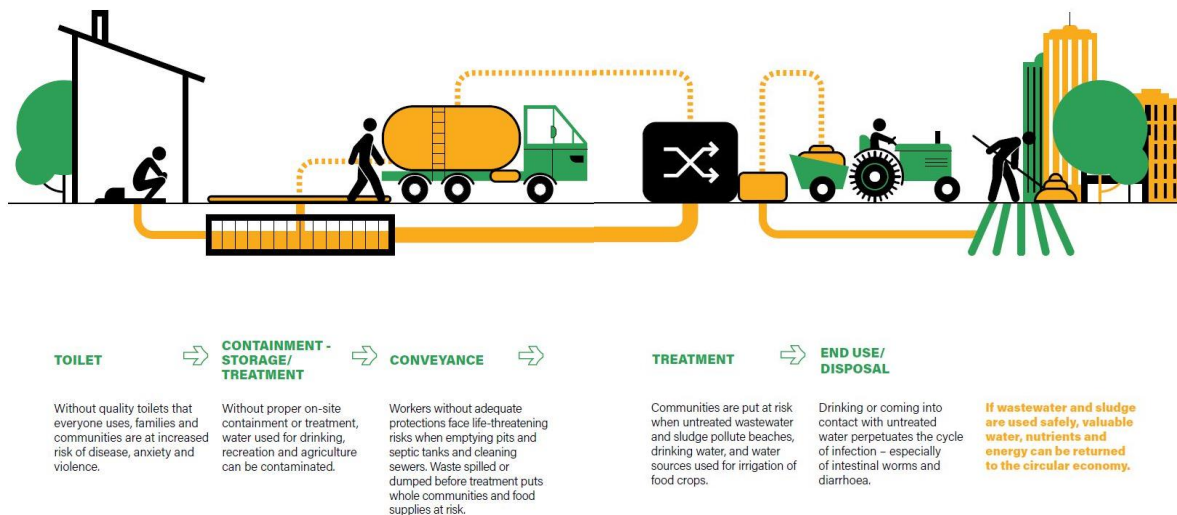


Topic A: Addressing Poor Sanitation in Cities

Introduction

The rapid growth of cities and the concentration of population within them has always presented challenges for health and hygiene. Urban residents require access to clean, potable water and to streets free from solid waste and refuse. One aspect of public health in cities that is often underestimated is sanitation – the management of human wastes (feces, urine and blood).¹ Poorly managed sanitation is a leading cause of disease and chronic conditions, childhood mortality, and a host of economic and social ills.² In the absence of safely-managed human waste removal and treatment, city residents must find ways to dispose of fecal matter and urine themselves – often by collecting, transporting, and dumping the waste in less than ideal conditions.³ The World Health Organization (WHO) estimates that over 1.5 billion people do not have access to private toilets or latrines, and that 419 million people still defecate in the open - in streets, behind bushes or into open bodies of water.⁴ Further, 44% of household wastewater generated globally is discharged without safe treatment and 10% of the world's population consumes food irrigated with wastewater.⁵ As with all human activity, these problems become more concentrated and dire within cities. Globally, only 43% of urban residents have access to safely managed sanitation and 17% do not have access to even basic sanitation.⁶

Figure 1: Impacts of Poorly Managed Sanitation Systems



Poor sanitation can have grave consequences for the health, economic, and social outcomes of populations. Untreated fecal matter can get into drinking water systems spreading diarrheal diseases (e.g., cholera) and soilborne diseases (e.g., trachoma, schistosomiasis) – resulting in 1.9 million deaths annually.⁷ The economic impact is equally harmful. Residents miss work and face large healthcare costs due to these diseases.⁸ Estimates are that these impacts could equal as much as 1.3 percent of global GDP.⁹ Poor sanitation also results in tremendous social impacts – including the dignity of people to hygienically manage their bodily functions, and the social

