Houston Area Model United Nations
Standard Committee

WHO

Chair | Angelo Chen
Topic B: Addressing the Social Determinants of Health in Cancer Care
Houston Area Model United Nations 50
February 6 & 7, 2025

Note to Delegates

Hello Delegates,

My name is Angelo, and I'm a sophomore Biosciences and Health Sciences double major at Rice University. I'm originally from New Jersey, one of the greatest states in the US.

I started Model UN my freshman year of high school, and I instantly fell in love with the format. After sticking with it for my entire high school career, I eventually became president of my school's chapter my senior year. Model UN pushed me to explore topics in vastly differing disciplines, all through the lenses of collaboration, diplomacy, and international affairs.

I wanted to chair WHO because of its relevance in our modern world, especially in light of the coronavirus pandemic years ago. Health is a crucial part of our wellbeing, and protecting it across the globe is the central goal of WHO.

Best of luck in your preparations and in committee; I'm excited to see both the depth and breadth of debate that we will be entertaining! I'm confident that you will all do amazing at HAMUN, whether you are new to the format or a seasoned MUNer. HAMUN is a great way to meet amazing people and forge lasting friendships.

Angelo Chen
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Background Information

Committee Background Information

The World Health Organization (WHO) was established in 1948 as a specialized agency of the United Nations, three years after its initial founding. It focuses on connecting nations across the globe to promote health, serve the vulnerable, and coordinate the world's response to health emergencies. WHO is the main health-related arm of the UN, and plays roles in expanding universal health coverage, designing rapid response teams, and developing preventative care measures. Its goal for the next few years is to focus on the Triple Billion targets, which intend to achieve health and wellbeing across the globe using science-backed policies and initiatives.

Executive Summary

Cancer is the second leading cause of death internationally, second only to heart disease. It is responsible for nearly one in six deaths, especially in low and middle income countries. Yet cancer is not just a biological disease, it is also an environmental one.

Pollutants in one's environment can increase the risk of cancer, as can improper nutrition. Long commute times to the only cancer treatment facilities in an area can decrease patient willingness to seek out the care they need. Exorbitant costs for medical care can make accessing it impossible for lower-income families. All of these instances are examples of the Social Determinants of Health (SDOH). SDOH are defined by the WHO as "the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."

In order to truly tackle cancer, it is important to focus on SDOH as well as drugs and medications. Delegates must focus on factors that can prevent cancer, as well as factors that can help those who have cancer to access the care they need. All of this serves to address health inequities across the globe, and ensure that the world moves forward on tackling this deadly disease.

Topic Concept

Many often view health as a solely biological matter, but recent studies have shown that health is increasingly influenced by non-biological factors. These are also known as the Social Determinants of Health (SDOH). While previously considered as secondary to biological influences on health, current research suggests that they account for 30-55% of the global burden of disease" (The Health Policy Partnership). In regards to cancer, SDOH "may contribute to up to 70% of cancer cases and significantly increase the risk of death" (The Health Policy Partnership).

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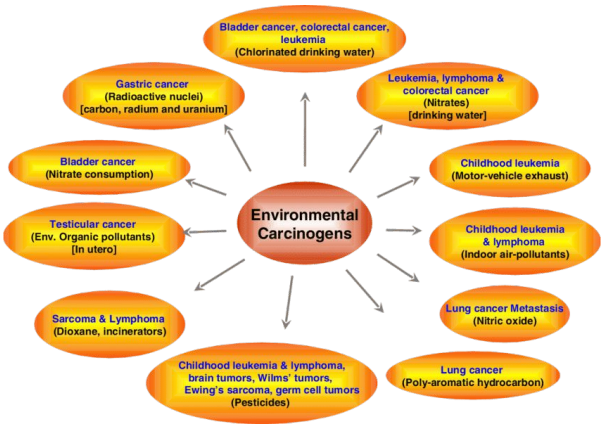
When 165 oncologists were surveyed about how SDOH affected their patients, 93% agreed that SDOH had significant impacts on patient outcomes (Gajra et al.). These forces and systems affect all areas of our lives, and include economic systems, development agendas, social norms, social policies and political systems" (WHO).

