was initiated against the California-based firm, namely the Cutter Laboratories, which showed that, in total, the firm had caused 40 000 cases

of polio, leaving 200 with varying degrees of paralysis and killing 10 children.[lix] This caused an outbreak in the country and an intense fear against vaccines initiated once again. Paul Offit, a pediatrician and prominent advocate of vaccination, states “Second only to the atomic bomb, polio was the thing that Americans feared the most.”[lx]

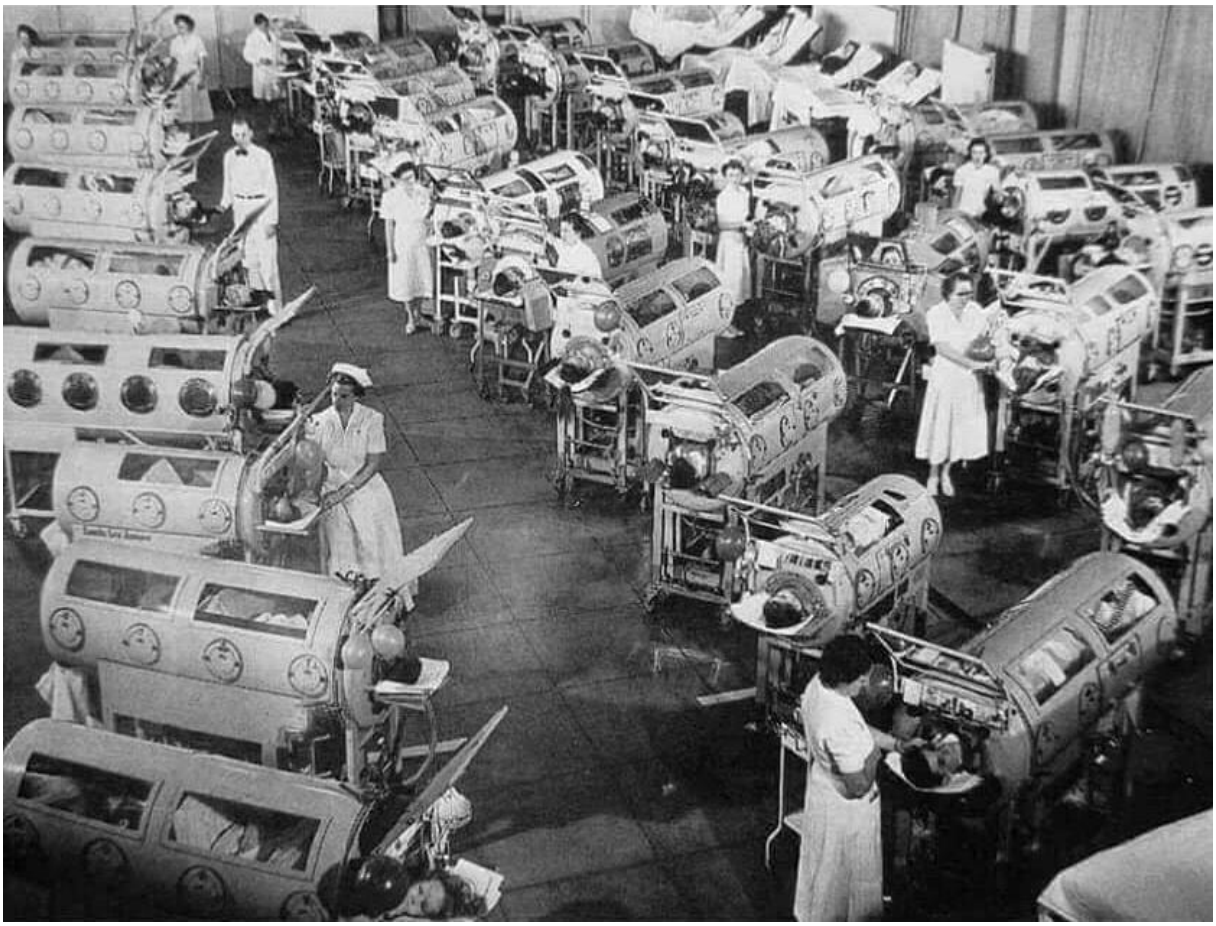

Figure 3: Polio patients in iron lungs after the Cutter incident in 1955

By the year 1974, fears over the Diphtheria, Tetanus and Pertussis (hereinafter referred to as DTP) vaccine reduced by %50 in England.[lxi] In general, the fears were subsiding in England, the rest of Europe and around the world. In Sweden, however, the government made the decision to suspend vaccination for pertussis for about 20 years which led to 60% of all children suffering from pertussis before the age of 10.[lxii] Sweden experienced severe outbreaks after

its decision regarding the suspension of the vaccination which left many children paralyzed and 3 dead.[lxiii]

3. The Misconceptions Surrounding Vaccines

Perhaps the most widely-known misconception about vaccines is the false claim that they cause "autism". The history of how vaccines came to be questioned as a cause of autism and some other serious diseases dates back to a research conducted in the 1990s by a group of British researchers.[lxv] After their research, they concluded that patients who had been vaccinated with the Measles, Mumps and Rubella (hereinafter referred to as MMR) vaccination were more prone to have a bowel disease in comparison to the people who were not vaccinated with MMR.[lxvi] One of the researchers in their team, namely Andrew Wakefield, decided to further study on the topic and worked to prove a possible link among the MMR vaccine and bowel disease.[lxvii] A part of his hypothesis suggested that vaccination was associated with autism, which had already been brought up by a few more researches before him.[lxviii]

Finally, in 1998, along with 12 co-authors, Andrew Wakefield published his studies in the *Lancet*, a prestigious medical journal, claiming that he has "found evidence of measles virus in the digestive systems of children who had exhibited autism symptoms after MMR vaccination", in many of the 12 cases they had studied on.[lxix] He went on to say that this was not the case in individual vaccines but the problem arose with the combined MMR vaccine and suggested MMR vaccinations to be suspended and instead single-antigen vaccines to be given separately and over time.[lxx]

