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# **Global Model WHO 2024**

COMMITTEE A6

# **STUDY GUIDE**

**ENDING TB STRATEGY**

Geneva, Switzerland

October 29 - November 1, 2024

*The Most Accurate Simulation of the World Health Assembly*

Global Model WHO  
Committee A6

## End TB Strategy (University)

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This study guide is designed to help you navigate the complex topics of tuberculosis (TB) eradication as you prepare for the Global Model WHO A6 simulation. Use it alongside the official UN document as a reference. The guide includes key questions to prompt deeper thinking, facts to expand your knowledge, and a glossary to clarify important terms. Be sure to consult the page and paragraph numbers listed for each comment to see exactly what section of the document it addresses.

As you read through each section, reflect on the questions provided to help shape your arguments and anticipate counterpoints. The guide also offers insights that can aid in forming well-rounded, innovative solutions during debates. Use this resource to complement your own research and strengthen your overall understanding of the issues.

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### BACKGROUND

#### DID YOU KNOW THAT...

- Page 1, paragraph 1  
TB has been infecting humans for thousands of years. Evidence of TB has been found in Egyptian mummies dating back to 3000 BC. Before the discovery of antibiotics, TB was known as the "White Plague" due to its devastating death toll. The development of antibiotics like streptomycin and isoniazid in the 1940s and 1950s revolutionized TB treatment.

- Page 1, paragraph 1

About 1.7 billion people, or roughly one-quarter of the world's population, are infected with latent TB infection (LTBI). Without treatment, 5-10% of these individuals will develop active TB disease during their lifetime, underscoring the importance of latent TB treatment in prevention efforts.

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### THINGS TO THINK ABOUT...

Page 1, paragraph 1

What are the targets set by the 2018 Political Declaration of the UN High-Level Meeting (HLM) on TB? Compare these with the targets in the 2023 Political Declaration.

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### DID YOU KNOW THAT...

Page 1, paragraph 2

DOTS is a comprehensive strategy developed by the World Health Organization (WHO) for the diagnosis, treatment, and monitoring of tuberculosis. It involves:

- Directly observing patients to ensure they take their medication.
- A short-course drug regimen that is highly effective in curing TB when followed properly.
- Ensuring that there is a consistent drug supply and monitoring patient progress..
- DOTS has been crucial in improving TB treatment adherence and reducing drug resistance

DOTS+ is an extension of the DOTS strategy, specifically designed to manage multidrug-resistant tuberculosis (MDR-TB). It includes:

- The use of second-line TB drugs for cases that are resistant to the standard DOTS treatment.
- More rigorous diagnostic and monitoring techniques to track treatment progress and manage complex cases of drug-resistant TB.

## PROGRESS TOWARDS GLOBAL TUBERCULOSIS TARGETS

### THINGS TO THINK ABOUT...

Page 2, Paragraph 3

What are the three pillars on which the End TB Strategy is based?

Page 2, Paragraph 4

How did COVID-19 affect TB services?

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### DID YOU KNOW THAT...

Page 2, Paragraph 5

People living with HIV are 20-30 times more likely to develop active TB than those without HIV. TB is the leading cause of death among people with HIV, accounting for about one-third of HIV-related deaths globally.

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### DID YOU KNOW THAT...

Page 3, Paragraph 8:

Multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) pose a serious challenge. MDR-TB is resistant to at least two of the most powerful first-line drugs, while XDR-TB is resistant to additional second-line drugs, making treatment more complex and expensive.

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### THINGS TO THINK ABOUT...

Page 3, Paragraph 8:

Why is TB considered a global health security threat, particularly as the only airborne drug-resistant disease?

## GLOSSARY

### Page 3, paragraph 8

- **Drug Resistance:**  
Occurs when pathogenic microbes become less sensitive to a drug, making it less effective in treating infections.
- **Multi-Drug Resistant Tuberculosis (MDR-TB):**  
Refers to TB bacteria resistant to at least two first-line drugs, isoniazid and rifampicin.
- **Extensively-Drug Resistant Tuberculosis (XDR-TB):**  
Refers to TB bacteria resistant to isoniazid, rifampicin, and a second-line drug like fluoroquinolone.

### DID YOU KNOW THAT...

#### Page 3, Paragraph 9:

GeneXpert, a rapid molecular test, detects TB and drug resistance within two hours, significantly improving diagnostic capabilities compared to traditional methods like sputum smear microscopy. However, high costs and a lack of trained personnel limit its use in some high-burden regions.

## PROGRESS IN IMPLEMENTING THE PRINCIPLES, PILLARS AND COMPONENTS OF THE END TB STRATEGY

### DID YOU KNOW THAT...

#### Page 4, Paragraph 12:

The Moscow Declaration on Tuberculosis, adopted in 2017, called for a multisectoral approach to fighting TB, involving education, housing, and nutrition sectors, underscoring the need for comprehensive actions beyond health.

## THINGS TO THINK ABOUT...

Page 4, Paragraph 15:

Why is the new 5-month regimen seen as a major breakthrough in TB treatment? What are other major strategies used to fight TB, and what challenges do they face?

\Page 4, Paragraph 16:

How is Universal Health Coverage (UHC) and the End TB Strategy interlinked?

## GLOSSARY

Page 4, paragraph 17

Multisectoral Accountability:

Refers to coordinated efforts across multiple sectors—public and private—to meet TB prevention, diagnosis, and treatment goals.

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## THINGS TO THINK ABOUT...

Page 5, Paragraph 18:

What are the most important Digital Health Interventions (DHIs) used to fight TB?

## IMPLEMENTATION OF THE GLOBAL STRATEGY FOR TUBERCULOSIS RESEARCH AND INNOVATION

## GLOSSARY

Page 5, Paragraph 21

- Antimicrobial Resistance (AMR):  
The ability of microbes (bacteria, viruses, fungi, and parasites) to resist the effects of medications, making them harder to treat.

DID YOU KNOW THAT...

Page 5, Paragraph 22:

The Stop TB Partnership's Global Drug Facility (GDF) was created to provide access to high-quality anti-TB medicines. Since its inception in 2001, it has provided over 13 million patient treatments across more than 100 countries implementing Directly Observed Treatment (DOTS).

THINGS TO THINK ABOUT...

Page 5, Paragraph 23:

Why do we need more investment in TB vaccine development? What role does funding play in accelerating TB eradication efforts?

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DID YOU KNOW THAT...

Page 5, Paragraph 23:

The Bacille Calmette-Guérin (BCG) vaccine, developed in 1921, is still used to prevent severe forms of TB in children, primarily in high-prevalence countries. However, it is not very effective at preventing adult pulmonary TB, the most common form of the disease, highlighting the need for new vaccines.

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