Some specific examples of the SDOH listed by the WHO include "income and social protection, education, unemployment and job insecurity, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict, and access to affordable health services of decent quality." While all of these SDOH influence health in some way, four of the primary SDOH that impact cancer care are socioeconomic status, the environment, access to affordable health services of decent quality, and education. Therefore, they are of the most interest to understand in the context of cancer care.

Socioeconomic status is defined as a person's economic and social opportunities in a given society, and is typically closely tied to income and access. In cancer care, socioeconomic status is a strong predictor of negative care outcomes. Research has established that "low-income people are at increased risk of an array of adverse health outcomes and more likely to die prematurely. Numerous studies have documented a socioeconomic gradient: at each step along the socioeconomic ladder, there are improved health outcomes over the rung below" (Coughlin). In cancer care, these disparities are even more stark. Coughlin states that "poverty is associated with other factors related to poorer survival such as inadequate health insurance, lack of a primary care physician, and poor access to health care. On top of this, unstable finances tie into other SDOH, including access to healthy, nutritious food, and access and time to exercise.

Given socioeconomic status' impact on negative cancer outcomes, delegates must consider how the WHO can help address income inequality to ensure that people get the care they need.

The environment people grow up in also has a very real impact on their risk of cancer. This is due to the fact that polluted or unsanitary environments can translate into a significantly elevated cancer risk. One example of the impact of the environment on cancer outcomes can be seen across various Superfund sites in the United States, which the EPA defines as "contaminated sites [that] exist nationally due to hazardous waste being dumped, left out in the open, or otherwise improperly managed. These sites include manufacturing facilities, processing plants, landfills and mining sites." People who live near these sites have disproportionately higher incidences of cancer, likely due to contaminated water, air, and land. Many contaminated sites contain carcinogens, which are agents that cause cancer.



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When people live near polluted environments, they are exposed to these toxic agents daily. This can cause these patients to get cancer when they normally would have been perfectly fine. Delegates should consider how the WHO can address the impact of polluted environments on cancer, including identifying polluted areas and helping affected individuals manage their elevated risk.

The third key SDOH is access to quality healthcare, which entails being able to receive both treatments and preventative care in one's area within reasonable financial and temporal means. Firstly, many areas simply lack any form of cancer care, including the most basic chemotherapy treatments. While this issue primarily affects developing countries, many parts of developed countries also suffer from the same issue. Even when a patient clearly is suffering from cancer, many of these patients do not have care options. Similarly, many countries have cancer care, but at a cost or distance that is simply impractical for many to access.

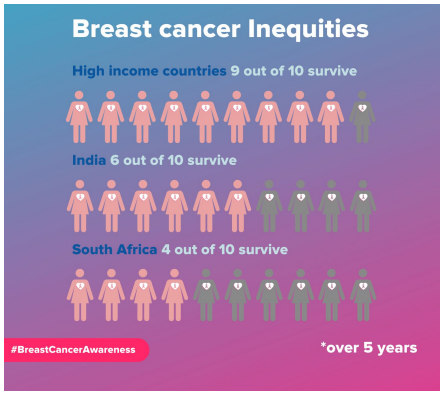
Some patients have to travel hours just to access their local hospital with cancer care, which over time becomes incredibly unreasonable when combined with their other responsibilities. Others cannot afford the cost of cancer care, which can cost exorbitant amounts in developing and developed countries alike. Fragmented healthcare systems and inadequate distribution of care resources make treating cancer difficult for those who need it most. Delegates should think of solutions that can enable patients to access quality care at a reasonable cost, regardless of where they live or their financial status. Consider how the WHO could potentially bring care directly to patients who need it, as well as how the WHO could try and reduce the cost of care.