After the publication of his studies, the reaction from the people was immense. Parents were frightened to let their children be vaccinated and people were almost completely refusing to

get vaccinated with MMR.[lxxi] The MMR vaccination rates in the United Kingdom and the United States plunged drastically.[lxxii]

Contrary to his findings, the studies conducted in the next twelve years could find no link between the MMR vaccination and autism or bowel disease.[lxiii] Finally in 2004, the editor of *Lancet* at the time Dr. Richard Horton published: "Wakefield should have revealed to the journal that he had been paid by attorneys seeking to file lawsuits against vaccine manufacturers."[lxxiv] In further interviews, Dr. Horton claimed "Wakefield's research was fatally flawed."[lxxv] After this, *Lancet* finally officially retracted the paper and later on, in May 2010, Britain's General Medical Council banned Wakefield from practicing medicine in Britain ever again, saying that has shown "callous disregard for children in the course of his research"[lxxvi] The council went on to prove that Wakefield's researches were being funded by lawyers with hopes to sue vaccine manufacturers on behalf of anti-vaccinators and parents of children with autism.[lxxvii]

On January 6, 2011 the *BMJ*, a medical journal, published a report that was written by Brian Deer, a British journalist who had reviewed and criticized Wakefield's studies before.[lxxviii] In his report, Deer says that most of the data in Wakefield's studies were falsified and simply not true.[lxxix] Deer showed evidence to prove that the "12 patients" Wakefield studied on were already showing signs of autism before the vaccination and that MMR vaccination had nothing to do with their already-existing condition.[lxxx] Furthermore, Deer showed that most of the numbers Wakefield had used in his Lancet publication was false and proved it by showing the National Health Service (NHS) records at the time.[lxxxi]

Over the years, WHO has also conducted several researches on this topic based on the recommendation of its advisory body the Global Advisory Committee on Vaccine Safety

