



## WHO: Malaria

### I. Background of Topic

The first ever symptoms of Malaria can be dated back to 2700BCE in Chinese medical writings. Being the Italian word for “bad air”, malaria is a disease that has spread quickly in millions of victims around the world. Today there are 3.3 billion people, half the world’s population, that are at risk of malaria. Out of that 3.3 billion, 250 million cases emerge and 881,000 die every year. Out of this 881,000 people, 801,000 are affected in Africa, 38,000 in the Middle East, 36,000 in Asia, and 3,000 in the Americas. However, 85% of all deaths were among children under the age of 5. The disease spreads when an infected Anopheles mosquito, the only type of mosquito that can spread malaria, bites a person. The mosquito infects others by biting a person and injecting its infected needle into the bloodstream. Malaria comes from being bitten by a Plasmodium parasite infected mosquito. There are 5 types of the parasite and each is found in distinct areas of the world. Being Infected by *P. falciparum* means the parasite was contracted to the mosquito in the tropics, and it is extremely life threatening. However, infections such as *P. vivax*, *P. malariae*, *P. ovale*, *P. knowlesi* are more common around the world and are less dangerous than *P. falciparum*. Symptoms include a severe fever, chills, headaches, sweat, fatigue, nausea and vomiting. This is a severe problem in the world due to the fact that it is a preventable disease and we aren’t taking enough action to reduce the amounts of people affected by malaria.

### II. UN Involvement

In 1995, The World Health Organization submitted a proposal to eradicate malaria worldwide. Their main focus was to integrate house spraying with residual insecticides, antimalarial drug treatment, and surveillance. They created a 4 step plan: Preparation, Attack, Consolidation, and maintenance. Also, WHO has created World Malaria Day which was first instituted in May of 2007. It represents a day for recognizing a global effort to exterminate malaria. It lets countries to share experiences and provide support, new donors to create partnerships, for experts to communicate their breakthroughs as far as medication, and international partners to sponsor their help. Rollback on malaria program is the main program by the UN to gradually wipe out malaria. It was first created in 1998 by WHO, UNICEF, UNDP, and the World Bank. The partnership is served by the secretariat of WHO in Geneva, Switzerland. Their overall strategy is to form partnerships that will ensure that efforts of all countries are brought together. On September 25, 2008, the advocates of ending malaria joined together in New York City to endorse the global malaria action plan. The global malaria action plan implements the advancing of preventative interventions, as well as sustainability for a long period of time. The RBM’s partnership is composed of 500 partners all of which are important factors of malaria. The specific malaria Millennium Development Goal states that in 2015, malaria is no longer a cause of death and a cause of a lack of social and economic development. Also, UNICEF has taken a tremendous amount of responsibility seeing that they are the largest global producer of deliverer of Insecticide Treated nets, with an average of 24 million nets sent world wide. Also, they are advocates of the antimalarial drug, sulphadoxine-pyrimethamine and



enforce pregnant women with malaria to take two doses to prevent mother to child transmission. UNICEF has recently entered into partnership with Malaria No More, an organization that collects donations from individuals and private organizations with the goal of providing an Insecticide treated net to every family that needs one in sub-Saharan Africa. UNICEF is also partnering with the Global Fund and WHO to access funds from UNITAID to support procurement of antimalarial medicines.

### **III. Possible Solutions**

The first solution is to be able to find a way to educate the people in the most targeted areas of what malaria is, what it does, how it is contracted, and how it can be prevented. This can be implemented in community and health centers to spread supplies, treatment options, and awareness about malaria. Seeing that malaria is a highly preventable disease, treatment options have become controversial compared to the insecticide nets. There is DDT which is an extremely powerful pesticide that kills mosquitoes, but has been highly questioned by the UN about its validity and safety to the environment. It is meant to be sprayed around the home and it is clear, odorless, and unharmed to humans. It's affordable, and an effective way to repel mosquitoes from human activity. Also there is the option of ITN's (insecticide treated nets) to be sent to undeveloped nations where they can easily prevent infection before treatment comes their way. These would also be distributed through organizations such as the Red Cross in the health centers.

### **IV. Bloc Positions**

Asia Bloc: Slight risk in Malaria.

European Bloc: No risk of Malaria

African Bloc: Extremely high rates of malaria, looking for cheaper treatment.

North America: Rare risk of malaria.

### **V. Guiding Questions**

1. Is Malaria a problem in your country?
2. What has your country done nationally and internationally to prevent malaria?
3. How can the UN get treatment to underdeveloped countries?
4. Does your country allow DDT?