Dear World Health Organization Delegate,

My name is Rupert Congmon, and I'll be chairing the committee for this year's 2014 SHSMUN conference. I've been counting down the days till we'll meet, and I already know we're going to have a great time together!

First off, here's a quick snippet of me: I go to a local school here in Chattanooga as a senior. I've also been a WHO delegate for the majority of my Model UN career, so when I found out I would get to lead the same committee I enjoyed so much, I was more than excited. However, this letter is for you, not about me, so I'll leave the rest out until we meet in person.

This year the topics have been reviewed repeatedly in hopes of creating the most comfortable yet informative setting possible. The topics range from the Refusal to the Right of Health, to the Deficiencies in Safe Water and how they relate to Gender-Based Inequality, to Emerging Zoonotic Diseases. If all goes well, we'll be facing a full-length discussion that both engages all the delegates, regardless of experience, and creates solutions that could easily become life savers in the near future.

The World Health Organization is a more specialized branch of the United Nations that started in 1945, though it didn't fully come into effect till 1948. It's different than the other committee because it has its own Constitution. It is a successor to many previous efforts of the UN to provide coordinated global health care, such as the Health Organization of the League of Nations and the Pan American Health Organization (PAHO), which is now one of the committee's six regional organizations. The WHO's Constitution took effect on April 7, 1948, the day we now celebrate as World Health Day.

Feel completely free to launch any questions you may have my way at any time. I'm almost always available at who@shsmun.org, but you can also reach me at 423-994-7760. Don't think that there's nothing you can't ask because I'll gladly help you in any way that I can. I'm looking forward to get to know everyone, and I hope that you'll get as much out of the conference as I know you will!

Now I think it's about time that an inspirational quote (or a few) is due:

"In nothing do men approach so nearly to the Gods, as in giving health to men." –Cicero

"When it comes to global health, there is no 'them'…only 'us.'" –Global Health Council

"He who has health, has hope. And he who has hope, has everything." –Arabian Proverb

Sincerely,

Rupert Congmon
2014 World Health Organization Chair
who@shsmun.org
423-994-7760

Topic 1: Refusal of the Right of Health

Introduction

When swearing the Hippocratic Oath, medical professionals pledge their willingness to aid anyone in need of attention or protection from harm or injustice, regardless of the surrounding circumstances and without any expectation of payment in return. However, this pact has often times been violated as doctors show bias and unjust treatment towards their patients. Despite the promise to maintain good morals, these so-called doctors have victimized people based upon socioeconomic and ethnic factors, which is not only narrow-minded but also harmful towards the well-being of society.

History

In 1973, the Rehabilitation Act of the United States Equal Employment Opportunity Commission (EEOC) was passed in hopes of providing disabled individuals with protection from discrimination. By definition, this injustice occurs when an employer "treats a qualified individual…unfavorably because [they have] a disability."[1] Most of the time, this rule is overlooked and not enforced in the workplace. When it does get reported, it fails to be prosecuted in court. Although efforts have been made to combat this unfair treatment, such as the holding of several court cases by the National Association for the Advancement of Colored People (NAACP) Legal Defense and Education Fund of the United States of the mid-1950s and -60s, hospital discrimination has continued its widespread reach.[2] Landmark cases such as *Simkins v. Moses H. Cone Memorial Hospital* (1963) and *Cypress v. Newport News Hospital Association* (1967) revealed the utilization and distribution of public funds in order to increase segregated health care.[3]

Although hospitals were forced to treat all citizens and discrimination was outlawed, it persisted in practice until the mid-1960s. From the "denial of staff privileges to minority physicians and dentists", to the rejected admission of minority applicants for training programs in nursing and residency, to the "failure to provide medical, surgical, pediatric, and obstetric services to minority patients", discrimination has only spread its influence.[4]

Although these cases based on race wave a red flag under the guidelines laid out by the UN Charter or the laws of governments in the nations which these cases occur, there are other types of discrimination. Namely: the struggle of the mentally ill to acquire the treatment necessary for recovery. Two years ago the Organization described this form of 'hate crime', of which people with mental health conditions still suffer under, as "a hidden human rights emergency."[5] Although Article 25 of the UN Convention on the Rights of Person with Disabilities (CRPD) "reinforces the right of person with disabilities to attain the highest standard of health care, without discrimination" as of September '13, the conflict has only gained momentum and needs a solution.[6]

