NMUN • DC

WASHINGTON, DC
31 October - 2 November 2014
nmun.org/nmun_dc.html

WORLD HEALTH ORGANIZATION

BACKGROUND GUIDE 2014

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NATIONAL MODEL UNITED NATIONS

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NMUN•DC Position Papers Guidelines

Due 1 October 2014

Each committee topic should be addressed in a succinct policy statement representing the relevant views of your assigned country. You should identify and address international and regional conventions, treaties, declarations, resolutions, and programs of action that are relevant to the policy of your country. You should also include recommendations for action to be taken by your committee. A delegate's role as a Member State, Observer State, or NGO should affect the way a position paper is written. The Delegate Preparation Guide will provide you with additional information.

A position paper should be submitted for each assigned committee.

- The two page position paper should cover all the topics in the background guide, not a separate paper for each topic.
- Do not submit papers for committees not assigned to your country (see DC matrix).
- No more than two delegates can represent a single country in a committee. If you assign two delegates to represent a country on a committee, they submit one position paper jointly, not separate position papers from each individual.
- NMUN position papers are not cited as is required for an academic paper. They are written as if they are a policy statement coming from the foreign ministry. While they may reference UN data or past UN Resolutions, like in our samples, formal citations are not used.

Please pay careful attention to the following guidelines when drafting and submitting your position papers. Only those delegations that follow the guidelines and meet the submission deadline will be eligible for position paper awards.

Follow the layout in our Sample Position Paper using the standards below:

- Length must not exceed two pages
- Margins must be set at 1 inch or 2.54 cm. for the whole paper
- Font must be Times New Roman sized between 10 pt. and 12 pt.
- Country/NGO name, school name, and committee name must be clearly labeled on the first page
- Agenda topics must be clearly labeled in separate sections
- National symbols (headers, flags, etc.) are deemed inappropriate for NMUN position papers
- Convert your paper to pdf format

Please note that position papers must be comprised of entirely original writing. **NMUN will not tolerate plagiarism**, including copying from Committee Background Guides. Violation of this policy may result in dismissal from the conference. Although United Nations documentation is considered within the public domain, we do not allow the verbatim re-creation of these documents.

How to Submit Your Position Papers

- One person, preferably the faculty advisor or head delegate, should submit all papers from your delegation.
- Complete a separate form for each country/assignment.
- Use the committee name and your assignment in the filename (example: GA1_Cuba).
- Submit all papers as pdf documents.

Use the link on the DC position paper page, following the guidelines above, to submit your position papers. If you have questions or concerns about the position paper submission process, please email the Secretary-General at secgen.dc@nmun.org. Please do not submit position papers to this email account.

If you are requesting an Embassy Briefing, we encourage your delegation to also submit a copy of your position papers to the embassy for the country you've been assigned along with an explanation of the conference.

Many, many papers will be read by the Secretariat. Your patience and cooperation in adhering to the above guidelines is greatly appreciated.

Official Welcome

The 2014 National Model United Nations Washington D.C. (NMUN•DC) Conference team and your Director, Katrena Porter, and Assistant Director, Christopher McKenna, would like to welcome you to the World Health Organization (WHO). Katrena graduated from the University of New Orleans with a Bachelor of Arts in Anthropology and currently attends Southern University Law Center in Baton Rouge, Louisiana. Christopher graduated from Ramapo College of New Jersey with a Bachelor of Arts in International Studies, and from Boston University with a Master of Public Health in International Health. He has worked with the WHO Western Pacific Regional Office and is involved with global health and emergency management consulting in the Horn of Africa.

Everyone at NMUN•DC has worked diligently to prepare for this conference, and we hope that you will conclude the weekend with a greater appreciation for the international work being done to improve global health matters, shape the health research agenda, set norms and standards, articulate evidence-based policy options, provide technical support to countries, and monitor and assess health trends through the WHO.

As we know from our time on the dais, Model United Nations is a great opportunity for delegates to gain a new set of skills and expand their knowledge. We have worked hard on this background guide to include vital information on the topics before this committee. It is intended to serve as a starting point for your research and help you delve deeper into the topics. Your preparation will aid you throughout the conference and allow you to represent your Member State's policies and positions to the best of your ability. The World Health Organization has played a significant role in strategic planning to achieve not only its own mandate and goals, but also those of the United Nations system. During your preparation, we stress that it is vital for delegates to understand the wide range of issues falling under world health to ensure an educational and dynamic simulation during the conference.

Please take note of the NMUN Policies and Codes of Conduct on the website and in the Delegate Preparation Guide regarding plagiarism, codes of conduct/dress code/sexual harassment, awards philosophy/evaluation method, etc. Adherence to these guidelines is mandatory. It is our privilege to be a part of your experience at NMUN•DC, and we look forward to working with all of you and watching your work unfold.

The NMUN•DC Staff

History of the World Health Organization

The World Health Organization (WHO) is the organization in the United Nations (UN) system charged with coordinating and directing health. The origins of the WHO can be traced back to the International Sanitary Conference, which was the first major meeting that discussed public health on an international level, held in Paris in 1851. While the topics discussed at this initial conference were quite narrow, it provided the basis for future, larger conferences. Following the creation of the UN, representatives of 51 Member States attended the International Health Conference and the constitution of the WHO was approved. While the constitution was approved at the International Health Conference in 1946, it was not ratified and put into force until 7 April 1948 when the 26th signature was received. World Health Day is now observed annually on the 7th of April in commemoration. The WHO is a specialized agency, which is addressed by Article 57 of the *Charter of the United Nations*, which states, "the various specialised agencies, established by intergovernmental agreement and having wide international responsibilities, as defined in their basic instruments, in economic, social cultural, educational, health and related fields, shall be brought into relationship with the United Nations." This means, as the UN agency responsible for health, the WHO is represented within the Economic and Social Council (ECOSOC) and the General Assembly. WHO initially reports to ECOSOC, as ECOSOC is the body empowered to coordinated specialized agencies.

The main body of the WHO is the World Health Assembly (WHA), which consists of representatives of 194 Member States. The WHA is the main decision-making body of the WHO and focuses on specific topics recommended by the Executive Board. Representatives to the WHA are generally high-ranking officials from their respective ministry or department of health, providing a high-level of technical and specialized knowledge to the organization. The Executive Board (EB), in contrast, consists of 34 highly trained and qualified representatives elected from the Member States. The primary role of this board is to advise and facilitate the work of the WHA. The

WHA and EB provide guidance to the organization as a whole, but day-to-day operations are undertaken at the WHO headquarters, regional offices, and country offices.

The WHO consists of headquarters in Geneva, six regional offices, and over 150 country offices. Each level of representation covers a specific geographic area and allows the WHO to provide technical advice at all levels. At the headquarters, the Director General, Dr. Margaret Chan, leads the WHO, which provides guidance through seven thematic areas, each led by an Assistant Director-General. The WHO provides much of its support through the country level offices as they have strong relationships with the health apparatus in the respective Member States. The role of the WHO has changed over time, with the WHO implementing programs in the first two decades, including a push to eradicate malaria. While the WHO's efforts in controlling and eradicating malaria were successful in many areas, resurgence was seen after control efforts ended, thus proving the imperative necessity of the WHO. Although the WHO no longer implements programs in Member States, the WHO does implement broader programming efforts at the headquarters and regional levels, while also providing an advisory role to Member States and other organizations on matters of health.

In 2014, the WHO produced the *Twelfth General Programme of Work*, which highlights the areas identified and agreed on by representatives from Member States. Priorities for the *Twelfth General Programme of Work* include: providing guidance to Member States seeking to develop or expand universal health coverage, the coordination of a multi-level and multi-sector response to the increase in Non-Communicable Diseases (NCD), and the achievement of health-related Millennium Development Goals (MDGs). The areas identified in the *Twelfth General Programme of Work* will guide the organization and its actions through 2019, at which point a new *Programme of Work* will be issued. The current *Programme of Work* provides the opportunity for further dialogue within the Organization. The WHO, as the preeminent health related body in the UN System, is in a unique position to address new challenges such as globalization and the impact on global health, and the increase in NCD and their impact on developing economies.

