

NMUN • APEC

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HEALTH



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Honoring the US
as the 2011 Host Economy

Director: Kristina Mader; Assistant Director: Shubham Manchada

MESSAGE REGARDING POSITION PAPERS FOR THE 2011 NMUN-APEC CONFERENCE

At the 2011 NMUN-APEC Conference, each delegation submits one position paper for each committee it is assigned to. Delegates should be aware that their role in each committee impacts the way a position paper should be written. While most delegates will serve as representatives of Member States, at some NMUN conferences they may also serve as observers, NGOs or judicial experts. Review the matrix for specifics about your NMUN simulation. To understand these fine differences (if applicable), please refer to the Delegate Preparation Guide.

Position papers should provide a concise review of each delegation's policy regarding the topic areas under discussion and establish precise policies and recommendations in regard to the topics before the committee. International and regional conventions, treaties, declarations, resolutions, and programs of action of relevance to the policy of your State should be identified and addressed. Making recommendations for action by your committee should also be considered. Position papers also serve as a blueprint for individual delegates to remember their country's position throughout the course of the Conference. NGO position papers should be constructed in the same fashion as traditional position papers. Each topic should be addressed briefly in a succinct policy statement representing the relevant views of your assigned NGO. You should also include recommendations for action to be taken by your committee. It will be judged using the same criteria as all country position papers, and is held to the same standard of timeliness.

Please be forewarned, delegates must turn in material that is entirely original. The NMUN Conference will not tolerate the occurrence of plagiarism. In this regard, the NMUN Secretariat would like to take this opportunity to remind delegates that although United Nations documentation is considered within the public domain, the Conference does not allow the verbatim re-creation of these documents. This plagiarism policy also extends to the written work of the Secretariat contained within the Committee Background Guides. Violation of this policy will be immediately reported to faculty advisors and may result in dismissal from Conference participation. Delegates should report any incident of plagiarism to the Secretariat as soon as possible.

Delegation's position papers can be awarded as recognition of outstanding pre-Conference preparation. In order to be considered for a Position Paper Award, however, delegations must have met the formal requirements listed below. Please refer to the sample paper on the following page for a visual example of what your work should look like at its completion. The following format specifications are required for all papers:

- All papers must be typed and formatted according to the example in the Background Guides
 - Length must not exceed two single spaced pages (one double sided paper, if printed)
 - Font must be Times New Roman sized between 10 pt. and 12 pt.
 - Margins must be set at 1 inch for whole paper
 - Country/NGO name, School name and committee name clearly labeled on the first page; the use of national symbols is highly discouraged
 - Agenda topics clearly labeled in separate sections
1. A separate e-mail each position paper (.doc or .pdf) for each assigned committee to dirgen.apec@nmun.org no later than February 15, 2011. The NMUN Director-General will distribute the individual papers to committee directors.

PLEASE TITLE EACH E-MAIL/DOCUMENT WITH THE NAME OF THE WORKING GROUP, ASSIGNMENT AND DELEGATION NAME (Example: FOOD_USA_Central_University)
 2. An additional e-mail with all position papers (.doc or .pdf) attached to dirgen.apec@nmun.org no later than February 15, 2011. This second set will serve as a backup copy in case of problems with individual e-mail documents.

PLEASE TITLE EACH E-MAIL/DOCUMENT WITH THE NAME OF THE COMMITTEE, ASSIGNMENT AND DELEGATION NAME (Example: SC_Central_University)

Once the formal requirements outlined above are met, Conference staff use the following criteria to evaluate Position Papers:

- Overall quality of writing, proper style, grammar, etc.
- Citation of relevant resolutions/documents
- General consistency with bloc/geopolitical constraints
- Consistency with the constraints of the United Nations
- Analysis of issues, rather than reiteration of the Committee Background Guide
- Outline of (official) policy aims within the committee's mandate

Sincerely yours,

Michael Aguilar
Secretary-General

Official Welcome

Dear Delegates,

On behalf of the 2011 National Model United Nations-APEC Conference team, especially your committee staff Kristina Mader and Shubham Manchanda, we would like to welcome you to the Health Working Group. Everyone at NMUN-APEC has worked diligently to prepare for this conference, and we sincerely hope that you will be able to gain academically and personally at the conference and leave with a greater appreciation for global politics.