Current Situation

The dilemma is the inability for patients to receive help due to their pre-existing conditions and characteristics such as ethnicity or political affiliation. Although the number of medical malpractice claims has reportedly decreased by four percent between the years 1995 and 2000, according to the National Association of Insurance Commissioners (NAIC), this does not alter the fact that the "proportion of medical errors – 98,000 annually – to resulting disciplinary actions – less than one-half percent – is dangerously skewed" (compared to the less than 3,000 disciplinary actions that were taken by the '99 American state medical boards).[7] The overwhelming majority of negligent medical practitioners are allowed to continue practicing. The decrease in amount of claims filed also suggests a decrease in the suffering community's motivation to voice out the absence of complete lawfulness.

In addition to the issue of inaction that causes many nations to lose hope for their sick, another difficulty occurs when doctors normalize the process of medical discrimination. Doctors tend to 'discriminate' their treating of patients with conditions such as mental health ailments. Patient mistreatment continues to pose an international issue, occurring even in nations capable of filtering it out with regulation such as the United States, the United Kingdom, and the Arabic societies of the Middle East. The dilemma, however, can be partially attributed to the reluctance of patients to admit their health conflicts, which does not reduce the influence of medical discrimination. Patients may refuse to report their sickness because they fear being looked down upon or being refused treatment as well. It is because of this that little action is taken and the problem of discrimination still persists.

Committee Directive

The term 'medical malpractice' encompasses a variety of scenarios ranging from a doctor's failure to follow medical procedure to the overall inaction of a medical official based on a patient's social, economic, or ethnic factors. This committee will focus on the refusal to act and/or the deliberate mistakes of medical experts towards their patients. The patients, whether they tell an authority about their illness or not, need to have the ability to exercise their right to seek and express their need for health care. On the other hand, nations must place regulations for their medical practitioners as to prevent further discrimination and injustice. In order to solve this issue of medical malpractice, the committee must strive to attain the ideal compromise amongst the nations so that people who require medical attention do not need to stress over their 'qualifications' in order to receive the assistance that they deserve.

Questions to Consider:

1. How significant is patient discrimination in your country? Is it considered an intolerable crime or a minor offense? Is it given any consideration in the slightest?
2. If existent, how has this issue been handled in the past compared to now? According to these historic trends, how does your nation expect the conflict to change over time, and how will your nation prepare for that forecast?

3. What governmental actions or programs has your nation implemented in order to ameliorate the suffering that victims of medical discrimination have endured? Does your nation intend to act upon any propositions for discriminatory reform?
4. How should the WHO address national conflicts involving these issues should the specified scenario remain within the boundaries of a nation's sovereignty?
5. What makes up the criteria for medical discrimination in your nation?

Suggested Sources:

This source will aid in describing what 'patient discrimination' fully encompasses or doesn't cover:
http://www.eeoc.gov/laws/types/disability.cfm
The mental health stigma within the Muslim community:
http://quod.lib.umich.edu/j/jmmh/10381607.0007.102/--mental-health-stigma-in-the-muslim-community?rgn=main;view=fulltext
History of patient discrimination within that of the United States:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448322/
A first-person, more pathos-oriented perspective of patient discrimination:
http://www.nytimes.com/2013/08/11/opinion/sunday/when-doctors-discriminate.html?_r=1&
Ethical viewpoints on mental health:
http://www.uniteforsight.org/mental-health/module7
How discrimination in its entirety is "inextricably related" to health rights:
http://www.who.int/hhr/activities/q_and_a/en/Health_and_Freedom_from_Discrimination_English_699KB.pdf?ua=1

Additional Sources:

Both of these sites provide generic but thorough information on several of your nations, though not all of them may be listed. However, the ones not listed can still visit these sites for some more background information relating to the topic:

http://dhsprogram.com/Publications/Publications-by-Country.cfm

http://www.healthdata.org/results/data-visualizations

Topic 2: Deficiencies in Safe Water and Health Stability and Gender-Based Inequality