I. Preventing Vector Borne Diseases in Developing Countries

- What role should the WHO play in the control of vector borne diseases in developing countries, especially in conflict and post-conflict settings?
- With an increased focus on elimination and eradication of diseases, how can the WHO ensure that programs are effectively implemented and managed?
- How should the WHO engage the growing number of philanthropic organizations interested in addressing vector borne diseases? Are there existing mechanisms in place that would facilitate this coordination?

Vector Borne Diseases (VBD) is a group of diseases that are transmitted through a vector, which means that an intermediary, such as mosquitoes, snails, or ticks, carries the disease. These diseases include malaria, dengue, schistosomiasis, and Lyme disease. A vector is an organism that transmits pathogens and parasites from one human or animal to another. Of the VBD, diseases transmitted by mosquitoes such as malaria, dengue, and chikungunya have the largest impact on populations. The vast majority of VBD are seen in tropical and sub-tropical populations, but due to increased global travel and commerce, VBD are being seen in areas that previously were VBD free or had eradicated them. Most VBD are neglected tropical diseases (NTD), which are a group of diseases that affect millions and have historically not received proportional attention as compared to diseases such as polio or smallpox. Due to their impact on world populations, the World Health Organization (WHO) has multiple programs and departments that focus specifically on VBD and NTD.

VBD accounts for approximately 17% of the global burden of disease, which are various economic and epidemiological indicators that demonstrate the impact of a disease on the population. There are many methods to estimate the burden of disease; however, in order to compare the burden of VBD to non-vector borne diseases disability-adjusted life years (DALY) should be examined. DALY is the sum of years of life lost (YLL), and years lived with disability (YLD), and while the definition of disability is variable, DALY provide a quantitative way of examining effects of disease on populations, as well as a way to quantify the burden versus the comparison of prevalence of key diseases.

The VBD with the highest burden is malaria with approximately 600,000 deaths in 2012 according to the 2012 World Malaria Report. Due to the geographical impact of these diseases, they disproportionally affect populations in developing countries, leading to an increased impact on already fragile economies. A review of literature and other popular media regarding VBD highlights the burden of these diseases on populations in developing countries, with much of the burden falling on vulnerable populations such as children and pregnant and nursing women. The disproportionate impact of these diseases is compounded by underdeveloped health systems and a lack of large-scale vector control programs in these areas. To compensate, the WHO and select non-governmental organizations (NGOs) provide technical assistance, and in the case of NGOs, implement programs that address VBD.
The WHO provides both technical assistance and policy advice in relation to VDB, and while the WHO is not the primary implementer of programs, it works with organizations and Member States to support the implementation of appropriate programs. Another key role of the WHO in relation to VBD is the issuance of guidelines identifying the most appropriate diagnostic and treatment methods. While the WHO headquarters issues many of the blanket guidelines, region-specific guidelines are issued by the six regional WHO offices, with country offices recommending best practices to the appropriate departments and ministries at the Member State level. At the WHO headquarters, the Department of Control of Neglected Tropical Diseases addresses VBD and provides guidance to Member States and organizations about best practices. The department currently recommends three key actions to be taken in areas affected by these diseases: preventive chemotherapy and transmission control, innovative and intensified disease management, and vector ecology and management. Included in these three actions is Integrated Vector Management (IVM), which is a structured and rational decision process for determining vector control practices. Many past vector control programs have included aspects of IVM, but without a cohesive set of actions, these programs were not successful. The WHO is thus in a position to provide or augment Member States with technical guidance and strategies.

The Global Strategic Framework for Integrated Vector Management highlights five key elements to be undertaken for the successful implementation of IVM programs. These five elements include: increased advocacy, social mobilization, collaboration within the health sector and integration of non-chemical and chemical vector control methods, evidence-based decision-making guided by operational research and entomological and epidemiological surveillance, and capacity building. These five elements provide a comprehensive approach to IVM, but also highlight the challenges seen throughout past attempts at the control of VBD. These challenges include the lack of capacity building and the lack of continued funding to address the possible re-emergence of disease after completion of initial programs. It is also vital to remember that while the WHO provides comprehensive guidance on these issues, they are not the organization implementing the programs. WHO staff are present in field operations, but representatives from the Member State or other organizations head the programs.

The WHO also plays a major role in the certification of Member States' control status for the elimination of diseases such as malaria. The WHO provides guidelines and evaluates actions in relation to the following stages of control: control, pre-elimination, elimination, and prevention of reintroduction, and it identifies which control status a Member State falls under. The aforementioned stages indicate the process towards a malaria-free status, with progression between the stages determined by programmatic and epidemiologic criteria. These stages help other Member States and organizations identify which Member States are in a position to best eliminate malaria and provide a universal set of indicators on which to base individual Member State control and elimination programs.

The WHO is the main advisory body when discussing VBD, but it is important to remember the role of the private sector and philanthropic organizations in the control of VBD due to their increased access to funding sources and the ability to implement a wide variety of programs. Organizations such as the Bill and Melinda Gates Foundation have played a major role in the control of malaria over the past decade through increased levels of funding directly to Member States and the implementation of programs in affected areas. WHO's actions can be significantly augmented by new partnerships, such as the Gates Foundation, and through the exchange of information by all stakeholders. While smaller organizations have traditionally been involved with the implementation of programs, larger organizations provide an opportunity for an increased number of opportunities to be addressed. These opportunities include the implementation of programs across larger geographic areas, increased funding for the development of new vector control methods, and the ability to implement large scale monitoring and evaluation programs to appropriately track progress. In addition, their mandates allow for further actions to be taken, including the implementation of programs and procurement of additional funding.

As mentioned, of the three diseases highlighted earlier malaria has the greatest burden, resulting in 2% of global DALY. Malaria is a mosquito-borne disease caused by parasites from the *plasmodium* genus, transmitted by the *anopheles* mosquito, infecting upward of 250 million people a year, and causing deaths of over a half million. Evidence of malaria can be seen through texts throughout the ages, but it was not until the past two centuries that the plasmodium was identified and steps were taken to control the spread. There are five known species of malarias known to infect humans: *P. vivax*, *P.*ovale, *P. malariae*, *P. knowlesi* and *P. falciparum*, but only two of them, *plasmodium falciparum* and *plasmodium vivax,* are known to cause upwards of 90% of malaria cases. There is a significant amount of information known about the two dominant species, but support of further research into the three other species will benefit affected populations. Over the past decade, the World Health Organization, many Member States, and NGOs have made malaria control a priority, increasing funding of these programs from under $100 million to the current levels around $2 billion. While the increase in funding has provided a significant increase in resources available, and the evidence exists that malaria is an extreme burden, is it unclear if it is feasible to eliminate and ultimately eradicate malaria or if the focus of the international community should be solely on control efforts. As a whole, there are still challenges facing vector control programs for all VBD. Given the resources and methods currently available, elimination and eradication remains theoretically possible but unlikely, and without further investment and development of new methods to address the changing physical environment, the challenge is even greater.

While the current situation does highlight the need for further action, it is important to remember that there have been many successful programs implemented through Member States with the WHO in a supporting role. Many areas that were once burdened by malaria have seen malaria eliminated, with a number of other Member States entering the pre-elimination stage. Countries like Namibia and Mozambique are working with NGOs and the WHO towards the elimination of malaria. Successful efforts in these areas are a combination of local programs' efforts by NGOs and the WHO, with the WHO providing guidance on appropriate approaches and techniques, and NGOs and the Member State implementing.