Model UN provides an excellent environment for delegates to learn and improve important life skills and academic knowledge. To begin, we have prepared this background guide to help you start your search in your economy's policies and to understand the committee topics. During the conference, the intimate nature of this committee will ensure that you will rely not only on your knowledge but also your tact, oration and negotiation skills to fulfill your positions.

Health represents a key issue for the Member Economies of the Asian-Pacific Economic Cooperation. Health threats that face Member Economies have the potential to impact a multitude of sectors, including trade, agriculture and business. Addressing the multifaceted health concerns of the citizens of Member Economies, including health for women and children, care for the elderly, health technology and the spread of diseases, is of increasing importance to APEC.

We are privileged to play a role in your education experience here at NMUN-DC and look forward to working with all of you.

History of the Health Working Group

The Health Working Group (HWG) was originally established as the Health Task Force (HTF) in October 2003 with the goal of developing policy and taking action on health-related threats to Member Economies trade and security. Particularly focusing on infectious diseases and their impact on agriculture, trade, tourism, transportation and business, the HWG plays an important role in coordinating responses to pandemics and sharing information and expertise, as well as aiming to strengthen the ability of Asia-Pacific Economic Cooperation (APEC) members to deal with public health emergencies. Important outcome documents stemming from the HWG's efforts include the APEC Action Plan on the Prevention and Response to Avian Influenza Pandemics adopted in 2006, and the APEC Functioning Economies in Times of Pandemic Guidelines and the Guidelines for Creating an Enabling Environment for Employers to Implement Effective Workplace Practice for People Living with HIV/AIDS adopted in 2007.

The HWG Medium Term Workplan (2010-2015) proposed at the September 2010 meeting offered the following as the Group's goals in the coming decade: To further examine and address the links between health, trade and economic development and cooperation; To continue to strengthen APEC Member Economies capacity to respond to public health emergencies and emerging public health issues; and to commit to broader and longer-term multi-sectoral cooperation and coordination between health experts and other sectoral experts. In addition, the work plan offered three priority areas in which to focus attention on: "Priority 1 - Enhancing preparedness for and effective management of emerging and re-emerging infectious disease pandemics. [...] Priority 2 - Building capacity for the prevention of non-communicable diseases including injury. [...] Priority 3 - Strengthening health systems of economies including health financing, human resources, and health information technologies which would contribute to inclusive and secure growth."

In line with this, the Workplan also specified that the HWG "will continue to identify opportunities to improve health security and prosperity in the region and make a critical contribution to APEC's human security and inclusive

and secure growth agenda.” In order to achieve this, the HWG was asked to take a leadership and coordinating role, as the expert group on health issues in APEC, including but not limited to issues such as enhancing preparedness for human pandemic influenza and vector-borne diseases, health information technology, and health financing and human resources.

Finally, in 2010, a new Terms of Reference (TOR) was endorsed by APEC Senior Officials. The mandated work areas of the HWG include: coordinating and supervising the HWG, providing policy guidance on the Economic and Technical Cooperation agenda; assessing and directing realignment of work plans with wider APEC medium term ECOTECH priorities and objectives as outlined in the ECOTECH framework; approving and ranking all ECOTECH project proposals ahead of presentation to the BCM; evaluating the progress of the HWG in the implementation and progress of APEC’s ECOTECH priorities; compiling progress and evaluation reports of the HWG for review and report to Senior Officials; and reviewing roles and operations of the HWG, with a view to make recommendations to Senior Officials on merging, disbanding, or reorienting this body.