Introduction

Though the struggles of poverty and hunger in African nations have been a widely known issue for the decades across the globe, NGOs have paid little attention to another issue: the struggles that African women go through in order to obtain clean water. Despite the attempts of NGOs to provide sanitary, usable water, they unintentionally cripple communities through their lack of focus on education and childcare, which are both essential factors of a stable nation. Since the women of these communities are occupied gathering water, they are unable to care for and educate their children. Overall, these events frustrate those communities and their nation's fight for survival, while making the situation more difficult for foreign supporters to give aid.

History

"Within the next 20 years fresh water will become the most important strategic resource, essential for sustaining life and achieving sustainable development."[1] The ability to manage and control water is essential to economic development and a source of power, though it may also be the original cause of social and political stress. A 2002 study from UNICEF of the generic rural household in twenty three sub-Saharan African countries revealed that a quarter of the households spent at least thirty minutes to an hour every day collecting and transporting water, with nineteen percent 'investing' an hour more.[2] Another study mentioned the benefits of closer water sources to the societal treatment of females. A "greater sense of self-esteem, less harassment of women, and better school attendance by girls" were observed due to the mere proximity to water, as reported by people in nations such as Ghana, Tanzania, India, and Ethiopia.[3]

The importance of emphasizing gender equality when discussing water and proper sanitation has been recognized at every tier of governmental action. This has continued since the 1977 United Nations Water Conference, and between the years of 1981-1990, the time period also known as the International Drinking Water Supply and Sanitation Decade, when the particular dilemma of gender equality regarding the supplying of clean water received the most global attention.[4] Furthermore, the International Conference on Water and the Environment of '92 endorsed the Dublin principles, which stated that "Women play a central part in the provision, management and safeguarding of water," increasing the global awareness in hopes of attracting additional foreign aid. Despite the efforts to fix the problem, by the end of 2002, 1.1 billion people (18% of the world's population at that time), were without access to safe drinking water, while 2.6 billion (40%) of the world were in need of access to improved sanitation services.[5]

The proportion of people unable to access safe, usable water to that of those who are self-sufficient was pledged to be halved by the year of 2015 by the Heads of State at the Millennium Summit that took place at the turn of the century. This "Millennium Development Goal" (MDG), along with similar goals, such as the Johannesburg Plan of Implementation (JPOI), calls for an international drive towards this single cause. Without action, these poverty statistics are only expected to increase, with the amount of suffering following suit.

Current Situation

The gender roles in a society are influenced by the society itself. The more underdeveloped countries have a difficult time breaking away from these gender roles because of factors such as poverty and unsafe water. In recent studies, this committee estimates that the drinking of unhygienic water and a deficiency of sanitation accounts for 88% percent of the 1.8 million deaths that occur from diarrhoeal diseases alone each year. Additionally, a projected 90% of these deaths are known to happen among children under the age of five years.[6] To emphasize the gravity of the situation, the previous statistics deal primarily with that of a single illness, not to mention the many others to which these communities are vulnerable.

While the roles of women in these areas of poverty have been formed by their respective societies, their experience and struggle with poverty "[have been] identified as a key determinant of women's health." Although women are generally estimated to have a longer longevity, the roles of under-developed women, mainly traveling for water, cause them to be more prone to falling ill or becoming disabled. Up to two-thirds of the illiterate adult population in under-developed nations are women, a direct result to their absence from their community.[7] The 'gender stereotypes' of each region that define what is 'masculine or feminine' determine women's capabilities, as well their social roles. These cultural determinants, however, are often degenerative to the female half, and because of this, a 'gender-based division of labor' is created. This mentality states that the male bears the tasks of production while the female is obligated to tiresomely gather water in addition to several other domestic duties.