The burden of VBD is significant in many developing countries, but there are many opportunities for improvement and expansion of current activities. The WHO is in a position to provide concrete guidance to all organizations and Member States involved and should utilize this position to further address the issue of VBD. Recent activities by the Bill and Melinda Gates Foundation, the Clinton Foundation, and other major NGOs highlight the success that is possible when there is an exchange of information between UN agencies, NGOs, and Member States. While this success has provided evidence that it is possible to effectively begin to address VBD in developing countries, it has also highlighted gaps, including lack of funding, lack of coordination, and lack of sustainability, that the WHO can work towards filling.

II. Empowering Women as Agents of Change in Health Systems

- In what ways can women play a role in changing and reforming the health systems both internationally and within their own communities?
- Considering their unique perspective in health, how can women be empowered and engaged to make changes in health systems?
- Through what mechanisms can the WHO actively engage women as agents of change and promote health care reform?

The health-related Millennium Development Goals (MDGs) are unique objectives because of their 2015 deadline; of the eight MDGs, two relate to women in the health system: promoting gender equality and empowering women (MDG 3) and improving maternal health (MDG 5). Since the adoption of Economic and Social Council (ECOSOC) resolutions in 1997 and 2006, as well as the Beijing Platform for Action, the work of WHO has become increasingly focused on reaching these goals through development. A key part of this development for all Member States includes a functioning health system. This varies by Member State, but generally includes a financial aspect, properly trained and paid employees, maintained facilities, and logistics and information for policy-making and decision-making. However, as it stands now, many undeveloped and developing countries lack the resources for health system infrastructures.

Gender-based approaches to health emphasize the differences among men and women in relation to the ways that experiences in health systems, outcomes, and risks vary between them. Social norms influence these differences because of power relations, decision-making, access to resources, the focus on women's reproductive roles, and physical, sexual, and emotional violence. For example, women often have a lower social status throughout society, including in their family and community. Because of these types of social norms, the health of women has been in decline, as well as in neglect. The focus of women's health was once only on maternal health, but it has recently been realized that all areas of women's health should be recognized and acknowledged as important. Most recently, the WHO has placed a more focused emphasis on educating vulnerable populations to diseases, and through which recognized the power to strengthen health systems by utilizing women as agents of change. While women are highly vulnerable to health system disparities, they are also often powerful forces within their communities. The principle of agents of change, then, can be implemented through gender-based approaches to health systems, and more specifically, the use of women's empowerment to create and reform existing systems.

Signs of a properly functioning health system include generally improving the health status of all people, providing equal access to health care, and protecting citizens from health threats and the financial losses attributed to poor health. More specific areas of focus have included addressing infection control, strengthening laboratories, adapting approaches from non-health areas, and taking action regarding societal factors that determine and affect health. Stemming from those factors, specialized care has been developed for people depending on age, exposure to certain illnesses, and cultural norms. However, women's health and women's impact within health systems is often overlooked. One specific example is cardiovascular disease, which has long been highlighted as a major issue for men. The impact of cardiovascular disease on women, however, has not been well documented, thus leading to issues of diagnosis and treatment, often when it is already too late. Recently, awareness of the impact of cardiovascular disease on women has grown and been mainstreamed into society, and the development of prevention strategies in various countries has improved women's health in this vein.

While gender-mainstreaming is a relatively broad concept that reaches into areas such as peace, human rights, and development, empowering women has the potential to be a catalyst in all of those areas, including the right to health and subsequently, health systems. An increasing focus on utilizing women as agents of change in health systems has likewise led to advancing mainstreaming gender overall by evaluating and promoting the role of sex and gender, and empowering women through engagement in policy-making, building evidences, writing guidelines, developing norms and standards, creating tools, and implementing programs relating to both women's health issues and health systems at large. The WHO has developed four goals for mainstreaming gender: establishing accountability, addressing gender as a basis for WHO's budgets, building capacity for gender studies in planning and programming, and creating successful gender interventions via promotion of the use of sex-disaggregated data. It is argued that as firsthand witnesses to, and sufferers of women-specific health problems, it makes logical sense that women be the lead authority on those particular issues in their community health systems, for their personal needs and within the international community.

In order to further accelerate progress outside of maternal health issues, women's empowerment needs to be increased across all facets of society. Eliminating discrimination towards women, whether it is social taboo, a law, or other policy that connotes such, is a primary goal. This can be done through the use of campaigns to help raise awareness of health issues, such as with cardiovascular disease, and provide educational opportunities to understand the implications of such issues, which leads to the ability of women to address specific needs. Education early on is also important. Allowing young women and girls the opportunity to learn about health risks can partially eliminate discrimination and protective behaviors that often occur in patriarchal health system, so that they too can address their own needs and seek the assistance. Simultaneously, empowerment can be increased through supportive activities that create income via women's earning power, which allows them to pay for basic needs such as food, medicine, and health services, thus decreasing dependence on others and subsequently discrimination against women.

In addition to simply treating maternal health and other issues that affect women, using women as leaders of change is essential to promoting gender equality and empowering women. For instance, midwife programs have played a key factor in reforming and restoring health systems in various Member States. Such programs implement training systems that improve the existing skills of midwives, which in turn can lower potential health risks and complications of pregnancy and childbirth. Further, these types of programs provide a forum for women to receive a formal education, though in a specialty area. This can help increase knowledge regarding access to basic health care

while arming women with health information that helps them protect themselves and others, while also offering an opportunity for education as a whole, which is not always available to women and girls in many societies. The WHO has demonstrated support for these types of programs by maintaining a strong presence at events such as the International Confederation of Midwives 30th Triennial Congress that occurred on 1-5 June 2014.

Another example of a program using the empowerment of women to promote change in health systems took place in Puerto Rico. There, the WHO and the United States Centers for Disease Control (CDC) worked with a Puerto Rican program in which women who were nominated by their communities acted as leaders in the health system to positively impact and influence their community. Women were chosen as leaders particularly because of their key position within society to care for themselves as well as others in the community. An important emphasis was placed on women's domestic duties and the reason such duties are vital to fighting illness. The leaders participated in a health-training course where they learned how to promote behavioral changes in the community to prevent dengue fever. Such training involved keeping the community informed, additional awareness campaigns, and even an exhibit at the local supermarket. Because of the promotion of women's caretaking and domestic abilities, certain women were presented as leaders to the community and as a result, 20% of households joined the campaign to fight dengue fever. In this case, the health system provided a unique way for women to break down barriers in an otherwise patriarchal society, create positive change for community health, raise awareness of their skills, and be empowered.

Individual, socio-cultural, systemic and institutional changes need to be addressed in order to fully empower women and achieve the MDGs. Providing opportunities in health systems can aid in making such changes. Involving women in the training of, and as, health care workers, increasing accessibility of family planning commodities, health services, and other emergency contraceptives highlight women's visibility as valuable members of their communities. Moreover, such forms of empowerment are beneficial to members of the women's families, as well as the community as a whole. Specifically, promoting gender equality and women's empowerment can save lives because women are more likely to express not only their own health needs, but also those of their families.

This visibility and promotion of women as agents of change also emphasizes women's importance in health-related decision-making roles. However, in order to do this, women need to be aware and informed of their rights to health and sexual and reproductive prerogatives. Freedom from sexual violence, the ability to more fully participate in family planning decisions, the access to, and use of contraceptives and condoms, and the spacing of children between births, among others, are all health rights that the UN has highlighted as inalienable that women should be able to exercise in any community. As a result of the ability to exercise these rights, women have been shown to better understand their own importance and are more likely to demand such rights to health. These rights, however, are not present or protected in many societies.

While there are numerous potential ways to use women's empowerment to promote change in health systems, there are many challenges for implementation. When issues of finance and funding arise, as well as changing and challenging social norms, there is often hesitancy by all parties involved. For instance, it can often be difficult for Member States to understand unique situations in other Member States. Further, undeveloped or developing countries may lack the infrastructure or financial abilities to create or reform health systems. In addition, sovereignty must be respected at all times, even though that may considerably slow or even halt WHO programs or those of other entities. However, as the UN system and its bodies move towards eliminating discrimination, reaching the MDGs, and promoting the right to health and access to medicine, those hesitancies can eventually be overcome by working to reach a higher goal.