The final SDOH is education, which encompasses a variety of topics from educating people about cancer to breaking existing social taboos about seeking care. In some nations, there is little existing knowledge about cancer, and many do not understand the necessary preventative measures that can reduce their cancer risk. Furthermore, many also lack the knowledge about identifying cancer early, which can greatly improve one's chance of survival. By educating individuals about cancer prevention, identification, and treatment, the WHO can help promote better cancer care outcomes.

Similarly, the WHO can also educate individuals to break existing stereotypes about receiving care. Some patients may be hesitant to seek medical help due to misconceptions about medical professionals, or fear of judgment from others due to taboos around seeking care. Delegates should devise solutions to ensure that everyone has the necessary knowledge to prevent and identify cancer, as well as a complete understanding about what cancer is and how to seek out care when needed.

One more important inequality that must be addressed is the inequality in cancer care access and outcomes between developed and developing nations. Data shows that "low- and middle-income countries bear a disproportionate burden of the global cancer burden, accounting for approximately 400% and 168% respectively" (Teibo et al., 2023).

One example of this can be seen in breast cancer. "In countries with a very high [Human Development Index] (HDI), 1 in 12 women will be diagnosed with breast cancer in their lifetime and 1 in 71 women die of it. By contrast, in countries with a low HDI; while only one in 27 women is diagnosed with breast cancer in their lifetime, one in 48 women will die from it" (WHO).

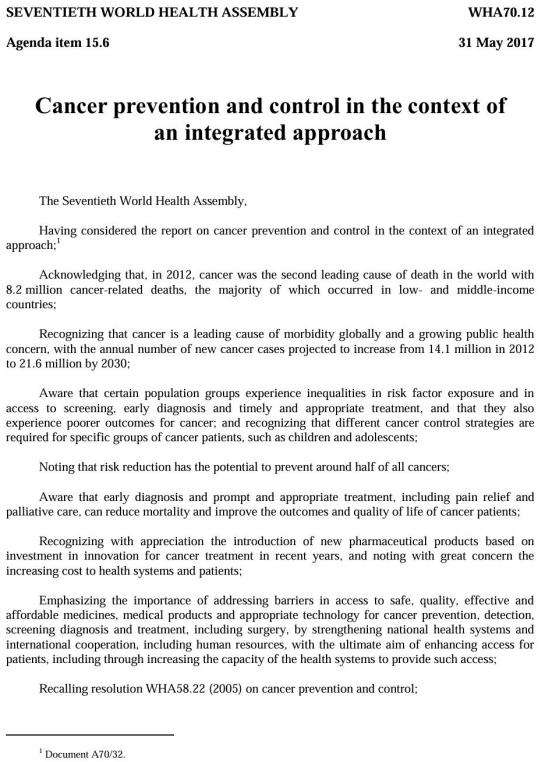


The WHO reports on similar trends in lung cancer and stem cell transplants: "Lung cancer-related services were reportedly 4–7 times more likely to be included in a HBP in a high-income than a lower-income country. On average, there was a four-fold greater likelihood of radiation services being covered in a HBP of a high-income than a lower-income country. The widest disparity for any service was stem-cell transplantation, which was 12 times more likely to be included in a HBP of a high-income than a lower-income country." Given these disparities, the WHO should consider how resources can be distributed to make sure that lower-income countries receive the adequate supplies needed to treat cancer.

Topic History

The WHO and UN as a whole has adopted a variety of measures to help promote cancer prevention and expand cancer care. One of the first pieces of legislation negotiated by the WHO to help tackle cancer is the Framework Convention on Tobacco Control (FCTC), which was implemented in February 2005. The FCTC focuses on moving towards a tobacco-free world through the usage of policy recommendations that it provides its members. To date, ten of the current policy recommendation guidelines have been adopted by member states.

Another key piece of past legislation by the UN is the 2017 cancer resolution, which was adopted at the 70th World Health Assembly (legislative arm of WHO). According to UICC, "the resolution draws on targets set out in the Global Action Plan on NCDs and Sustainable Development Goals to help make the case for increasing national action on cancer. Drawing on best practices from across the globe, it identifies 22 priority actions grouped into four key areas, for countries to systematically strengthen cancer services over time. These should be embedded in national cancer control plans that can drive the introduction or scale-up of services, in line with national priorities and also serve as an important platform to coordinate national stakeholders around common goals." This resolution outlines clear and distinct goals to improve cancer care globally, and also focuses heavily on how existing health inequities and SDOH influence cancer outcomes. Delegates should look into this resolution as inspiration for the resolutions that they will craft.