(hereinafter referred to as GACVS).[lxxxii] The research they initiated was regarding the question of whether the MMR vaccine was actually related with vaccination. As a conclusion of their extensive research, GACVS found no casual association between the MMR vaccine and autism.[lxxxiii] None of their studies nor the previously-existent studies found a link among the vaccine and autism or such disorders. GACVS recommended that there should be no change in current vaccination practices with MMR since there was no danger posed against human health.[lxxxiv]

In conclusion, the modern day scientists and recent scientific researches have repeatedly proven that there is no connection present between vaccines and autism, nor other neurodevelopmental disorders. Researchers still continue to work on the hypothesis that autism and MMR are related however it is so far safe to say that MMR does not cause autism in any form.[lxxxv] Most autism researchers take into account that genetics and environmental factors play a role in the development of autism, however, vaccination is not counted as a reason for autism since there is not a single valid scientific research to prove the validity of it.[lxxxvi]

D. Key Issues Regarding Anti-Vaccination

1. Anti-Vaccination Propagandas Based on False Publications

Over the years, there have been many publications regarding vaccinations that were proven to be completely false. However, since these publications creates fears all around the globe, vaccination rates fall altogether. Namely, the 1974 report which suggested that the pertussis vaccine was dangerous to human health and that it caused negative neurological reactions in the body.[lxxxvii] After this publication, the UK citizens were outraged and refused to vaccinate their kids or get vaccinated themselves.[lxxxviii] The citizens had started to protest against the

vaccines. In 1980, the vaccine uptake in the UK had fallen from 81% to 31% which eventually caused a pertussis outbreak in the UK.[lxxxix] After the publication was reassessed and it was concluded that the vaccine was indeed beneficial and not dangerous as the aforementioned publication suggests, the vaccination levels went back to normal.[xc]

Furthermore, the Andrew Wakefield study published in the *Lancet,* which led people to believe the MMR vaccination caused autism, is another great example of how people are misled by such false publications.

2. Repercussions of Declining Vaccination Rates

In the US, after the Wakefield study, although it was debunked by many other scientists and was proven to be completely false, caused a 2% decrease in the rates of parents obtaining the MMR vaccination for their kids in fear of autism.[xci] As a result, multiple measles breakouts have occurred in the Western parts of the world.[xcii] In the UK, in 1998, 56 people were infected with measles and in 2006 this number increased to 449 and a man was deceased because of the disease.[xciii] In France, the reported number of measles between the years 2008 and 2011 was more than 22 000.[xciv] Furthermore, the latest outbreak happened in the US in 2013-2015 which infected more than 125 people and took the life of a man.[xcv] Finally, California passed the Senate Bill 227 in June 2015 which made the residents get mandatory vaccinations and banned any personal or religious exemptions to abstain from vaccinations.[xcvi]

In its simplest terms, declining vaccinations cause dangerous outbreaks that endanger the human species. WHO should work on reducing the hesitancy on getting vaccines or else there may be irreversible consequences. The ones mentioned above are examples of how dangerous it can get. WHO has adopted a Global Vaccine Action Plan (hereinafter referred to as GVAP) for the years 2011-2020 in 2012 in hopes to promote universal vaccination.[xcvii] Thus

far, the plan has been successful to an extent. Additionally, WHO is working on another post-GVAP plan for 2021-2030 in order to finish any unachieved tasks that were left from the previous plan.[xcviii]

E. Questions to be Addressed

1. How can universal vaccination be promoted?
2. How can vaccine hesitancy be eliminated?
3. How is it possible to ensure that each country has access to vaccination?
4. Should there be penalties for those refusing to vaccinate?
5. Should religious and ethical measures be taken into account while deciding on whether to penalize anti-vaccinators?
6. What can WHO further do for the promotion of universal vaccination, other than the GVAP project?
7. Should the anti-vaccine propagandas be put to an end? And if so, how?

III. AGENDA ITEM II: PREVENTING THE SPREAD OF SEXUALLY TRANSMITTED DISEASES

A. Glossary of Terms

Asymptomatic: (of a condition or a person) producing or showing no symptoms.