I. Global Health Epidemics: Threats to Agriculture, Trade & Tourism

- New economic and management tools are needed to assess, predict, and manage biological risks. What are some key areas that should be address when developing plans to fight epidemics? Has your country ever dealt with an epidemic? What types of policies and procedures did it put in place and how successful were they?
- How important are the agriculture, trade and tourism sectors to the economy of the members of APEC? How will the different members be affected by a potential epidemic in each of these critical sectors?
- How do you promote greater convergences among economies in key areas of APEC’s Regional Economic Integration agenda, including agriculture, digital economy, investment, and trade and tourism facilitation during an epidemic? What are some of the major impacts that could potentially occur in your country if faced with an epidemic? What types of policies need to be developed by APEC and national governments to mitigate the negative impacts of potential epidemics?
- What examples of good practices exist that address the issue of human security during an epidemic through promoting food security, food and product safety and emergency preparedness?

It has been recognized within the international community that global health epidemics have the potential to severely disrupt the world economy on a wide scale, impacting both developed and developing countries alike. Within the APEC region, a global health epidemic will have serious impacts on the agriculture, trade and tourism industries—three key industries for the majority of Member Economies of APEC. Biologically-related risks for a large scale global epidemic are increasingly emerging as a very real threat to both the security of APEC member economies and the health of their populations. Underlying factors contributing to this include globalization of travel and trade, which in turn increases mobility and mixing of organisms and their pathogens. Additionally, environmental disruption creates stress for biological systems, which increases vulnerability to invasion and disease. Moreover, human actions, both deliberate and accidental, are increasing emergence risk factors. APEC’s efforts to address potential threats from health epidemics include the APEC Action Plan on the Prevention and Response to Avian and Influenza Pandemics of 2006 and the APEC Functioning Economies in Times of Pandemic Guidelines and the Guidelines for Creating an Enabling Environment for Employers to Implement Effective Workplace Practice for People Living with HIV/AIDS.

The economic impacts of a potential global health epidemic are enormous, particularly for developing countries within APEC. For instance, during the SARS outbreak in East Asia in 2003, with only 800 deaths, economic losses were estimated at 0.5 percent of annual East Asian GDP in 2003. Furthermore, according to the Bio-Economic Research Associates, China lost US \$20,400 million dollars because of a 24.5% decline in tourism during the SARS outbreak of 2003. Within the agriculture sphere, the SARS epidemic had the greatest impact on the industries themselves, such as the poultry industry, where it is thought the epidemic began. The potential disruptions that come

from a global health epidemic are many and APEC has recognized a number of key areas of work that must be undertaken in order to mitigate the negative impacts of an epidemic. As laid out in the Joint Statement during the 2006 APEC Avian and Influenza Pandemics Ministerial Meeting, areas of work to be carried out include: Multi-sectoral cooperation and coordination on avian and pandemic influenza; Establishing best practices and common approaches to risk communications; Mitigating negative effects of avian influenza on agriculture and trade; working with the private sector to help ensure continuity of business, trade and essential services; and Strengthening regional and international cooperation.

II. Improving Health Promotion through Advances in Health Information Technology

- What good practices in Health Information Technology (HIT) have been identified to combat infectious diseases and improve health care?
- How could members go about strengthening health systems of economies including health financing, human resources and health information technologies which would contribute to inclusive and secure growth?
- How could members pursue the development and enhancement of information systems which will strengthen communication, coordination, and collaboration among public health and community sectors within and between APEC economies?

Over the last century, epidemics such as Spanish flu in 1918, Asian flu in 1957, Severe acute respiratory syndrome (SARS) in 2003, and H1N1 Influenza in 2009 have left little doubt that a large scale global disease pandemic is possible. Global health emergencies such as Malaria, which kills an estimated 1.6 million people each year; Ebola hemorrhagic fever; and drug-resistant forms of Tuberculosis, have further highlighted the need for a strong, concerted effort at every level of human society to prevent, prepare for, and combat these threats. The Asia Pacific Economic Cooperation members in particular are aware of the threat posed by high human and economic cost of potential pandemics. One area for cooperation includes utilizing Health Information Technology (HIT) to provide a comprehensive health management system that allows faster, more secure, and efficient exchange of health information between patients, healthcare providers, and government entities. In the 2008 Asian-Pacific Economic Cooperation (APEC) Ministerial Statement, ministers welcomed efforts to share advances and good practices in HIT to address these challenges. The statement declares that it is imperative to deeply examine the potential benefits of HIT with respect to disease prevention, surveillance, and treatment, particularly in cases of widespread outbreaks. In an attempt to address current gaps in response systems, HIT programs have been developed to utilize the expertise within the region, and to encourage partnerships among neighboring countries in an effort to strengthen the region's overall ability to prevent and respond to global health emergencies. Examples of such cross-border initiatives include the Emerging Infections Network (EINet) and the Mekong Basin Disease Surveillance (MBDS) system, incorporating Cambodia, China, Laos, Myanmar, Thailand, and Vietnam, respectively. These initiatives are in their early stages, and are often hindered by inconsistency in the integration of different national disease surveillance programs, which highlights a key area of work for future APEC meetings.