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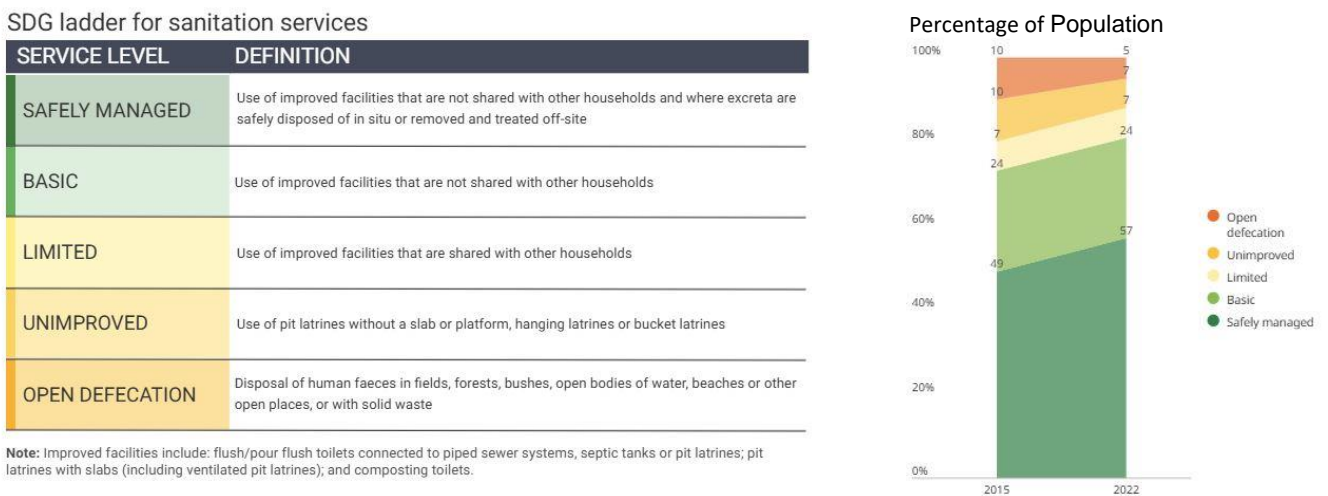
stigma of living with disabilities resulting from unhygienic conditions or living in neighborhoods with poor sanitation.¹⁰ Evidence shows that such impacts are far more pronounced within cities in the Global South (sub-Saharan Africa, South Asia, and Latin America).¹¹

Current Situation

Since December 2015, the United Nations recognized safe sanitation as a basic human right, affirming that:

“...human rights to safe drinking water and sanitation as components of the right to an adequate standard of living are essential for the full enjoyment of the right to life and all human rights... and that the human right to sanitation entitles everyone, without discrimination, to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable and that provides privacy and ensures dignity, while reaffirming that both rights are components of the right to an adequate standard of living.”¹²

Figure 2: Current Situation Moving Up the Sanitation Ladder



Source: WHO/UNICEF JMP 2023 Progress on household drinking water, sanitation and hygiene 2000–2022: special focus on gender

With the adoption of the Sustainable Development Goals (SDGs) the goal of universal safe sanitation was incorporated into target 6.2 to “achieve access to adequate and equitable sanitation and hygiene for all and end open defecation...”¹³ Working together, the WHO and UNICEF designed a strategy to help cities more up the “sanitation ladder” towards safely managed systems (Figure 2).¹⁴ Although there have been improvements, the target will not be met at the current pace.¹⁵ In fact, only 25% of countries are on track to meet their national targets for sanitation.¹⁶

One reason for the lack of adequate progress is attributed to the systemic under-prioritization of sanitation management in many countries and that cities have done better at providing water services than in dealing with wastewater or fecal sludge.¹⁷ Studies also point to the rapid pace of urbanization – particularly in Africa and South Asia – outpacing the capability and resources of

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urban governments.¹⁸ In 2022, 75% of countries reported having inadequate funding for sanitation, at the same time donor aid for sanitation has decreased.¹⁹ An assessment by UN-Habitat led to the following recommendations needed to meet the 2030 goal (Figure 3).²⁰ As with many global efforts, achieving success calls for increased attention and investment from donors, greater prioritization at the local level, and the facilitation of technical assistance and research.

Figure 3: UN-Habitat Recommendations

Cities need to invest more, across the sanitation service chain, and invest more smartly

Wastewater and fecal sludge management services must be integrated with national and local urban policies, strategies and plans, including slum upgrading processes.