III. Improving Affordable and Equitable Access to Medicine

- How can a human rights approach to health be implemented in order to assist in improving affordable and equitable access to medicine?
- What unique issues need to be taken into account when considering solutions for access to medicine for countries of low- and middle-income levels?

In April 2011, a survey that was taken in over 40 countries revealed that only 56.1% and 65.6% of generic medicines for acute diseases were available for the public and private sectors, respectively. In addition to that, the

availability of medicine for chronic diseases was even less, at 36% and 54.7%, respectively. Public sector availability is often limited for a number of reasons, ranging from inefficient maintenance of supplies and distribution to lack of resources and funding. As a result, the only alternative is to seek private sector medicines, which are more costly. These costs can significantly affect the budget of many households, often placing the members of such households into poverty. A different issue relates to the quality of the types of medicines needed. For example, a Rwandan study showed that over 2/3 of hypertensive medicine purchased was of insufficient stability, while about 1/5 was substandard. Results in the same vein were found in many other developing countries. Further problems lie in medicines that have unregulated sales, been counterfeited, and conflicting interests among various interested parties, such as buyers and sellers. Low access statistics allude to the United Nations' (UN) and World Health Organization's (WHO) recognition that work needs to be done to solve these types of problems, as they impede one of the WHO's six leadership priorities: increasing access to medical products. Further, Millennium Development Goal (MDG) 6, combating HIV/AIDS, malaria, and other diseases, is unlikely to be achieved without greater affordable and equitable access to medical products.

WHO's views and actions are strongly based on the right to health. The right to health is protected under the *Protocol of San Salvador of the Organization of American States* and is mentioned in various human rights instruments including the *Universal Declaration of Human Rights*, the *American Declaration of the Rights and Duties of Man*, and *the International Covenant on Economic, Social and Cultural Rights* (ICESCR). As a result of a UN-wide broad focus on the right to health, in 2002 a special United Nations Rapporteur on the Right to Health was appointed to address "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." That Rapporteur has since created several reports relevant to access to medicines that specifically focus on the pharmaceutical industry and measures of progress in determining the ways that human rights are implicated for access. In line with this, campaigns specifically for access to the treatment of HIV/AIDS were created. These reports and campaigns have led to awareness within non-governmental organizations (NGOs) and civil society organizations (CSOs), and have impacted negotiations regarding international trade agreements, public health, and intellectual property rights. Further, they have led to increased innovation in terms of how Member States may respond to possible negative implications.

The WHO is committed to the right to health, which it has promoted through its constitution by specifically mandating the use of laws, institutions, an enabling environment, and norms as a means to execute that right. Pursuant to this, one of WHO's key objectives is achieving universal health coverage; one of the most cost effective ways to do this is to improve affordable and equitable access to medicine. The WHO's plenary body, the World Health Assembly, uses right to health as a measurement of a government's dedication to promoting access to essential medicines, which is one of the United Nations' five indicators of achieving the goal of the right to health. Unfortunately, 60 countries have failed to recognize this right, while over 30 countries have additionally failed to ratify the ICESCR. Therefore, one of the ways to improve affordable and equal access to medicine is by encouraging countries first to recognize the right to health. Beyond this, countries can also focus on implementing their right to health policies or a right to health can be promoted through activities of other actors.

The right to health can be supported through creating public policies regarding improved transparency, increased accountability, and freedom from discrimination. Once mechanisms for these types of policies are put into place, further government participation and commitment can be gained. Several examples of such policies are specifying governmental obligations, emphasizing and protecting vulnerable groups that need access to healthcare and medicine, and providing access to health information. In some instances, there is even the ability to claim health rights through legal avenues. Unfortunately, not all governments may have the financial means or infrastructure to put right to health policies in place. Without these types of policies, though there are other ways to support affordable and equitable access to medicines, this access will continue to be inadequate thus subverting a principle goal of the WHO.

In place of right to health policies, affordable and equitable access can be achieved in a number of ways including quality use of medicines by prescribers and consumers and assured quality and safety. WHO's Department of Essential Medicines and Pharmaceutical Policies (EMP) does so through policy assistance, advocacy, and evaluating case studies. An example of equitable access involves the selection of better-suited medicines from a limited amount of choices that help create a system in which supply and demand are balanced, while making sure that the medicines are safe and abuse is limited. Additionally, financing through insurance platforms and creating public sector budgeting systems can also help achieve equitable access. Pricing issues can be addressed through trade agreements,

reimbursement options, local and governmental licensing, as well as through controlling mark-up prices. However, in order to achieve these systems and methods there needs to be accountability and transparency in place to help prevent corruption.

Quality and safety issues are best addressed via regulatory authorities, which create regulations and systems to help provide inspections and accountability measures in order to protect people from unsafe medicines. This differs from quality use of medicines in the sense that the medicine may be safe, while the use may not be (i.e. abuse). Education and guidelines may also prove essential, while training and incentives can help monitor the quality of medicinal use by patients.

Moreover, there is the option to produce medicine locally to help provide better access to low- and middle-income countries. Local production of medicine cuts down on costs while simultaneously benefitting the local economy through providing jobs and capital. The WHO has departments such as the Department of Public Health, Innovation, Intellectual Property and Trade (PHI) that focus on determining hindrances to local production of medicine and medical products to help improve public health overall, while also promoting access to medicine. Yet, while there is a potential for cost-savings by producing locally, certain types of medicines may actually be cheaper to produce outside of the country. An example of this took place in Uganda, where a study concluded that local drugs produced by Quality Chemicals Limited Company were actually 15% more expensive than if they were produced externally, in spite of the company's statement that they were cheaper.

Because of the efforts of the WHO, through the promotion of right to health via its constitution, several Member States have begun the process of implementing right to health policies in their countries. As well, through creating awareness around, and best practices for, health policies and promoting pathways for access, the WHO is creating an open environment for affordable and equitable access to medicine. Further, certain Eastern Mediterranean Region countries have begun including constitutional statements regarding policies on national medicines or essential medicines lists that could potentially lead to the implementation of legal access to medicines in their respective legislatures. While it is clear that the right to health's implementation will have to be determined on a Member State-by-Member State basis, the WHO can offer assistance via guidance through its unique programs and departments, such as the PHI and EMP, to help make access to medicine a global reality.

Annotated Bibliography

History of the World Health Organization

World Health Organization. (n.d.). *WHO Leadership priorities* [Website]. Retrieved 23 May 2014 from: http://www.who.int/about/agenda/en/

This Website provides a simple overview of current WHO priorities. The current priorities of the WHO are reflected in many actions being taken at the country office level. This site also provides a concise summary of each priority highlighted in the Twelfth General Programme of Work as well as the basic actions being taken. Familiarity with these priorities would greatly benefit delegates in their research into their own countries' policies.

World Health Organization. (n.d.). *WHO History* [Website]. Retrieved 23 May 2014 from: http://www.who.int/global_health_histories/who_history/en/

This Website provides access to WHO historical documents that provide an overview of the activities taken during WHO's first 40 years. These documents provide insight into the challenges faced at the time, and the origins of the WHO. The document highlighting the first 10 years of the WHO is available on this Website and provides an overview of the evolution of global public health activities from the International Sanitary Conferences through the founding of the WHO.

World Health Organization. (2006). *WHO Constitution.* Retrieved 23 May 2014 from: http://www.who.int/governance/eb/who_constitution_en.pdf

The constitution of the WHO is the main document that outlines the mandate, structure, and functions of the organization. Delegates should be familiar with the constitution in order to understand the WHO's mandate and its practical application in the current activities of the WHO and the issues on its agenda. A

solid understanding of the constitution will provide delegates with a greater context of activities being undertaken at all levels of the WHO and the ways in which recommendations can be made and actions can be taken.