Barrier methods: Methods of contraception that work by creating a physical barrier between sperm and egg cells so that fertilization cannot occur.

Human Immunodeficiency Virus (HIV): HIV is a virus which attacks cells that help the body fight infections, making a person more vulnerable to other infections and diseases. If left

untreated, HIV can lead to the disease Acquired Immunodeficiency Syndrome (AIDS). AIDS is the late stage of HIV infection.

Intravenous drugs: Drugs which are directly administered into, a vein or veins.

Sexually transmitted infections (or diseases): Infections and diseases transmitted through sexual intercourse.

Sexual intercourse: The reproductive act in which the male reproductive organ enters the female reproductive tract.

Susceptibility: the state or fact of being likely or liable to be influenced or harmed by a particular thing.

B. Introduction

Sexually Transmitted Diseases or Sexually Transmitted Infections (hereinafter referred to as STDs or STIs) are diseases which are passed from one person to another via fluids that are secreted from human body through sexual intercourse. Additionally, there are several other ways to transmit the disease: the spreading from the infected mother to the baby during birth, the usage and sharing of unsterilized needles, blood transfusions and lastly, breast-feeding.[xcix] The reason for sexual intercourse to be the most prevalent way of transmission is the fact that the warmth and the moisture of the genital areas of women and men provide the optimum conditions for parasites, viruses and bacteria to grow and multiply.[c]

STDs are among the most common contagious diseases that is known to humankind. These infections are mostly seen in the young generation, more specifically the people who are between the ages of 15 and 24.[ci] STDs are dangerous diseases that require serious treatment and they can even be fatal. The most common STDs are human immunodeficiency virus

(hereinafter referred to as HIV/AIDS) , chlamydia, genital herpes, genital warts, gonorrhea, syphilis, trichomoniasis, and certain types of hepatitis.[cii] Some of them, such as HIV and herpes, cannot be completely cured and can be deadly.[ciii] They can be passed through via vaginal, anal or oral sex. Additionally, trichomoniasis can infect people through the usage of moist objects such as towels, toilet seats or wet clothes.[civ] Thus, it is important for public to be informed about ways to protect themselves from these diseases in order to reduce the prevalence rate of STDs and protect human welfare.

Especially in the United States, the situation of STDs have become extremely dangerous since according to statistics, there are more than 65 million patients who are infected with an untreatable STD.[cv]

Figure 4: Average STD state rank in the United States according to the National Council for Home Safety and Security

Besides the United States of America, we may take a look at other regions and their STD prevalence rates from a chart from the 2018 WHO Report on Global Sexually Transmitted Infection Surveillance.