National monitoring systems for sanitation, wastewater and fecal sludge management services must improve radically

Funding for research into wastewater and fecal sludge management needs to continue and increase

Peer-to-peer learning and south-south cooperation must be supported to share knowledge and inspire replication of best-fit approaches

Questions to Address

- How can the WHO encourage greater focus and resources into improving sanitation?
- Is the traditional model of safely managed sanitation (sewers and treatment plants) the best or only way to go in countries that lack resources to implement it?
- Can the WHO take greater steps to address the economic and social impacts of unhygienic conditions – particularly for children?

Topic B: The Global Rise in Diabetes

Introduction

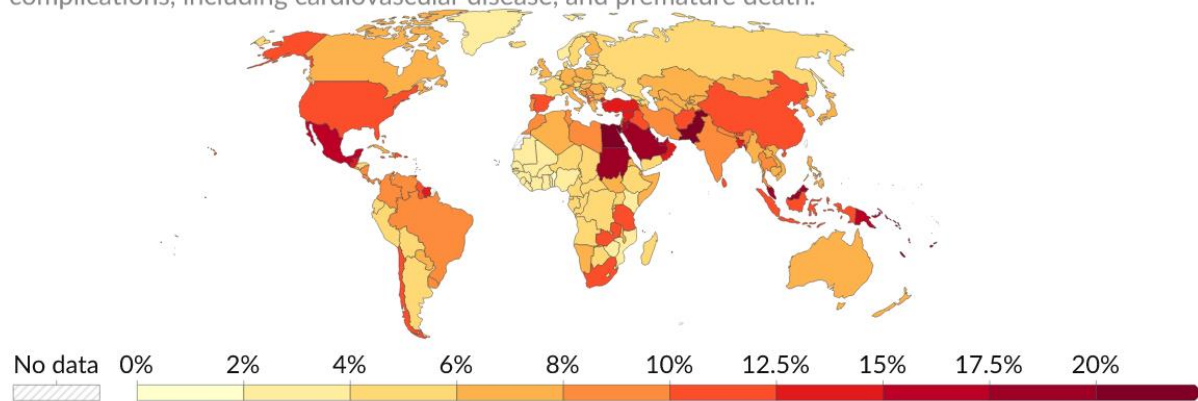
Diabetes is a chronic illness resulting from the failure of the body to produce sufficient insulin – or to effectively use insulin – to control levels of glucose in the blood. Over time, this condition can lead to serious damage to the heart, blood vessels, eyes, kidneys, and nerves.²¹ There are two major forms of diabetes. Type 1, known as juvenile diabetes, is prevalent in children whose bodies do not produce sufficient insulin. The cause of Type 1 diabetes is unknown, and it appears to be unpreventable. Far more prevalent is Type 2 diabetes, a condition that results largely from lifestyle habits and is considered preventable.²² Factors that can result in Type 2 diabetes are obesity, lack of exercise, and excessive alcohol use – although genetics can also play a factor.²³ Type 2 diabetes represents about 95% of global diabetes cases.²⁴ Diabetes is a life-threatening condition, and can produce a host of complex and debilitating symptoms even when treated. Due to its association with lifestyle, Type 2 diabetes mistakenly is thought to be a “rich country disease”, where people might be more likely to be sedentary and overeat. The reality is that Type II diabetes affects poor and middle-income countries at greater rates, and cases in these regions are more likely to be undiagnosed and untreated.²⁵ (Figure 4)

Figure 4

Diabetes prevalence, 2021

Our World
in Data

The share of people aged 20-79 who have diabetes. Diabetes is a risk factor for chronic complications, including cardiovascular disease, and premature death.



Data source: Multiple sources compiled by World Bank (2024)
OurWorldinData.org/burden-of-disease | CC BY

Diabetes imposes significant costs – both on the individuals afflicted and on society as a whole. People living with diabetes are more prone to blindness, loss of limbs, heart attacks, and kidney failure. Treatment for diabetes can forestall these effects but can be expensive and require strict