I. Preventing Vector Borne Diseases in Developing Countries

Heymann, D. (2006). *Control, elimination, eradication and re-emergence of infectious diseases: getting the message right*. Bull. World Health Organ. 2006:84. Retrieved 5 May 2014 from: http://www.who.int/bulletin/volumes/84/2/editorial10206html/en/

Delegates should utilize this source to understand the basic challenges that are faced by the WHO during control and elimination of diseases. Heymann provides a brief summary of recent activities as well as challenges posed by greater global interconnectivity and travel. While many examples utilized in this source are non-vector borne diseases, this provides a strong example of the activities that WHO is involved in.

Towson, H. (2005). *Exploiting the potential of vector control for disease prevention.* Bull. World Health Organ. 2005:83. Retrieved 16 June 2014 from: http://www.who.int/bulletin/volumes/83/12/942.pdf

This article should be used as a comparison for how programs have been approached over the past decade. Towson provides a concise summary of some of the challenges experienced and areas that were identified for improvement. Delegates will benefit from being familiar with this article and the topics addressed, as they provide an overview of the evolution of malaria control and trends observed. Delegates should pay particular attention to the examples given and discussion about future efforts and methods.

United Nations, General Assembly, Sixty-seventh session. (5 April 2013). *Implementation of General Assembly resolution 66/289 on consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2015: Note by the Secretary-General (A/67/825).* Retrieved 5 May 2014 from: http://www.who.int/malaria/publications/atoz/UNGA_malaria_report_2013_English.pdf

This report provides a comprehensive overview of the actions being taken by the UN to address malaria. Further, it provides information on current challenges being faced as well as areas that have seen success. Delegates should be cognizant of the wording utilized and the general approach of the report, focusing on the juxtaposition between the successes highlighted as well as the areas that need significant attention to better understand how to approach their own recommendations.

World Health Organization. (n.d.). *WHO About vector-borne diseases* [Website]. Retrieved 20 May 2014 from: http://www.who.int/campaigns/world-health-day/2014/vector-borne-diseases/en/

This Website provides an overview of what vector borne diseases are and links to sites describing each disease individually. Due to the technical nature of this topic, delegates should be familiar with the main vector borne diseases and current policies and guidelines relating to them. While delegates are not expected to become experts on the details of technical activities, they should be well versed in the technology that is used including indoor residual spraying, long lasting insecticide treated nets, and mass prophylaxis.

World Health Organization. (n.d.). *WHO Malaria control: the power of integrated action* [Website]. Retrieved 20 May 2014 from: http://www.who.int/heli/risks/vectors/malariacontrol/en/

This Website should be utilized to gain a comprehensive background of Integrated Vector Management activities. Data is presented visually to emphasize the burden of vector borne diseases and appropriate ways to address the issues. While Integrated Vector Management is a complex issue, it is key to understanding current actions being taken and methodologies being utilized. Delegates should be familiar with the basic concepts of Integrated Vector Management and the key elements; this Website can be used for broad familiarization, with special attention being paid to Section 5, which highlights challenges being faced. Delegates should use these challenges as a starting point for further research as well as a basis for later suggestions.

World Health Organization. (2011). *Resolution 64.11 [Malaria] (WHA/64.11)*. Retrieved 4 May 2014 from: http://www.who.int/malaria/publications/WHA-malaria-resolution-2011.pdf

This Resolution should be utilized as an example of how WHA resolutions are prepared. This document provides concise and specific actions that should be considered by Member States and outlines appropriate actions that can be taken by the WHO. Delegates should be familiar with the actions taken in relation to malaria but also be familiar with other methods of malaria control not mentioned in this Resolution.

World Health Organization. (2013). *World Malaria Report*. Retrieved 15 May 2014 from: http://www.who.int/malaria/publications/world_malaria_report_2013/report/en/

This report provides an extremely detailed overview of the malaria situation worldwide and actions being taken to address control and elimination. Further, it provides context particularly in relation to the Millennium Development Goals and progress being made towards Millennium Development Goals 4 and 6. Significant attention is focused on funding and funding mechanisms for programs. Delegates should be aware of funding challenges currently faced as well as possible solutions in line with their Member States' policies. This report also highlights the burden of this disease in developing countries as well as providing comprehensive statistics on each area discussed.

II. Empowering Women as Agents of Change in Health Systems

United Nations Population Fund. (30 May 2014). *Somali midwifery school helps tackle harsh conditions for women* [Website]. Retrieved 17 June 2014 from: http://unfpa.org/public/cache/offonce/home/news/pid/17531;jsessionid=8E499E8FCDBC6BD3ABD23A9D2286A382.jahia01

This brief news release gives an example of how midwifery can positively empower women as reformers of health systems. The report provides an explanation of the way the midwifery program in Somalia plays a role in gender equality, while simultaneously addressing maternal health issues. Though the news release is brief, there are links for further information from related sources that provide more detail for delegates that wish to peruse discussions on how midwifery can improve maternal healthcare.

UN Women. (2014). *Gender Mainstreaming* [Website]. Retrieved 25 May 2014 from: http://www.unwomen.org/en/how-we-work/un-system-coordination/gender-mainstreaming

UN Women presents an explanation of gender mainstreaming in order to help frame UN Women's roles and responsibilities within the UN system. The discussion in this source is helpful for WHO delegates to gain a clear understanding of the complex concept of gender mainstreaming. This Website also provides an outside perspective on how to address gender issues but which still falls within the UN system.

World Health Organization. (7 March 2007). *What is a gender-based approach to public health*? [Website]. Retrieved 7 May 2014 from: http://www.who.int/features/qa/56/en/

In this source, frequently asked questions about a gender-based approach to public health are answered by explaining the positive impacts of such an approach. It gives an overview of how women's health can be addressed in multiple ways, and not simply in terms of maternal health. Included is also a short case study of how using a gender-based approach to address HIV in South Africa led to a 55% drop in sexual violence towards women. Understanding such examples will prove helpful to delegates as they formulate future recommendations.

World Health Organization. (September 2008). *Women's Empowerment and Gender Equality: Essential Goals for Saving Women's Lives* [Website]. Retrieved 7 May 2014 from: http://www.who.int/entity/gender/documents/EN_womens_emp.pdf

The WHO wrote this article in September 2008 to highlight issues of gender equality and women's empowerment. The issues in this article range from maternal health to that of general women's health, while simultaneously providing potential solutions for such problems. This article also frames the issues in relation to those Millennium Development Goals, particularly those directly related to women's empowerment and gender equality.

World Health Organization. (30 September 2008). *Integrating gender analysis and actions into the work of WHO* [Website]. Retrieved 7 May 2014 from: http://www.who.int/gender/mainstreaming/integrating_gender/en/

This Website explains the WHO's four key goals in its system-wide strategy to mainstream gender. By understanding the goals that WHO is trying to reach, delegates can better address how to solve them. There is also a section that explains the difference between various gender-related concepts, which can often be complicated. For a basic understanding of gender mainstreaming and integration into international development work, this source is extremely helpful.

III. Improving Affordable and Equitable Access to Medicine

World Health Organization. (June 2008). *The Right to Health.* Retrieved 6 July 2014 from: http://www.ohchr.org/Documents/Publications/Factsheet31.pdf

This WHO document explains in depth the Right to Health, what it is, and how it is related to and essential to access to essential medicines. Further, this document contains a quick history on the right to health throughout the United Nation, and across the globe in regional and international conventions. In addition to the inherent link between right to health and access to essential medicines, this document also explains the connection and overlap between the right to health and other human rights.

World Health Organization. (2011). *Local Production and Access to Medicines in Low- and Middle-Income Countries*. Retrieved 7 May 2014 from: http://www.who.int/entity/phi/publications/Local_Production_Literature_Review.pdf

Presented by the WHO, this literature review and critical analysis provides very thorough information relating to access to medicine, but with a special emphasis on the perspective of low- and middle-income countries. This document is essential to Member States that are looking for guidelines in creating medicines locally with intent to use and/or distribute them. Further, this document provides case studies of actual costs versus costs that were originally anticipated. It offers a unique insight into one of the many ways of addressing the issue of affordable and equitable access to medicine.