Challenges remain in finding the best ways to utilize HIT, thus there remains significant room for policy development on this issue. Moving forward, APEC has recognized the need to identify appropriate regional and economic-specific ways to advance the application of HIT, including identifying which sectors (public, private, or nonprofit) are best suited to drive HIT growth; discussing implementation and innovation in surveillance and telemedicine; researching ways to improve transferability of successful HIT programs; and outlining measures to successfully integrate different HIT infrastructures. Most recently, at the Senior Officials Meeting that was held in 2010 in Sapporo, Japan, the HWG met and identified New Priority Areas, among which the goal of improving health outcomes through advances in health information technology was a centerpiece. The continued development of HIT in Member Economies is an important step towards the goal of promoting equal and strong health systems in all member countries.

III. Women's Contribution to Global Health

- Given APEC's priorities for enhancing women's participation and leadership in the economy, how can this focus be expanded to include the health service professions and overall health workforce, both formal and informal?
- What good practices exist globally and within APEC Member States for addressing health inequities, which could be scaled up and supported?
- Promoting women's access to health services, and engagement in the health sector can contribute to the achievement of multiple Millennium Development Goals, including goals to promote gender equality, and improving maternal wealth (Goals 3 and 5, respectively). How can efforts to achieve the MDGs be better targeted or integrated with additional goals and aspirations related to women's health?

In 2010 at the Asia-Pacific Economic Cooperation Forum in Japan, the Ministerial Level Statement identified human security as a priority for the organization. Defined as "freedom from want, freedom from fear, and freedom to take action on one's own behalf," human security encompasses a people-centered concept of security, which includes economic and social security. Health is a key area of human security, and the health of women and their contribution to health worldwide is considered one area where significant inequalities remain today. The Millennium Development Goals (MDGs) are one way in which human security is operationalized globally as well as within APEC member economies, as was articulated in the APEC Leaders' Declaration The Yokohama Vision – Bogor and Beyond from APEC 2010.

According to a 1999 statement made by the APEC Women Leader's Network, women in many countries around the world face "specific and serious health problems," which are exacerbated by inequalities in terms of access to health, as well as by the increased burden of being the primary caregiver of families when relatives are ill. The other element of this issue regards women as members of the global health workforce, which numbers at over 59 million individuals, according to 2006 World Health Report published by the World Health Organization (WHO). Women comprise of 42% of the global workforce, and in some countries making up over 75% of the entire workforce, according to the World Health Organization. Despite these numbers, women tend to be "concentrated in the lower-status health occupations, and to be a minority among more highly trained professionals." Women generally occupy positions in nursing, midwifery, and community health worker positions as opposed to physicians, pharmacists and managers. According to WHO, "the under-representation of women in managerial and decision making positions may lead to less attention to and poorer understanding of both the particular features of working conditions that characterize much of women's employment, and the health care needs specific to women." The same report goes on to highlight that in many regions, access to female providers is a crucial "determinant of women's health utilization patterns" and can encourage regular use of health facilities.

Investing in global health, and more specifically, in women's health and initiatives promoting participation-- which in turn results in an increase in women's use and access to health services-- has economic benefits central to the realization of human security and related APEC goals and priorities. According to WHO, investing in health is "cost-effective," particularly investment in basic or primary health care to women, and saves billions of dollars that might have otherwise been spent on medical treatment. Additionally, in many developing countries, the WHO states that every "dollar spent on family planning saves at least four dollars that would have been spent treating complications arising from unplanned pregnancies." These investments furthermore can stimulate the economy, with maternal and newborn mortality alone resulting in over \$15 billion a year lost in productivity, as well as hampering overall economic growth.