Females are more exposed to diseases than males. While they already struggle with the daily walks to obtain water, they are vulnerable to waterborne diseases, foodborne hazards, and additional illnesses. Due to the household duties that the women undertake, such as the washing of clothes and the bathing of children, even those in semi-developed countries are at greater risk of sickness. The Cordillera region of the Philippines, for instance, hosts a lethal scenario where the women are responsible for monitoring the rice fields, which not only leads to back problems from the hours spent doing manual labor, but also fungal infections caused by prolonged exposure to water for excessive periods. "Such water-related domestic tasks may increase the exposure of women and girls to waterborne diseases," including worms, malaria, and schistosomiasis.[8] A study examining the prevalence of schistosomiasis in rural China revealed that 10% of the male examination group were diagnosed with it while 19% percent of the female group were afflicted. The difference is likely due to water-related domestic labor, such as the harvesting and gathering of plants within moist environments.[9] The females, of any age, are withdrawn from their education facilities or occupations to recover, which only cripples the welfare of their family, and on a broader scale, their community.

A solution currently being integrated into these environments involves the inclusion and utilization of school sanitation programs and facilities, where the deficiency of clean water is one of the main factors that prevent the young female population from remaining in school. With the establishment of one of these programs alone came an increase in girls' enrollment by 11%.[10] Along with the time that is spent fetching sufficient water and not on 'income-generating activities' comes an overwhelming lifestyle that can only be unhealthy. The goal is to leave no

nation neglected to endure these hardships alone without foreign aid, or else they will become incapacitated.

Committee Directive

While providing a sanitary water supply to these nations has been the main focus of multiple committee operations, along with the objectives of numerous organizations, the main issue has yet to be fully addressed. The females and children in these societies possess an essential role that can very easily be considered the 'driving force' that composes the essence of life that permeates their respective communities. Their tiresome contributions are proving to be increasingly futile, however, and this causes dangerous repercussions within their local areas. Their nonexistent hope for relief is now the objective of the committee since the risk of national downfall overwhelms the issue with a sense of seriousness that is impossible to ignore. The call to action falls on the side of semi-recovery towards a larger number of nations, rather than a full revival for some nations and leaving others alone without any help. The committee's definition of adequate access to water averages to "20 liters per person per day within one kilometer walking distance from the household," and this should be taken into account within the delegates' resolutions.[11]

Due to the quickly arriving deadline of the MDG, the committee must address not only as many communities, cultures, and nations as possible, but also projections and propositions to target the years ahead. This should be in terms of prevention of the spread of water inaccessibility, though the primary focus remains on delivering water to the communities, as well as the equalization of gender roles within all of the aforementioned branches of society. Though a sterile water resource remains the objective of the nations of which the committee is targeting, the methods to alleviate the hardships endured by women takes precedence, and should be the initial priority of the committee. Directing focus upon such unequal distribution of work and labor is the primary aim, as it includes connections among other conflicts that will predict the fate of the tasks at hand, as well as the survival of these peoples.

Questions to Consider:

1. How does your nation handle any pre-existing issues of adequate water distribution and sanitation regarding gender inequality? If sufficiently developed, what actions has your nation taken to prevent the conflict of unsanitary water coupled with gender inequality from emerging?
2. Depending on the welfare of your nation as a whole, has it focused more on gender inequality or the sanitation and accessibility of water, if at all? What laws or governmental restrictions does your nation host, regarding the two subtopics, or any of their respective subdivisions?
3. In your nations' efforts to alleviate these problems within their own boundaries, have any organizations and governmental programs attempted to broaden those attempts to the international level, given particular similarities between nations? If not, what is your nation's standpoint on foreign aid, both on a universal level and in regard to other nations? How has history affected your nations' stance (regarding international relations on a regional, continental, and global basis)?

4. Which of the subtopics does your nation consider of highest priority? Which does your nation hold in higher regard? If the answers to those two are different, which one will your nation strive for, given a limited timeframe and a recommendation of urgency, rather than long-term recovery?
5. What does your nation believe should the WHO do as a last resort operation to achieve the Millennium Development Goal upcoming within months? Furthermore, what does your nation propose would be the optimal decision regarding a prolonged, more enabling time frame?