SEVENTIETH WORLD HEALTH ASSEMBLY WHA70.12

Agenda item 15.6 31 May 2017

Cancer prevention and control in the context of an integrated approach

The Seventieth World Health Assembly,

Having considered the report on cancer prevention and control in the context of an integrated approach;[1]

Acknowledging that, in 2012, cancer was the second leading cause of death in the world with 8.2 million cancer-related deaths, the majority of which occurred in low- and middle-income countries;

Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with the annual number of new cancer cases projected to increase from 14.1 million in 2012 to 21.6 million by 2030;

Aware that certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and that they also experience poorer outcomes for cancer; and recognizing that different cancer control strategies are required for specific groups of cancer patients, such as children and adolescents;

Noting that risk reduction has the potential to prevent around half of all cancers;

Aware that early diagnosis and prompt and appropriate treatment, including pain relief and palliative care, can reduce mortality and improve the outcomes and quality of life of cancer patients;

Recognizing with appreciation the introduction of new pharmaceutical products based on investment in innovation for cancer treatment in recent years, and noting with great concern the increasing cost to health systems and patients;

Emphasizing the importance of addressing barriers in access to safe, quality, effective and affordable medicines, medical products and appropriate technology for cancer prevention, detection, screening diagnosis and treatment, including surgery, by strengthening national health systems and international cooperation, including human resources, with the ultimate aim of enhancing access for patients, including through increasing the capacity of the health systems to provide such access;

Recalling resolution WHA58.22 (2005) on cancer prevention and control;

[1] Document A70/32.

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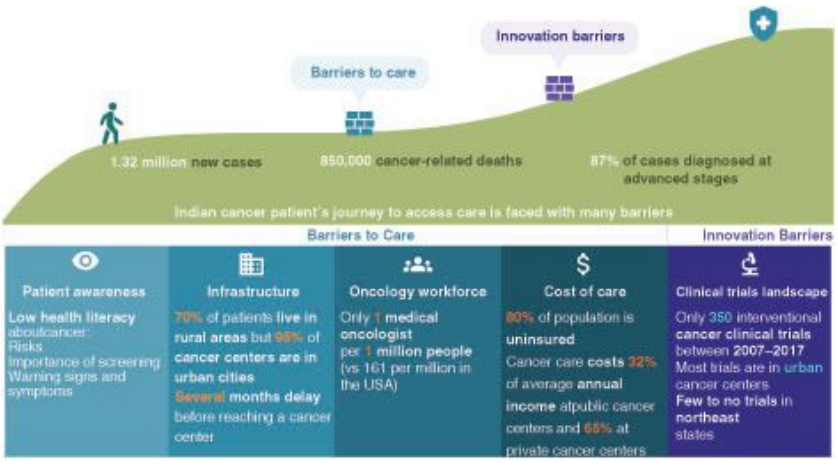
A final piece of important prior work by the WHO is the WHO's Global Action Plan on Non-Communicable Diseases (NCDs). Designed in 2013, this plan focuses the WHO on means of preventing and treating various NCDs, of which cancer is a primary one. It focuses a lot on the aforementioned SDOH, specifically healthcare access and environment. Similarly to the 2017 cancer resolution, it also proposes policy actions for member states, suggestions for international partners, and instructions for the secretariat to carry out. This includes things like implementing disease registries, dissemination of cancer data, and strengthening developed-developing nation bonds.

Case Study

An interesting case study to see the impact of the social determinants of health on cancer care is India. One of the clear divides in India in regards to SDOH is between rural and urban populations.