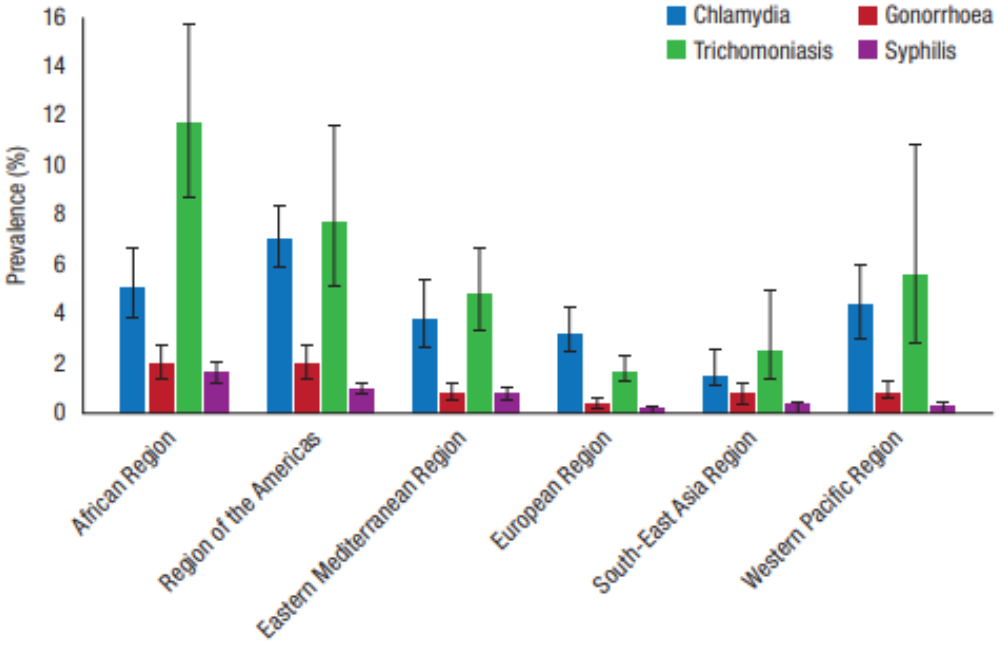

Figure 5: Estimated prevalence (and 95% uncertainty interval [UI]) of chlamydia, gonorrhea, trichomoniasis and active syphilis in women aged 15–49 years by WHO region, based on 2009–2016 data

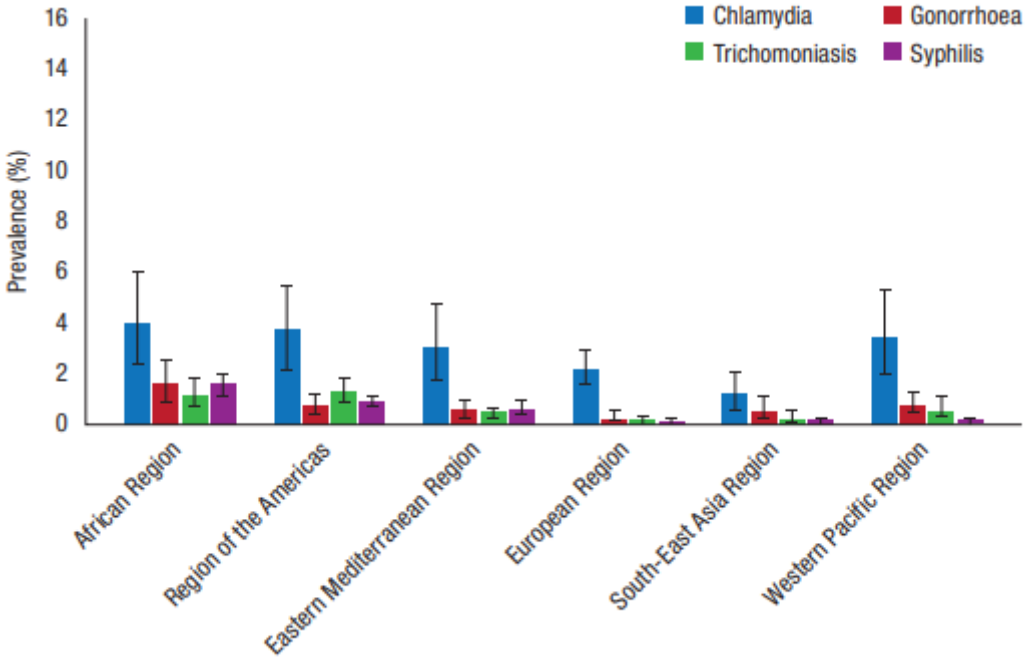

Figure 6: Estimated prevalence (and 95% uncertainty interval [UI]) of chlamydia, gonorrhea, trichomoniasis and active syphilis in men aged 15–49 years by WHO region, based on 2009–2016 data

As this data shows, women between the ages of 15-49 have a higher prevalence rate when compared to men between the same age intervals. By gathering this data, WHO creates region specific targets which makes it easier for them to approach the problem accordingly in every region, as suggested by the 2018 WHO Report on Global Sexually Transmitted Infection Surveillance itself.