The HWG has yet to address this issue in a focused manner, yet there are good examples of action taken within APEC that could contribute to the efforts to address this issue. In particular, collaboration with the Human Resources Development Working Group, in which one goal is to "strengthen capacity building programmes, including education and vocational skills training for women in collaboration with the HRDWG" which would provide an entry point for the development of women health care workers, and thus increased access to health services. Providing health to women is a key aspect to promoting development throughout the APEC region.

Annotated Bibliography

History of the Health Working Group

Asia-Pacific Economic Cooperation. (n.d.). *APEC Japan 2010 – “Change and Action.”* Accessed 15 December 2010, from: http://www.apec.org/Press/Host-Economy/APEC-Japan-2010/change_action.aspx

This website provides an overview of the 2010 APEC meeting in particular as regards the vision and goals of the host economy, Japan, for the meeting itself. The theme for APEC Japan 2010 is “Change and Action” in order to provide the necessary context for APEC members to envision the “necessary changes and put them into concrete actions.” This document is most certainly useful for delegates as it provides a strong outline of the direction that APEC is going in and the current vision of the organization.

Asia-Pacific Economic Cooperation. (2010). *APEC Secretariat Report on Key Developments 2010.* Accessed 15 December 2010, from: http://aimp.apec.org/Documents/2010/HWG/HWG2/10_hwg2_003.doc

This document was presented by the APEC Secretariat at the most recent meeting in September 2010. The document overviews priorities for 2010, key outcomes of the Ministerial, SOM2 and Committee meetings and also discussed Developments within the Secretariat and Policy Support Unit (PSU). This document is helpful for delegates in understanding the most recent work accomplished by APEC overall and the current status of projects.

Asia-Pacific Economic Cooperation. (2010). *Health Working Group.* Accessed 15 December 2010, from: <http://www.apec.org/en/Groups/SOM-Steering-Committee-on-Economic-and-Technical-Cooperation/Working-Groups/Health.aspx>

This web site is the main page for the APEC Health Working Group, thus is the best starting point for delegates. In addition to overviews the history and development of the HWG, the web page provides resources on current activities and recent events. This web site should be one of the primary sources for information on the basics of the HWG.

Asia-Pacific Economic Cooperation. (2010). *The Yokohama Vision – Bogor and Beyond.* 22nd APEC Ministerial Meeting. Accessed 15 December 2010, from: http://www.apec.org/Meeting-Papers/Ministerial-Statements/Annual/2010/2010_amm.aspx

This resource is the Joint Statement which is the result of the 22nd APEC Ministerial Meeting held in Yokohama, Japan from 10 – 11 November 2010. The statement, which is entitled “The Yokohama Vision – Bogor and Beyond,” overviews the current state of affairs in the Asia-Pacific region, assesses the progress APEC has made in the past year, and discusses the way forward for APEC. As the most recent policy statement of the organization, this resource is a very important read for all delegates.

Asia-Pacific Economic Cooperation. (2010). *Yokohama Declaration.* 18th APEC Economic Leaders’ Meeting. Accessed 15 December 2010, from: http://www.apec.org/Meeting-Papers/Leaders-Declarations/2010/2010_aelm.aspx

This document was produced following the 18th APEC Economic Leaders’ Meeting from the 13 – 14th November 2010 in Yokohama, Japan. The Declaration overviews the last 21 years of APEC’s work, current opportunities and challenges, and the way forward for APEC. This document is a great resource for delegates, as it provides additional information for the ongoing development and understanding of where APEC currently is and where it wants to go.