Suggested Sources:

Includes some facts that should help to direct your research; also includes more sources in its references:
http://water.org/water-crisis/water-facts/women/
This news article should help you grasp a general idea of how the topic is really defined:
http://www.globalpost.com/dispatches/globalpost-blogs/global-pulse/fight-gender-equality-africa-clean-water-plays-key-role
More focus on the gender relations to the topic, as well as a beginning list of suggested actions:
http://www.unwater.org/downloads/bground_2.pdf
Describes the subtopics of the concept of water sanitation, and includes policies and governmental regulations that may be relevant to some countries or regions; it also includes multiple figures, tables, and annotations that aid comprehension:
http://www.wpro.who.int/publications/docs/28_December_2009_Water_sanitation_food_web.pdf
A more concentrated document that illustrates how the topic and its experiences can vary among different countries; also includes a Q&A/Summary segment to direct research and answer minor questions:
http://www.ifad.org/gender/thematic/water/gender_water.pdf
A more detailed summary and debrief of the topic, including national policies and organizations that have been established in response to the conflicts:
http://www.unwater.org/downloads/untapped_eng.pdf
Strictly focuses on the involvement of water in under- and semi-developed countries, includes many statistics of many nations that may help as a starting point for research:
http://www.wssinfo.org/fileadmin/user_upload/resources/report_

Additional Sources:

Both of these sites provide generic but thorough information on several of your nations, though not all of them may be listed. However, the ones not listed can still visit these sites for some more background information relating to the topic:

http://dhsprogram.com/Publications/Publications-by-Country.cfm

http://www.healthdata.org/results/data-visualizations

Topic 3: Spillover Viruses: The Threat of Emerging Zoonotic Diseases

Introduction

Mankind has become the dominant species on Earth, yet we are still vulnerable to nature's smallest, most microscopic organisms. Because of this, we are now paying attention to warfare between those microscopic enemies. When viruses have competition infecting a potential array of hosts, they are forced into "spilling over" onto hosts that haven't been affected by the viruses previously. This enlarges the species pool that can be infected.

Although viruses may involuntarily switch hosts, their malicious ability remains just as efficient. If the virus is exposed again to its previous host, it can be equally or more harmful, combined with its new adaptive capabilities. As researchers have expected, when viruses adapt, they develop new traits depending on the host, which causes them to become more lethal. This entire process results in what is defined as a zoonotic disease, one that is "communicable from animals to humans under natural conditions."[1]

Although this problem has existed for several centuries, its danger to humans and inhabitants of nature alike has only recently begun to attract attention. With over 200 zoonotic diseases, or zoonoses, already being described, there is a significant need for a solution. Communities where illness-ridden organisms are abundant and embedded within the society are becoming increasingly vulnerable and must be addressed.

History

Although the threats of zoonotic diseases and the newly coined term "spillover viruses" have been acknowledged and on the agenda of the WHO and other various organizations for decades, the direness of the concept has only recently begun to come into focus. These zoonoses, which are becoming increasingly lethal, possess the potential to infiltrate and incapacitate any and every nation. In essence, the virus can mutate and become immune to the treatments to which they have already become exposed. Spillover viruses are becoming an ever-increasing problem because they are not receiving appropriate consideration by the international community. As a result, health care institutions (i.e. hospitals, pharmacies, nursing homes, and all their branched-out varying administrations) worldwide have only created opportunities for viruses and zoonoses to 'spillover' to other hosts. However, in order to gain a solid understanding of the topic, the broad concept of zoonoses must first be more thoroughly defined.

Zoonotic diseases are transmitted through both direct and indirect contact between pathogens such as viruses, parasites, or protozoa and vertebrate animals, including humans. Whether from ingestion of infected products, indirect exposure to pathogens, or physical contact between organisms, once a virus 'spills' onto a new host, it can spread quickly and without detection.[2] The exposure to the disease is the most probable cause of any new infected hosts, especially with humans and domesticated animals. Due to human interaction with the world and even through technological and medical developments, the virus's spread is almost inevitable, but it can be at least partially prevented.