World Health Organization. (2011). *The World Medicines Situation 2011 – Access to Essential Medicines as Part of the Right to Health*. Retrieved 25 May 2014 from: http://apps.who.int/medicinedocs/documents/s18772en/s18772en.pdf

This in-depth article provides a strong foundation for addressing the right to access medicines. It provides information on the right to health in international treaties, recent developments on the situation, and country-level situations in reference to the right to health and right to access medicines. Here, delegates can note case studies on particular Member States, as well as examine future challenges and practical recommendations regarding this issue.

World Health Organization. (April 2011). *Briefing Document: Essential Medicines for Non-Communicable Diseases (NCDs)*. Retrieved 7 May 2014 from: http://www.who.int/medicines/areas/policy/access_noncommunicable/NCDbriefingdocument.pdf

Written by the Essential Medicines and Pharmaceutical Policies Department of the WHO, this document provides a thorough explanation of access to essential medicines for non-communicable diseases. This document is full of statistics and cost data. Additionally, this document provides a list of measures or approaches in order to help solve problems related to access to essential medicines for non-communicable diseases.

World Health Organization. (2014). *About WHO* [Website]. Retrieved 25 May 2014 from: http://who.int/about/agenda/en/

This page explains what WHO's leadership priorities are and is part of the WHO's primary Website. This site helps to frame where access to medical products falls in relation to other major issues and connects them to the Millennium Development Goals. Delegates can also consult this site to see how WHO plans to generally increase access to medical products.

Rules of Procedure of the World Health Organization (WHO)

Introduction

1. These rules shall be the only rules that apply to the World Health Organization (hereinafter referred to as "the Committee") and shall be considered adopted by the Committee prior to its first meeting.

2. For purposes of these rules, the Director, the Assistant Director, and the Director of Conference Services are designates and agents of the Secretary-General and Deputy Secretary-General, and are collectively referred to as the "Secretariat."

3. Interpretation of the rules shall be reserved exclusively to the Secretary-General and the Deputy Secretary-General or her/his designate. Such interpretation shall be in accordance with the philosophy and principles of the National Model United Nations (NMUN) and in furtherance of the educational mission of that organization.

4. For the purposes of these rules, "President" shall refer to the chairperson or acting chairperson of the Committee, which can be any member of the Secretariat or their designate.

5. The practice of striving for consensus in decision-making shall be encouraged. NMUN also acknowledges it may sometimes be necessary for a Member State to abstain or vote against a resolution it cannot support for policy reasons.

I. SESSIONS

Rule 1 - *Dates of convening and adjournment*

The Committee shall meet every year in regular session, commencing and closing on the dates designated by the Secretary-General.

Rule 2 - *Place of sessions*

The Committee shall meet at a location designated by the Secretary-General.

II. AGENDA

Rule 3 - *Provisional agenda*

The provisional agenda shall be drawn up by the Deputy Secretary-General and communicated to the members of the Committee at least sixty days before the opening of the session.

Rule 4 - *Adoption of the agenda*

The agenda provided by the Deputy Secretary-General shall be considered adopted as of the beginning of the session. The order of the agenda items shall be determined by a majority vote of those present and voting.

> *The vote described in this rule is a procedural vote and, as such, observers are permitted to cast a vote. For purposes of this rule, those present and voting means those Member States and observers, in attendance at the meeting during which this motion comes to a vote. Should the Committee not reach a decision by conclusion of the first night's meeting, the agenda will be automatically set in the order in which it was first communicated.*

Rule 5 - *Revision of the agenda*

During a session, the Committee may revise the agenda by adding, deleting, deferring or amending items. Only important and urgent items shall be added to the agenda during a session. Debate on the inclusion of an item in the agenda shall be limited to three speakers in favor of, and three against, the inclusion. Additional items of an important and urgent character, proposed for inclusion in the agenda less than thirty days before the opening of a session, may be placed on the agenda if the Committee so decides by a two-thirds majority of the members present and voting. No additional item may, unless the Committee decides otherwise by a two-thirds majority of the members present and voting, be considered until a commission has reported on the question concerned.

> *For purposes of this rule, the determination of an item of an important and urgent character is subject to the discretion of the Deputy Secretary-General, or his or her designate, and any such determination is final. If an item is determined to be of such a character, then it requires a two-thirds vote of the Committee to be placed on the agenda. The votes described in this rule are substantive votes, and, as such, observers are not permitted to cast a vote. For purposes of this rule, ―the members "present and voting" ― means members (not including observers) in attendance at the session during which this motion comes to vote.*

Rule 6 - *Explanatory memorandum*

Any item proposed for inclusion in the agenda shall be accompanied by an explanatory memorandum and, if possible, by basic documents.

III. SECRETARIAT

Rule 7 - *Duties of the Secretary-General*

1. The Secretary-General or her/his designate shall act in this capacity in all meetings of the Committee.

2. The Secretary-General, in cooperation with the Deputy Secretary-General, shall provide and direct the staff required by the Committee and be responsible for all the arrangements that may be necessary for its meetings.

Rule 8 - *Duties of the Secretariat*

The Secretariat shall receive and distribute documents of the Commission to the Members, and generally perform all other work which the Committee may require.

Rule 9 - *Statements by the Secretariat*

The Secretary-General or her/his designate, may make oral as well as written statements to the Committee concerning any question under consideration.

Rule 10 - *Selection of the President*

The Secretary-General or her/his designate shall appoint, from applications received by the Secretariat, a President who shall hold office and, *inter alia*, chair the Committee for the duration of the session, unless otherwise decided by the Secretary-General.

Rule 11 - *Replacement of the President*

If the President is unable to perform her/his functions, a new President shall be appointed for the unexpired term at the discretion of the Secretary-General or her/his designate.

IV. LANGUAGE

Rule 12 - *Official and working language*

English shall be the official and working language of the Committee during scheduled sessions (both formal and informal) of the Committee.

Rule 13 - *Interpretation (oral) or translation (written)*

Any representative wishing to address any body or submit a document in a language other than English shall provide interpretation or translation into English.

> *This rule does not affect the total speaking time allotted to those representatives wishing to address the body in a language other than English. As such, both the speech and the interpretation must be within the set time limit. The language should be the official language of the country you are representing at NMUN.*

V. CONDUCT OF BUSINESS

Rule 14 - *Quorum*

The President may declare a meeting open and permit debate to proceed when representatives of at least one-third of the members of the Committee are present. The presence of representatives of a majority of the members of the Committee shall be required for any decision to be taken.

> *For purposes of this rule, members of the Committee means the total number of members (not including observers) in attendance at the first night's meeting (session).*

Rule 15 - *General powers of the President*

In addition to exercising the powers conferred upon him or her elsewhere by these rules, the President shall declare the opening and closing of each meeting of the Committee, direct the discussions, ensure observance of these rules, accord the right to speak, put questions to vote and announce decisions. The President, subject to these rules, shall have complete control of the proceedings of the Committee and over the maintenance of order at its meetings. He or she shall rule on points of order. The President may propose to the Committee the closure of the list of speakers, a limitation on the speakers time and on the number of times the representative of each member may speak on an item, the adjournment or closure of the debate, and the suspension or adjournment of a meeting.

> *Included in these enumerated powers is the power to assign speaking times for all speeches incidental to motions and amendment. Further, the President is to use her/his discretion, upon the advice and at the consent of the Secretariat, to determine whether to entertain a particular motion based on the philosophy and principles of the NMUN. Such discretion should be used on a limited basis and only under circumstances where it is necessary to advance the educational mission of the Conference and is limited to entertaining motions.*

Rule 16 - *Authority of the Committee*

The President, in the exercise of her or his functions, remains under the authority of the Committee.