I. Global Health Epidemics: Threats to Agriculture, Trade & Tourism

Asia-Pacific Economic Cooperation. (2010). *APEC at a Glance, 2010/2011*. Accessed 23 December 2010, from: http://publications.apec.org/publication-detail.php?pub_id=1077

The Asia-Pacific Economic Cooperation (APEC) forum was established in 1989 to capitalise on the growing interdependence of Asia-Pacific economies, and this publication provides the basic information on not only the history but goals, modus operandi and member economies. This resource should be the starting point for delegates, and it is highly encouraged that in order to understand APEC, delegates utilize this publication.

Asia-Pacific Economic Cooperation. (2010). *2010 Key APEC Documents*. Accessed 23 December 2010, from: http://publications.apec.org/publication-detail.php?pub_id=1094

For committee proceedings, this document serves as a working model of the report that the body should draft by the end of the conference. The key documents provided help to understand how the Health Working Group works under the umbrella of APEC. These documents reassess the situation in all areas targeted by different working groups and provides recommendations to the APEC Secretariat, and any other office or body deemed necessary by the Working Group. In this report, the Working Group reiterated the necessity of strengthening of health systems in all APEC economies.

Asia-Pacific Economic Cooperation. (n.d.). *APEC Meeting Documents*. Accessed 23 December 2010, from: <http://aimp.apec.org/MDDDB/default.aspx>

This database lists all the meeting documents for the Health Working Group, along with other groups and committees within APEC. This database is useful for researching APEC action plans, information reports, progress reports, and threat assessment reports. This database provides many records related to the threat faced by the agriculture, travel and tourism industries from a possible epidemic in the near future.

Asia-Pacific Economic Cooperation. (2007). *Lessons Learned Review: Response to the Avian Influenza Epidemic in Viet Nam*. Accessed 23 December 2010, from: http://aimp.apec.org/Documents/2007/HTF/WKSP/07_htf_wksp_015.pdf

This document provides a guide to understanding the APEC action plan on the prevention and response to avian and influenza pandemics. Understanding progression of epidemics and their impact on the economies in the past is vital towards development of an action plan to prepare for the future threat of epidemics.

Asia-Pacific Economic Cooperation. (2009). *2009 Influenza A(H1N1) Pandemic: Response and Preparedness*. Accessed 23 December 2010, from: http://aimp.apec.org/Documents/2009/HWG/HWG2/09_hwg2_028.pdf

This document provides a deeper understanding of the response and preparedness of the 2009 Influenza H1N1. This document serves to provide a strong foundation to delegates wishing to learn more about controlling the spread of an epidemic, to help alleviate the threat faced by the agriculture, travel and tourism.

II. Improving Health Promotion through Advances in Health Information Technology

Asia-Pacific Economic Cooperation. (2009). *Leveraging Advances in Health Information Technology to Prevent and Combat the Spread of Avian Influenza and other Infectious Diseases*. Accessed 23 December 2010, from: http://aimp.apec.org/Documents/2009/HWG/HWG2/09_hwg2_030.pdf

This document serves to provide a better understanding of Health Information Technology, along with its possible areas of application to prevent and combat the spread of Avian Influenza and other Infectious Diseases in APEC economies. Originally a powerpoint presentation from 2nd August 2009, it overviews the objectives and background of APEC's work on this issue, as well as next steps.

Asia-Pacific Economic Cooperation. (2010). *Medium Term Workplan (2010 – 2015) (2010/SOM3/HWG/020)*. Accessed 15 December 2010, from: http://aimp.apec.org/Documents/2010/HWG/HWG2/10_hwg2_019.doc

The APEC Health Working Group Medium Term Workplan for 2010 to 2015 was proposed at the September 2010 meeting of APEC in order to provide a framework for the next five years of work for the Health Working Group. The workplan provides an explanation of the medium term goals that the group will work toward in order to facilitate achievement of APEC-wide strategic objectives. This document will be useful for delegates in better understanding the goals of the Health Working Group.

RAND Corporation Provides Objective Research Services and Public Policy Analysis. (n.d.). *Health Information Technology: Can HIT Lower Costs and Improve Quality*. Accessed 23 December 2010, from: http://www.rand.org/pubs/research_briefs/RB9136/index1.html

This document provides information on how HIT systems provide timely access to patient information and (if standardized and networked) can communicate health information to other providers, patients, and insurers. Creating and maintaining such systems is complex. However, the benefits can include dramatic efficiency savings, greatly increased safety, and health benefits.