It is often harder to access quality care in rural areas, and rural areas are typically poorer and less developed. These SDOH translate into very real clinical outcomes. For example, "health data availability, access to health care, and affordability are poor and have remained almost static over the entire period in rural areas, while they have improved substantially in urban areas" (Shastri). These inequities can translate into different outcomes in cancers such as lung cancer. Gao et al. highlighted that "data from 58 hospital-based cancer registries in India showed that most lung cancer patients were diagnosed at stage IV. This has been attributed to late presentation, which is due to a low level of awareness in the population and among community physicians, lack of availability and participation in cancer screening programs, limited diagnostic facilities locally, financial constraints and stigma associated with the diagnosis."



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Evidently, many of the differences in outcomes in rural areas are a direct result of the SDOH. Gao et al. further elaborate on this point by stating that “patients and families often need to travel long distances to reach a tertiary cancer center, and then have to tackle other related challenges such as finding accommodations and dealing with language and cultural differences.” Once again, SDOH influences all aspects of care in India.

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Questions to Consider

1. How does the SDOH influence cancer care outcomes in your country? What has your country done to address it?
2. How can the WHO properly address all aspects of SDOH in one comprehensive resolution?
3. What should the WHO do to address cancer care disparities between developed and developing nations?

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References

"Cancer Resolution." *UICC*, 2022, www.uicc.org/what-we-do/driving-global-impact/targeted-commitments/cancer-resolution.

Coughlin, Steven S. "Social Determinants of Health and Cancer Survivorship." *Journal of Environment and Health Sciences*, vol. 7, no. 1, 2021, pp. 11–15, www.ncbi.nlm.nih.gov/pmc/articles/PMC8494398/.

dos-Santos-Silva, Isabel, et al. "Global Disparities in Access to Cancer Care." *Communications Medicine*, vol. 2, no. 1, 7 Apr. 2022, https://doi.org/10.1038/s43856-022-00097-5.

McIntosh, Ellen. "World Cancer Day 2023: Considering the Social Determinants of Health." *The Health Policy Partnership*, 3 Feb. 2023, www.healthpolicypartnership.com/why-addressing-the-social-determinants-of-health-is-essential-in-cancer-policy/.

Neha Chintapally, et al. "State of Cancer Care in India and Opportunities for Innovation." *Future Oncology*, 7 Sept. 2023, https://doi.org/10.2217/fon-2023-0047.

Olabode Omotoso, et al. "Addressing Cancer Care Inequities in Sub-Saharan Africa: Current Challenges and Proposed Solutions." *International Journal for Equity in Health*, vol. 22, no. 1, 11 Sept. 2023, https://doi.org/10.1186/s12939-023-01962-y. Accessed 27 Sept. 2023.

Shastri, Surendra. "Cancer Trends and Disparities in India: Data Needs for Providing Equitable Cancer Care." *Lancet Oncology*, vol. 19, no. 10, Oct. 2018.

References

Tucker-Seeley, Reggie, et al. “Social Determinants of Health and Cancer Care: An ASCO Policy Statement.” *JCO Oncology Practice*, 22 Feb. 2024, https://doi.org/10.1200/op.23.00810. Accessed 11 Mar. 2024.

US EPA. “What Is Superfund?” *US EPA*, 30 Oct. 2023, www.epa.gov/superfund/what-superfund.

World Health Organization. “Global Cancer Burden Growing, amidst Mounting Need for Services.” *Www.who.int*, 1 Feb. 2024, www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services.

---. “WHO Framework Convention on Tobacco Control Overview.” *Fctc.who.int*, 2005, fctc.who.int/who-fctc/overview.

World Health Organization (WHO). “Global Action Plan for the Prevention and Control of NCDs 2013-2020.” *Www.who.int*, 14 Nov. 2013, www.who.int/publications/i/item/9789241506236.

Zettler, Marjorie E., et al. “Impact of Social Determinants of Health on Cancer Care: A Survey of Community Oncologists.” *BMJ Open*, vol. 11, no. 10, 1 Oct. 2021, p. e049259, bmjopen.bmj.com/content/11/10/e049259, https://doi.org/10.1136/bmjopen-2021-049259.