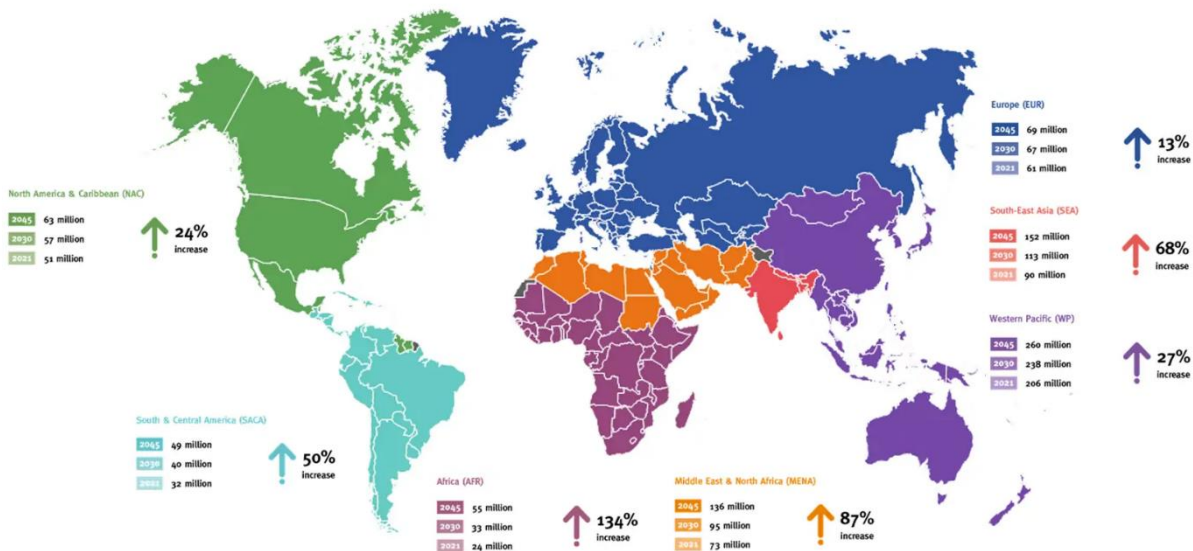
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adherence from patients – including consistent blood-sugar testing regimes and frequent insulin injections.²⁶ Diabetes treatments are also straining the resources of both individuals and health care systems – diverting funds that can be used to research and treat other conditions. For these reasons, and the fact that Type 2 diabetes is largely preventable, global efforts have focused on prevention as a priority, while at the same time ensuring that treatment is accessible to all affected by the disease.²⁷

Current Situation

WHO estimates that there are currently 830 million people living with diabetes worldwide – 14% of adults aged 18 or over.²⁸ Cases have quadrupled since 1990.²⁹ Over half of people living with diabetes receive no medication or treatment.³⁰ Further, while mortality rates from other chronic diseases (e.g., heart disease) have been decreasing, mortality rates for diabetes have been increasing.³¹ This increase was partially due to the coronavirus pandemic as those with diabetes were much more likely to face hospitalization and death.³² Figure 5 illustrates that these trends will worsen as diabetes cases are projected to grow more rapidly in low and middle-income countries – particularly in Africa, the Middle East, and Southeast Asia.³³ It is estimated that 87.5% of all undiagnosed cases are in the Global South.³⁴ All of this leads to an increasing economic burden, as diabetes-related health expenditures will top \$1 trillion by 2030.³⁵

Figure 5: Projected Increase in Diabetes Cases by Region



Source: IDF Diabetes Atlas 10th Edition

In 2021, the World Health Assembly adopted Resolution 74.4, urging member states to raise the priority given to the prevention, diagnosis and control of diabetes as well as prevention and management of risk factors such as obesity.³⁶ It further tasked the WHO with providing support for monitoring and surveillance of diabetes and to make recommendations on the prevention and management of obesity.³⁷ In response, WHO launched the Global Diabetes Compact (GBC) in

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2021.³⁸ The GBC fosters information-sharing and technical guidance on diabetes prevention and treatment and sponsors World Diabetes Day every November 14 to raise awareness of the disease.³⁹ In 2022, WHO established five global diabetes coverage targets to be met by 2030.⁴⁰ (Figure 6)⁴¹

Figure 6: WHO Global Targets for Diabetes

- 80% of people with diabetes are diagnosed;
- 80% of people with diagnosed diabetes have good control of glycaemia;
- 80% of people with diagnosed diabetes have good control of blood pressure;
- 60% of people with diabetes of 40 years or older receive statins; and
- 100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.

The most recent report of the WHO's Technical Advisory Group on Diabetes indicates that meeting these targets is endangered by inconsistent data quality due to lack of capacity, resources, and variations in how diabetes is diagnosed.⁴² Clearly, diabetes prevention, detection, and treatment continue to require urgent action – particularly since cases are increasing fastest in societies with the fewest resources to deal with them.