United States Mission Geneva. (2010). *USAID Fact Sheet: Tuberculosis Kills about 1.6 Million People Each Year*. Accessed 23 December 2010, from: <http://geneva.usmission.gov/2010/03/24/usaaid-world-tb/>.

This is an important publication from the United States' Mission to Geneva and contains information on the threat of Tuberculosis. The website also provides additional information on different areas of involvement of the United States mission to the United Nations and other international organizations in Geneva. The health and science section of the website posts updated news articles on different issues related to healthcare policy and reform.

III. Women's Role in Global Health

Asia-Pacific Economic Cooperation. (n.d.). *APEC Women Leaders Network*. Accessed 15 December 2010, from: <http://www.apecwln.org/>

The Women Leaders Network (WLN) of was founded in 1996 in Manila as "an informal, dynamic network which brings together women leaders from all sectors, public, private, academia, civil society, indigenous, rural and women in technology, to provide policy recommendations to APEC officials." The web site provides an overview of the history of the WLN, the background and vision, and calendar of upcoming events. This document is a great starting point for delegates in doing research on the gender aspect of APEC's work.

APEC Women Leaders' Network. (1999). *Women in APEC: Our Contribution to Economic Prosperity*. 4th APEC Women Leaders Network Meeting. Accessed 15 December 2010, from: <http://www.apecwln.org/wp-content/uploads/WLN%201999%20-%20Proceedings.PDF>

This resource is a record of the proceedings and outcomes of the 4th APEC Women Leaders Network (WLN) meeting and the Indigenous Women in Exporting Business (IWEB) seminar, both held in June 1999

in Wellington, New Zealand. The document provides a summary of the main speeches and sessions of both meetings, as well as an overview of recommendations from each meeting. This document is a great resource for delegates as it is one of the few documents that women's health within APEC's work.

United Nations. (2010). *Background Paper for the Global Strategy for Women's and Children's Health: Recommendations on Human Rights*. Accessed 15 December 2010, from: http://www.who.int/pmnch/activities/jointactionplan/100922_3_humanrights.pdf

This document is one of the background papers produced in the development of the Global Strategy for Women's and Children's Health. The paper summarizes how the MDGs relate to international human rights treaties and provisions and demonstrates that there is a human rights context to meeting the MDG targets and sustaining them beyond 2015. Additionally, the paper sets out the key areas in which the MDGs and human rights complement each other. This current document draws on the background paper to highlight key recommendations related to human rights and the MDGs, and thus is an exceptional resource for delegates.

United Nations Secretary-General. (2010). *Global strategy for women's and children's health*. Accessed 15 December 2010, from: <http://www.who.int/pmnch/activities/jointactionplan/en/index.html>

The "Global Strategy for Women's and Children's Health" sets out how we can work together to save women and children. It sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery, including: 1) Support for country-led health plans, supported by increased, predictable and sustainable investment; 2) Integrated delivery of health services and life-saving interventions – so women and their children can access prevention, treatment and care when and where they need it; 3) Stronger health systems, with sufficient skilled health workers at their core; 4) Innovative approaches to financing, product development and the efficient delivery of health services; 5) Improved monitoring and evaluation to ensure the accountability of all actors for results. Of particular relevance for delegates is the section on stronger health systems with health workers, particularly women, as full and active participants.

World Health Organization. (2006). *Chapter 1: Health Workers - A Global Profile*. Accessed 16 December 2010, from: http://www.who.int/whr/2006/06_chap1_en.pdf

The World Health Report 2006 - Working together for health contains an expert assessment of the current crisis in the global health workforce and ambitious proposals to tackle it over the next ten years, starting immediately. Focusing on all stages of the health workers' career lifespan from entry to health training, to job recruitment through to retirement, the report lays out a ten-year action plan in which countries can build their health workforces, with the support of global partners. Of particular importance for delegates is Chapter 1, which provides a "global profile" of the situation.