Rule 17 - *Voting rights on procedural matters*

Unless otherwise stated, all votes pertaining to the conduct of business shall require a favorable vote by the majority of the members "present and voting" in order to pass.

> *For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this rule is applied. Note that observers may vote on all procedural votes; they may, however, not vote on substantive matters (see Chapter VI). Every delegation must cast a vote in procedural votes. Further, there is no possibility to abstain or pass on procedural votes*

Rule 18 - *Points of order*

During the discussion of any matter, a representative may rise to a point of order, and the point of order shall be immediately decided by the President in accordance with the rules of procedure. A representative may appeal against the ruling of the President. The appeal shall be immediately put to the vote, and the President's ruling shall stand unless overruled by a majority of the members present and voting. A representative rising to a point of order may not speak on the substance of the matter under discussion.

> *Such points of order should not under any circumstances interrupt the speech of a fellow representative. They should be used exclusively to correct an error in procedure. Any questions on order arising during a speech made by a representative should be raised at the conclusion of the speech, or can be addressed by the President, sua sponte (on her/his own accord), during the speech. For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this motion comes to vote.*

Rule 19 - *Speeches*

No representative may address the Committee without having previously obtained the permission of the President. The President shall call upon speakers in the order in which they signify their desire to speak. The President may call a speaker to order if his remarks are not relevant to the subject under discussion.

> *In line with the philosophy and principles of the NMUN, in furtherance of its educational mission, and for the purpose of facilitating debate, the Secretariat will set a time limit for all speeches which may be amended by the Committee through a vote if the President, at his or her discretion, decides to allow the Committee to decide. In no case shall the speakers time be changed during the first scheduled session of the Committee. Consequently, motions to alter the speaker's time will not be entertained by the President. The content of speeches should be pertinent to the agenda as set by the Committee.*

Rule 20 - *List of Speakers*

Members may only be on the list of speakers once but may be added again after having spoken. During the course of a debate, the President may announce the list of speakers and, with the consent of the Committee, declare the list closed. Once the list has been closed, it can be reopened upon by a vote of the Committee. When there are no more speakers, the President shall declare the debate closed. Such closure shall have the same effect as closure by decision of the Committee.

> *The decision to announce the list of speakers is within the discretion of the President and should not be the subject of a motion by the Committee. A motion to close the speakers list or reopen (if the list has already been closed) is within the purview of the Committee and the President should not act on her/his own motion.*

Rule 21 - *Right of reply*

If a remark impugns the integrity of a representative's State, the President may permit that representative to exercise her/his right of reply following the conclusion of the controversial speech, and shall determine an appropriate time limit for the reply. No ruling on this question shall be subject to appeal.

> *For purposes of this rule, a remark that impugns the integrity of a representative's State is one directed at the governing authority of that State and/or one that puts into question that State's sovereignty or a portion thereof. All interventions in the exercise of the right of reply shall be addressed in writing to the Secretariat and shall not be raised as a point of order or motion. The reply shall be read to the Committee by the representative only upon approval of the Secretariat, and in no case after voting has concluded on all matters relating to the agenda topic, during the discussion of which, the right arose. The right of reply will not be approved should it impugn the integrity of another State.*

Rule 22 - *Suspension of the meeting*

During the discussion of any matter, a representative may move the suspension of the meeting, specifying a time for reconvening. Such motions shall not be debated but shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass. Delegates should not state a purpose for the suspension.

> *This motion should be used to suspend the meeting for lunch or at the end of the scheduled board session time. Delegates should properly phrase this motion as "suspension of the meeting," and provide a length of time when making the motion.*

Rule 23 - *Adjournment of the meeting*

During the discussion of any matter, a representative may move to the adjournment of the meeting. Such motions shall not be debated but shall be put to the vote immediately, requiring the support of a majority of the members present and voting to pass. After adjournment, the Committee shall reconvene at its next regularly scheduled meeting time.

> *As this motion, if successful, would end the meeting until the Committee's next regularly scheduled session the following year, and in accordance with the philosophy and principles of the NMUN and in furtherance of its educational mission, the President will not entertain such a motion until the end of the last meeting of the Committee.*

Rule 24 - *Adjournment of debate*

During the discussion of any matter, a representative may move the adjournment of the debate on the item under discussion. Two representatives may speak in favor of, and two against, the motion, after which the motion shall be immediately put to the vote. The President may limit the time to be allowed to speakers under this rule.

Rule 25 - *Closure of debate*

A representative may at any time move the closure of debate on the item under discussion, whether or not any other representative has signified her/his wish to speak. Permission to speak on the motion shall be accorded only to two representatives opposing the closure, after which the motion shall be put to the vote immediately. Closure of debate shall require a two-thirds majority of the members present and voting. If the Committee favors the closure of debate, the Committee shall immediately move to vote on all proposals introduced under that agenda item.

Rule 26 - *Order of motions*

Subject to Rule 18, the motions indicated below shall have precedence in the following order over all proposals or other motions before the meeting:

1. To suspend the meeting;
2. To adjourn the meeting;
3. To adjourn the debate on the item under discussion;
4. To close the debate on the item under discussion.

Rule 27 - *Proposals and amendments*

Proposals and amendments shall normally be submitted in writing to the Secretariat. Any proposal or amendment that relates to the substance of any matter under discussion shall require the signature of twenty percent of the members of the Committee [sponsors].

The Secretariat may, at its discretion, approve the proposal or amendment for circulation among the delegations. As a general rule, no proposal shall be put to the vote at any meeting of the Committee unless copies of it have been

circulated to all delegations. The President may, however, permit the discussion and consideration of amendments or of motions as to procedure, even though such amendments and motions have not been circulated.

If the sponsors agree to the adoption of a proposed amendment, the proposal shall be modified accordingly and no vote shall be taken on the proposed amendment. A document modified in this manner shall be considered as the proposal pending before the Committee for all purposes, including subsequent amendments.

> *For purposes of this rule, all proposals shall be in the form of working papers prior to their approval by the Secretariat. Working papers will not be copied, or in any other way distributed, to the Committee by the Secretariat. The distribution of such working papers is solely the responsibility of the sponsors of the working papers. Along these lines, and in furtherance of the philosophy and principles of the NMUN and for the purpose of advancing its educational mission, representatives should not directly refer to the substance of a working paper that has not yet been accepted as a draft resolution during formal speeches. After approval of a working paper, the proposal becomes a draft resolution and will be copied by the Secretariat for distribution to the Committee. These draft resolutions are the collective property of the Committee and, as such, the names of the original sponsors will be removed. The copying and distribution of amendments is at the discretion of the Secretariat, but the substance of all such amendments will be made available to all representatives in some form. Should delegates wish to withdraw a working paper or draft resolution from consideration, this requires the consent of all sponsors.*

Rule 28 - *Withdrawal of motions*

A motion may be withdrawn by its proposer at any time before voting has commenced, provided that the motion has not been amended. A motion thus withdrawn may be reintroduced by any member.

Rule 29 - *Reconsideration of a topic*

When a topic has been adjourned, it may not be reconsidered at the same session unless the Committee, by a two-thirds majority of those present and voting, so decides. Reconsideration can only be moved by a representative who voted on the prevailing side of the original motion to adjourn. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall be put to the vote immediately. The President may limit the time to be allowed to speakers under this rule.

Rule 30 - *Invitation to silent prayer or meditation*

Immediately after the opening of the meeting and immediately preceding the closing of the final meeting, the President shall invite the representatives to observe one minute of silence dedicated to prayer or meditation with the motion to do so by a representative.

VI. VOTING

Rule 31 - *Voting rights*

Each member of the Committee shall have one vote.

> *This rule applies to substantive voting on amendments, draft resolutions, and portions of draft resolutions divided out by motion. As such, all references to member(s) do not include observers, who are not permitted to cast votes on substantive matters.*

Rule 32 - *Request for a vote*

A proposal or motion before the Committee for decision shall be voted upon if any member so requests. Where no member requests a vote, the Committee may adopt proposals or motions without a vote.