Questions to Address

- What more can the United Nations do to elevate diabetes as a global health priority?
- How can we better equip lower-income regions to diagnose and treat diabetes?
- What steps can be taken to encourage people to make choices and take action to reduce the risk of developing Type 2 diabetes?

¹ *State of the World's Sanitation: An urgent call to transform sanitation for better health, environments, economies and societies*. New York: United Nations Children's Fund (UNICEF) and the World Health Organization, 2020, p. 18

² "Sanitation". World Health Organization. 22 March 2024. <https://www.who.int/news-room/fact-sheets/detail/sanitation>, Accessed 8 December 2024.

³ Beard, Victoria A., et al., Out of sight, out of mind: Understanding the sanitation crisis in global South cities, *Journal of Environmental Management*, 306, 2022, p. 1

⁴ "Sanitation"

⁵ Ibid.

⁶ *Citywide Inclusive Sanitation*. The World Bank Group. 30 March 2021, p. 2

⁷ *State of the World's Sanitation*, p. 21

⁸ Ibid, p. 26

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⁹ Ibid.

¹⁰ Ibid, p. 29.

¹¹ Beard, p. 1

¹² United Nations General Assembly, Resolution 70/169, The human rights to safe drinking water and sanitation, A/RES/70/169, 17 December 2015, p. 4

¹³ “Goal 6: Ensure availability and sustainable management of water and sanitation for all.” United Nations Department of Economic and Social Affairs. https://sdgs.un.org/goals/goal6#targets_and_indicators, Accessed 8 December 2024.

¹⁴ “Sanitation”

¹⁵ *The Global Report on Sanitation and Wastewater Management in Cities and Human Settlements*, United Nations Human Settlements Programme (UN-Habitat), 2023, p. xiii

¹⁶ *Strong systems and sound investments: evidence on and key insights into accelerating progress on sanitation, drinking-water and hygiene*. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2022 report. World Health Organization: Geneva; 2022, p. xii

¹⁷ Ibid, p. 122

¹⁸ Ibid, p. 122

¹⁹ *Strong systems and sound investments*, p. xii

²⁰ Ibid, p. 124

²¹ “Fact Sheet: Diabetes”, World Health Organization, 14 November 2024, <https://www.who.int/news-room/fact-sheets/detail/diabetes>, Accessed 18 December 2024.

²² Ibid.

²³ Ibid.

²⁴ Ibid.

²⁵ *IDF Diabetes Atlas: 10th Edition*, Brussels: International Diabetes Foundation, 2021, p. 38

²⁶ “Urgent action needed as global diabetes cases increase four-fold over past decades” News Release, World Health Organization, 13 November 2024, <https://www.who.int/news/item/13-11-2024-urgent-action-needed-as-global-diabetes-cases-increase-four-fold-over-past-decades>, Accessed 18 December 2024.

²⁷ Ibid.

²⁸ “Fact Sheet: Diabetes”

²⁹ “Urgent action needed...”

³⁰ “Fact Sheet: Diabetes”

³¹ Ibid.

³² *IDF Diabetes Atlas: 10th Edition*, pp. 68-69

³³ *Global Fact Sheet: Diabetes around the world: 2021*, Brussels: International Diabetes Foundation, 2021.

³⁴ *IDF Diabetes Atlas: 10th Edition*, p. 38

³⁵ *IDF Diabetes Atlas: 10th Edition*, p. 61

³⁶ World Health Assembly, “Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes”, Resolution 74.4, 31 May 2021

³⁷ Ibid.

³⁸ “The WHO Global Diabetes Compact”, World Health Organization, <https://www.who.int/initiatives/the-who-global-diabetes-compact>, Accessed 18 December 2024.

³⁹ Ibid.

⁴⁰ “Urgent action needed...”

⁴¹ “First-ever global coverage targets for diabetes adopted at the 75th World Health Assembly”, World Health Organization, 28 May 2022, <https://www.who.int/news-room/feature-stories/detail/first-ever-global-coverage-targets-for-diabetes-adopted-at-the-75-th-world-health-assembly>, Accessed 18 December 2024.

⁴² *Report of the sixth meeting of the WHO Technical Advisory Group on Diabetes: virtual meeting, 24-25 June 2024*. Geneva: World Health Organization; 2024.