You may be unbeknownst to an STD until it harms and damages your reproductive organs, leaving you infertile.[cvi] Other affected features may be your vision, your heart or other vital organs.[cvii] Since STDs leave you with a very weak immune system, you become susceptible to other diseases, which physically, makes you more vulnerable.[cviii]

C. The Causes of STDs

There are different kind of STDs which are caused by either viruses, bacteria or parasites. Bacterial STDs are chlamydia, gonorrhea and syphilis. Viral ones include HIV, genital herpes, genital warts and hepatitis B.[cix] Trichomoniasis however, is caused by a parasite.[cx] Furthermore, insects such as crab lice or scabies mites are two of the causes of STDs.[cxi]

STDs are passed through sexual intercourse however, in order for an infection to pass from one person to another, ejaculation is not required.[cxii] In addition, unsterilized needles containing the blood of an infected person, sharing wet objects or clothing, sharing personal items such as razors or toothbrushes, and getting breastfed from an infected mother are common ways to get infected with STDs.[cxiii]

Individuals are at a high risk of getting STDs if:

- They have multiple sex partners,
- They have had sex with someone who has multiple sex partners,

- They have not been using a condom during intercourse,
- They have shared needles when injecting intravenous drugs,
- They have traded sex for money or drugs.[cxiv]

D. Control Failure in Tackling STDs

For centuries, people have been dealing with the issue of STDs. According to statistics published in 2019 by WHO, 1 million people are infected with an STD each day; which is a very alarming number. That number will keep increasing unless some measures are taken. Government must take heed in this situation since this is an issue that affects a country on socio-economic grounds. In most countries, governments fail to give the needed emphasis to this issue in their education system which creates societies that are oblivious to such issues and therefore, under threat.[cxv] Another problem is that some governments choose to acquire cheap medicine which causes a failure in antibiotics and other medicinal treatments.[cxvi] Perhaps the most important issue surrounding STDs however, is the fact that most governments do not consider this issue to be a priority and therefore, this crucial problem is basically ignored. Governments need to be encouraged to recognize the importance of this problem and take measures according to it.

In developing countries, the biggest issue is the lack of sexual education. For instance, in Turkey, sex and STDs were considered taboo until the last few decades.[cxvii] Furthermore, the cultural and religious values of countries, again Turkey can be given as an example, prevent people from recognizing and treating the problem because they feel shame or guilt; for example: considering virginity as an important factor for marriage, or regarding having an STD as shameful are some of the reasons why people feel unable to report STDs.[cxviii]

Health services for screening and treatment of STDs remain weak. Which means, individuals who seek screening and treatment come across numerous problems such as limited resources, stigmatization and poor service quality. According to WHO, in many countries STD treatment services are not included in primary healthcare and are provided separately.[cxix] Again, in many countries, health services are not able to provide screening for asymptomatic infections and lack trained personnel, laboratory capacity and adequate supplies of appropriate medicines.[cxx] Communities and populations who are marginalized (such as sex workers, men having sex with men, people who inject drugs, prisoners) do not have appropriate access to health services.[cxxi] These are the biggest problems surrounding STDs according to WHO and our committee must work to solve these issues completely.[cxxii]

E. Prevention of STDs

There are several ways to prevent STDs altogether. There are two kind of approaches: one of them is primary prevention methods, and the other is secondary prevention methods. The aim of primary prevention methods is to prevent catching any STD. The secondary prevention methods, however, are the methods used when a person has already caught the disease but is trying to reduce the effects of the disease or get rid of it completely, if possible.

1. Primary Prevention Methods

a. Counselling and Behavioral Approaches

The counselling method is a primary prevention method, which means the people are informed about the risks and dangers of STDs before they catch the disease so that they can protect themselves accordingly.[cxxiii] According to WHO, the counselling program should include the following,

- Comprehensive sexuality education, STI and HIV pre- and post-test counselling;

- Safer sex/risk-reduction counselling, condom promotion;
- STI interventions targeted to key populations, such as sex workers, men who have sex with men and people who inject drugs; and,
- STI prevention education and counselling tailored to the needs of adolescents.[cxxiv]