> *For purposes of this rule, proposal means any draft resolution, an amendment thereto, or a portion of a draft resolution divided out by motion. Just prior to a vote on a particular proposal or motion, the President may ask if there are any objections to passing the proposal or motion by acclamation, or a*

member may move to accept the proposal or motion by acclamation. If there are no objections to the proposal or motion, then it is adopted without a vote. Adoption by "acclamation" or "without a vote" is consistent not only with the educational mission of the conference but also the way in which the United Nations adopts a majority of its proposals.

Rule 33 - *Majority required*

1. Unless specified otherwise in these rules, decisions of the Committee shall be made by a majority of the members present and voting.

2. For the purpose of tabulation, the phrase "members present and voting" means members casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.

   All members declaring their representative States as "present and voting" during the attendance roll-call for the meeting during which the substantive voting occurs, must cast an affirmative or negative vote, and cannot abstain on substantive votes.

Rule 34 - *Method of voting*

1. The Committee shall normally vote by a show of placards, except that a representative may request a roll-call, which shall be taken in the English alphabetical order of the names of the members, beginning with the member whose name is randomly selected by the President. The name of each member shall be called in any roll-call, and one of its representatives shall reply "yes," "no," "abstention," or "pass."

   Only those members who designate themselves as present or present and voting during the attendance roll-call, or in some other manner communicate their attendance to the President and/or Secretariat, are permitted to vote and, as such, no others will be called during a roll-call vote. Any representatives replying pass must, when requested a second time, respond with either a yes or no vote. A pass cannot be followed by a second pass for the same proposal or amendment, nor can it be followed by an abstention on that same proposal or amendment.

2. When the Committee votes by mechanical means, a non-recorded vote shall replace a vote by show of placards and a recorded vote shall replace a roll-call vote. A representative may request a recorded vote. In the case of a recorded vote, the Committee shall dispense with the procedure of calling out the names of the members.

3. The vote of each member participating in a roll-call or a recorded vote shall be inserted in the record.

Rule 35 - *Explanations of vote*

Representatives may make brief statements consisting solely of explanation of their votes after the voting has been completed. The representatives of a member sponsoring a proposal or motion shall not speak in explanation of vote thereon, except if it has been amended, and the member has voted against the proposal or motion.

All explanations of vote must be submitted to the President in writing before debate on the topic is closed, except where the representative is of a member sponsoring the proposal, as described in the second clause, in which case the explanation of vote must be submitted to the President in writing immediately after voting on the topic ends. Only delegates who are sponsors of a draft resolution that has been adopted with an unfriendly amendment, whom subsequently voted against the draft resolution may explain their vote.

Rule 36 - *Conduct during voting*

After the President has announced the commencement of voting, no representatives shall interrupt the voting except on a point of order in connection with the actual process of voting.

For purposes of this rule, there shall be no communication among delegates, and if any delegate leaves the Committee room during voting procedure, they will not be allowed back into the room until the Committee

has convened voting procedure. Should a delegate who is also serving as Head Delegate leave the room, they may reenter but they may not retake their seat and participate in the vote.

Rule 37 - *Division of proposals and amendments*

Immediately before a proposal or amendment comes to a vote, a representative may move that parts of a proposal or of an amendment should be voted on separately. If there are calls for multiple divisions, those shall be voted upon in an order to be set by the President where the most radical division will be voted upon first. If an objection is made to the motion for division, the request for division shall be voted upon, requiring the support of a majority of those present and voting to pass. Permission to speak on the motion for division shall be given only to two speakers in favor and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are approved shall then be put to a vote. If all operative parts of the proposal or of the amendment have been rejected, the proposal or amendment shall be considered to have been rejected as a whole.

For purposes of this rule, most radical division means the division that will remove the greatest substance from the draft resolution, but not necessarily the one that will remove the most words or clauses. The determination of which division is most radical is subject to the discretion of the Secretariat, and any such determination is final.

Rule 38 - *Amendments*

An amendment is a proposal that does no more than add to, delete from, or revise part of another proposal. Permission to speak on the amendment shall be given only to two speakers in favor and two speakers against.

An amendment can add, amend, or delete entire operative clauses, but cannot in any manner add, amend, delete, or otherwise affect preambular clauses or sub-clauses of operative clauses. The President may limit the time to be allowed to speakers under this rule. These speeches are substantive in nature.

Rule 39 - *Voting on amendments*

When an amendment is moved to a proposal, the amendment shall be voted on first. When two or more amendments are moved to a proposal, the amendment furthest removed in substance from the original proposal shall be voted on first and then the amendment next furthest removed there from, and so on until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted on.

For purposes of this rule, furthest removed in substance means the amendment that will have the most significant impact on the draft resolution. The determination of which amendment is furthest removed in substance is subject to the discretion of the Secretariat, and any such determination is final.

Rule 40 - *Order of voting on proposals*

If two or more proposals, other than amendments, relate to the same question, they shall, unless the Committee decides otherwise, be voted on in the order in which they were submitted.

Rule 41 - *The President shall not vote*

The President shall not vote but may designate another member of her/his delegation to vote in her/his place.

VII. CREDENTIALS

Rule 42 - *Credentials*

The credentials of representatives and the names of members of a delegation shall be submitted to the Secretary-General prior to the opening of a session.

Rule 43 - *Authority of the General Assembly*

The Committee shall be bound by the actions of the General Assembly in all credentials matters and shall take no action regarding the credentials of any member.

VII. PARTICIPATION OF NON-MEMBERS OF THE COMMITTEE

Rule 44 - *Participation of non-Member States*

The Committee shall invite any Member of the United Nations that is not a member of the Committee and any other State, to participate in its deliberations on any matter of particular concern to that State.

A sub-board or sessional body of the Committee shall invite any State that is not one of its own members to participate in its deliberations on any matter of particular concern to that State. A State thus invited shall not have the right to vote, but may submit proposals which may be put to the vote on request of any member of the body concerned.

> *If the Committee considers that the presence of a Member invited, according to this rule, is no longer necessary, it may withdraw the invitation. Delegates invited to the Committee according to this rule should also keep in mind their role and obligations in the Committee that they were originally assigned to. For educational purposes of the NMUN Conference, the Secretariat may thus ask a delegate to return to his or her board when his or her presence in the Committee is no longer required. Delegates may request the presence of a non-member of their board simply by informing the President that this is the desire of the body, there is no formal procedural process.*

Rule 45 - *Participation of national liberation movements*

The Committee may invite any national liberation movement recognized by the General Assembly to participate, without the right to vote, in its deliberations on any matter of particular concern to that movement.

> *National liberation movements are only represented at NMUN in two ways: (1) if their delegation has been assigned explicitly the national liberation movement itself; or (b) should the Security Commission wish to hear from a representative of the movement in their deliberations, the Secretariat shall provide the appropriate representative.*

Rule 46 - *Participation of and consultation with specialized agencies*

In accordance with the agreements concluded between the United Nations and the specialized agencies, the specialized agencies shall be entitled: a) To be represented at meetings of the Committee and its subsidiary organs; b) To participate, without the right to vote, through their representatives, in deliberations with respect to items of concern to them and to submit proposals regarding such items, which may be put to the vote at the request of any member of the Committee or of the subsidiary organ concerned.

> *NMUN does not assign delegations to Specialized Agencies.*

Rule 47 - *Participation of non-governmental organization and intergovernmental organizations*

Representatives of non-governmental organizations/intergovernmental organizations accorded consultative observer status by the Economic and Social Council and other non-governmental organizations/intergovernmental organizations designated on an ad hoc or a continuing basis by the Committee on the recommendation of the Bureau, may participate, with the procedural right to vote, but not the substantive right to vote, in the deliberations of the Committee on questions within the scope of the activities of the organizations.

> *NMUN will assign delegations an NGO instead of a Member State upon request.*