Several of the world's most destructive epidemics were first spread through animals. One of the most historically scarring ailments, the Bubonic Plague, or the "Black Death", was initiated through the infection of zoonotic diseases. During the 14th century, merchant ships from European nations trading with Asian nations also carried infected rats among the traded commodities, consequentially resulting in a death toll of 137 million within a 400-year period. Though cases of the plague seldom appear, the WHO presently "reports that 1,000-3,000 cases of plague are reported each year."[3] In this case, the disease was transmitted from the particular bacterium *Yersinia pestisi* to fleas, which bite an infected rat. The bacteria are incubated within the flea, which then causes humans to become infected when bitten by rats.

Malaria, another example of an ancient disease that has lasted into modern society, is thought to have begun in Africa roughly 10,000 years ago. It spread globally by the 19th century. Then, over half of the world's population was at risk of contracting malaria and one in every 10 affected was expected to die. Today, anywhere between 350 to 500 million cases of malaria occur worldwide, with a million deaths yearly. "Malaria is a mosquito-borne disease that can use non-human primates as reservoirs."[4] Despite this fact, malaria still infects and kills humans. While there are various strains of the disease itself, there are particular ones that have recently been discovered to adapt in order to attack another host. One parasite that carries malaria, *Plasmodium knowlesi*, naturally infects macaques in southeast Asia, and it has recently been recognized to transfer from those animals and affect humans as well. Other than this recent addition, there are four[5] other strains that have long been known to pose a threat to humans, which creates added concerns about the possibility of an increase in zoonotic strains of malaria.

Current Situation

In a global atmosphere where every single nation, regardless of level of development, is interconnected through technology, trade, political relations, or organized charity, each nation is subjected to the other's own contagions. Not only have many underdeveloped nations already been ravaged further by their exposed, defenseless vulnerabilities, but the carnage of these zoonotic diseases has also caused even the most stabilized nations to crumble into pieces.

This emphasizes the severity of the problem of zoonotic diseases because no nation, no matter how developed, is one hundred percent safe. Humans have developed a stable lifestyle that integrates domestic animals into their culture. However, this lifestyle does not account for the viruses, bacteria, and diseases that have adapted to those domestic animals as hosts. Because of the interactions that mankind and these animals share, humans become vulnerable to transmissions and are ultimately infected. This cycle is repeated countless times and for the majority of the time passes by unnoticed.

Though every organization has attempted to tackle the conflict with generic guidelines that encompass the most basic of hygiene promotion, disease prevention, and any other health awareness methods of the sort, their efforts are rarely enough to allow nations to let their guards down. These protocols contain rules such as education at early ages, appropriate handling of imported/exported goods, proper hygiene, and an awareness of the dangers that come with owning a pet (i.e. effects of tick and flea bites, communicable diseases from domestic animals to

humans, increased vulnerabilities of young children around family-owned animals). Fortunately, though these efforts may seem elementary, they have proved successful in a select few cases. The European Food Safety Authority (EFSA) and the European Centre for Disease Prevention and Control (ECDC) have reported a particular decrease in zoonotic disease cases within the past half-decade. Human salmonellosis, the human variant of salmonella, reportedly fell almost nine percent in 2010, marking the sixth consecutive year that cases have decreased.[6] However, despite the recent success, there are other diseases that bring about new challenges. Campylobacteriosis, a foodborne illness, "remains the most reported zoonotic infection in humans since 2005 and the number of cases has been increasing over the last five years." Unfortunately, the bacterium is far from being the sole threat to any particular nation or region. Although few of the several known diseases are just now being addressed, there still remains a larger portion of overlooked diseases, and there are still some that thrive outside of humanity's spotlight, allowing them to prosper rapidly and leaving mankind as nothing more than unsuspecting prey.