Furthermore, since counselling improves individuals' ability to recognize and detect the symptoms of STDs, it is more likely that they will seek safer methods to have sexual intercourse. The biggest problem in counselling, however, is the fact that STDs are being stigmatized and furthermore, the lack of public awareness and the lack of training in health workers prevent the health services around the world to give such counselling.[cxxv]

b. Barrier Methods

Barrier methods refer to the methods of contraception that work by creating a physical barrier between the male reproductive organ and female reproductive organ.[cxxvi] When there is no skin to skin contact and no bodily fluids being transferred from the infected to the other, the transmission risk of any STD is almost dropped down to zero.[cxxvii] It is the safest and easiest way for one to protect themselves against STDs. Male condoms are considered the most efficient way of protection, as well as female condoms which are not used as widely.[cxxviii]

c. Reducing Number of Sex Partners and Mutual Monogamy

Having multiple partners always carries a great risk of getting infected with an STD.[cxxix] Especially when you are unaware of who your partners are having sexual intercourse with. Therefore, it is always advised that you refrain from having more than one partner with whom you are sexually active with. Mutual Monogamy means that a person is committed to only one person and their partner will be the only one that they will be sexually active with. It is

encouraged that both of the partners get tested for STDs and should they test clear, they should continue their relationship monogamously.

d. Vaccination

Vaccines are also one of the most efficient methods of prevention against hepatitis B and HPV.[cxxx] HPV vaccines, which can be used by both males and females, work efficiently against some of the most common types of the disease.[cxxxi] It is recommended that you get all three doses of shots before becoming sexually active.[cxxxii] Although they do not provide complete protection against each and every STD, it is still advised that individuals do get vaccinated.

2. Secondary Prevention Methods

Secondary prevention methods are applied after and individual has been infected with the disease. These methods include the treatment for the diseases and although some of them are impossible to be cured completely, reducing the risk of them progressing into further and more dangerous stages is possible. For instance, HIV is an STD that cannot be treated completely, however, with the right dose of the needed medicine every day, it is possible to prevent it from turning into AIDS, which is the last stage of the disease and can be deadly.[cxxxiii] Secondary prevention also includes promoting help-seeking for the infected individuals and raising awareness of the issue so that more people can be advised about the primary protection methods.

F. WHO Efforts Against STDs

WHO "develops global norms and standards for STD treatment and prevention" as well as strengthening the currently-existing systems for surveillance and monitoring.[cxxxiv] The work of WHO is currently guided by the "Global health sector strategy on sexually transmitted

infections, 2016 -2021" which is a strategy that has been adopted by the World Health Assembly in 2016 and the 2015 United Nations Global Strategy for Women's, Children's and Adolescents' Health, which puts emphasis on the need that the world "needs a comprehensive, integrated package of essential interventions, including information services for the prevention of HIV and other sexually transmitted infections."[cxxxv]

Currently, WHO has active strategies on the prevention of HIV, viral hepatitis and STDs in general.[cxxxvi] The aforementioned strategies are for the 2016-2021 period. WHO works with countries to:

- Scale-up effective STI services including:
    - STI case management and counseling
    - Syphilis testing and treatment, in particular for pregnant women
    - Hepatitis B and HPV vaccination
    - STI screening of populations at increased risk of STIs

- Promote strategies to enhance STI-prevention impact including:
    - Integrate STI services into existing health systems
    - Promote sexual health
    - Measure the burden of STIs
    - Monitor and respond to STI antimicrobial resistance.

- Support the development of new technologies for STI prevention such as:
    - Point-of care diagnostic tests for STIs
    - Additional drugs for gonorrhea,
    - STI vaccines and other biomedical interventions.[cxxxvii]

G. Questions to be Addressed

1. How should awareness be raised about the dangers of STDs and the primary prevention methods?
2. How can the stigma around STDs be broken?
3. What can WHO further do in tackling the issue of STDs?
4. Should psychological help be provided to the individuals who are infected with incurable STDs? If so, how?
5. How is it possible to reduce the prevalence of STDs?
6. What can WHO do to ensure safe sex education is properly given in each country?
7. What can WHO do to ensure that health workers all around the world have had the necessary training to identify and treat an STD?

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