Committee Directive

This committee must take a comprehensive approach to tackle this issue, incorporating both developed and undeveloped nations. The basic disease control and awareness programs currently in use will prevent some viruses from spreading, but it will not be enough to cover all the holes left open. Nations should strive to improve upon their knowledge of zoonoses as whole. It may be best achieved through passive actions such as public educational programs, or nations can be more forceful through sanctions. Additionally, since living with domestic animals makes humans several times more vulnerable, actions might be taken to regulate those animals. If nations have the ability to monitor the health statuses of their domesticated animals, they should exploit the possibility in hopes of detecting the spread of zoonotic diseases sooner. However, in order for the committee to successfully discover a viable plan of action, it should require "communication and collaboration among [all] the sectors responsible for human health, animal health, and the environment."[2] In response to the crises, the Organization is becoming increasingly involved in "cross sectoral activities to address health threats at the human-animal-ecosystem interface."[2] This three sided relationship is encouraged as the ideal model that describes the targeted audience(s) for a nation's particular method of addressing the zoonotic threats. Regardless of whichever method appears most efficient and plausible, prevention should be the main priority, followed by the recovery of those infected.

Finding a cure for viruses that defeat cures can be difficult, but oftentimes all that is needed is more development in current solutions. Vaccines that have begun to fail can become the focus of a nation's efforts. Nations may not need a revolutionary serum that solves all their health concerns, but rather a slightly more potent vaccine that can hold off zoonoses long enough for another cure to be developed. Through advancements to a nation's pharmaceutical facilities, more medications can be improved upon and more can be distributed to more severe areas. Nations should be cautious, however, not to lose control of zoonotic viruses, allowing them to infect neighboring countries and lose progress. Communication between nations regarding the statuses of their health concerns is just as important as raising awareness within a single nation. Knowing every aspect about zoonotic viruses allows nations to take precautions against them, which then allows nations to take actions to eradicating them.

Questions to Consider:

1. How do zoonoses affect, both directly and indirectly, other interconnected sectors of the nation? Do they hinder one area while inadvertently benefitting another (i.e. war boosts a nation's economy while endangering the lives of the people)?
2. In what timeframe and scale does the nation view as the ideal standard for an attainable plan of action? Does the nation favor gradual improvement over rapid assertion? Does the nation aim to focus on specific, concentrated areas at a time over targeting the nation as a whole?
3. If existent, how does your nation deal with cross-sectoral activities? Does it approve or disapprove involvement with such activities? Is it viewed as a necessity or just an opportunity? How have these activities affected the nation? Have they proved successful and slowed or prevented the spread of zoonotic diseases, or have they just allowed an increased spread of viruses from neighboring/interacting nations?
4. Regarding cross-sectoral activities, how does the nation view the concept's efficiency in addressing spillovers and zoonoses and functionality within the nation's circumstances? Is the current program that the nation has now, if any, flexible enough to prevent the introduction of new viruses and/or accidental leaking of viruses within its boundaries to that of other nations?
5. How is the threat of zoonotic diseases perceived by the nation? Is it extreme to an extent where compromises such as intentional extinction of the hosts, embargoes of traded organics, or further restrictions on transfers of animals seem plausible? What is the nation doing, or planning to do for the sake of containment and prevention?

Suggested Sources:

This short article gives a brief but thorough recap of the definition of zoonotic diseases:
http://www.cdc.gov/onehealth/zoonotic-diseases.html
A generic overview of basic guidelines in preventing diseases or sicknesses of any sort when dealing with household pets; it can be a good starting place to think of possible plans of action:

http://www.petmd.com/dog/parasites/ways_to_reduce_zoonotic_diseases

This site provides a generic overview of zoonoses; it includes an overview of the most mediums that pose the most risk of transferring zoonotic viruses:

http://www.who.int/zoonoses/en/

A more thorough debrief of the topic, including examples of the most ravaging diseases that many may not recognize as zoonotic (i.e. Bubonic Plague, malaria, measles); includes a plethora of other zoonotic diseases, any of which may be a rising conflict in your country:

http://www.eoearth.org/view/article/157228/

An FAQ section that can hopefully answer many of your initial questions about the topic:

http://www.cdc.gov/malaria/about/faqs.html

An in-depth analysis of one particular case (salmonella) and what measures are being taken to address it:

http://www.efsa.europa.eu/en/press/news/120308.htm

Additional Sources:

Both of these sites provide generic but thorough information on several of your nations, though not all of them may be listed. However, the ones not listed can still visit these sites for some more background information relating to the topic:

http://dhsprogram.com/Publications/Publications-by-Country.cfm
http://www.healthdata.org/results/data-visualizations