

# WHO

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# WHO

AIMSUN TWENTIETH EDITION

ALTAMIRA  
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**I. Welcoming Letter**

Dear delegates,

Receive a warm welcome to the World Health Organization committee on our behalf. We are honored to guide you over this MUN experience, in which growth and learning will be enforced. This conference will be the base to help you acquire numerous skills like exemplary oratory, argumentative ideas, problem-solution, and



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decision-making. We have high expectations for the debate and the resultant product from enriching discussions about the topic.

In this guide, you will find complete and useful information to help you analyze and understand the addressed issue. It would be useful to prepare yourselves, and therefore, guarantee you a thorough involvement in the flow of the committee. Nevertheless, remember to conduct deep research regarding your country's position and possible solutions you might develop. Do not hesitate to contact us in case of an inconvenience or doubt. Remember, we are here to make AISMUN XX a breathtaking experience.

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## II. Introduction to the Committee

### *2.1 History*





When the United Nations was created, in 1945, one of its goals was to establish a global health organization. Therefore, The World Health Organization (WHO<sup>1</sup>) was founded on April seventh, 1948. It aimed to serve the vulnerable, promote health, promote safety, and guarantee the highest level of health to the population around the globe. The organization most values integrity, professionalism, and respect for diversity.

The World Health Organization (WHO) became the directing and coordinating authority on international health within the United Nations system, counting with its assembly; World Health Assembly. This assembly is the decision-making body of WHO, according to the United Nations it was founded on June 4, 1948, with delegations from 53 of the 55 Member States. The assembly focuses on a specific health agenda prepared by the Executive Board. It also reviews and approves the proposed program budget, determines the organization's policies, and even supervises financial policies. Furthermore, WHO created a foundation that supplies aid to all countries with health issues or emergencies with the best available science, evidence, and technical expertise.

Across its history, the WHO has created the following legal framework and rules that govern its activities and interactions:

- Constitution of the World Health Organization.
- Rights and Obligations of Associate Members and other Territories.
- Convention on the Privileges and Immunities of the Specialized.
- Agreements with other Intergovernmental Organizations.
- Framework of Engagement with Non-State Actors.
- Financial Regulations of the World Health Organization.
- Regulations for Expert Advisory Panels and Committees.
- Regulations for Study and Scientific Groups, Collaborating Institutions, and other Mechanisms of Collaboration.

## ***2.2 Organization and Functions***

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<sup>1</sup> Home. (2023, November 3). <https://www.who.int/>





The WHO has the responsibility to set norms and standards, articulating evidence-based policy options. According to the constitution of the World Health Organization<sup>2</sup> (Article 21); The Health Assembly shall have the authority to adopt regulations concerning sanitary and quarantine requirements, nomenclatures for diseases, causes of death, and public health practices; standards for diagnostic procedures for international use, standards for the safety, advertising, and labeling of biological, pharmaceutical, and similar products moving in international commerce.

### 2.3 The main goal of WHO:

The functions of the World Health Organization are to focus on primary healthcare to increase access to high-quality essential services, work toward sustainable financing and financial protection, enhance access to essential medicines and medical supplies, advise on labor policies and train the health workforce, encourage public participation in national health policies, and improve monitoring data.

The main goal of this committee is to provide global health coverage, protect individuals from medical emergencies, and promote greater health and well-being. Its objectives are to promote development, foster health security, strengthen health systems, harness research, information, and evidence, and enhance partnerships as well as performance.

The Thirteenth General Programme of Work (GPW 13) defines **WHO's strategy for the five years, 2019-2023**<sup>3</sup>. It focuses on triple billion targets to achieve measurable impacts on people's health at the country level.

The triple billion targets are to ensure by 2023:

- One billion more people are benefiting from universal health coverage

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<sup>2</sup> *Constitution of the World Health Organization (WHO)*. (n.d.). The Faculty of Law.  
<https://www.jus.uio.no/english/services/library/treaties/03/3-01/world-health-organization.html>

<sup>3</sup> *Thirteenth General Programme of Work 2019–2023*. (n.d.).  
<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>



- One billion more people are better protected from health emergencies
- One billion more people are enjoying better health and well-being

Measurable impact is at the heart of WHO's mission to transform the future of public health. See how progress is calculated towards achieving GPW 13.

#### **2.4 References**

- *Constitution of the World Health Organization (WHO)*. (n.d.). The Faculty of Law. <https://www.jus.uio.no/english/services/library/treaties/03/3-01/world-health-organization.html>
- *Acceso*. (n.d.). <https://www.who.int/es>
- *Thirteenth General Programme of Work 2019–2023*. (n.d.). <https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>

### **III. Topic: Access to Contraceptive Methods**

#### **3.1 Introduction**

The ability of individuals to receive and use the contraceptive techniques they choose and require is referred to as access to contraceptive methods. It involves obtaining information about various forms of contraception, as well as the financial means to buy and use them.

Access to contraceptive methods enables people to plan their families. It may also aid in preventing unwanted pregnancies, which may affect people's health, education, and



employment prospects. Moreover, it can help in STD (sexually transmitted diseases) prevention.

Universal free access to contraceptive methods is a fundamental medical necessity in the UN Charter of Human Rights. <sup>4</sup>Nevertheless, not all countries around the globe can guarantee these methods. Many nations lack the financial resources to offer their residents free or heavily discounted contraception. Especially in developing nations where the vast majority of people are living in poverty. On the other hand, due to cultural or religious restrictions, the government may not encourage contraception in some countries. Additionally, the deficiency of infrastructure in healthcare systems is also a factor that can impact accessibility.

The primary objective of the World Health Organization (WHO) is to aid its member states in achieving the highest possible standard of health for all individuals, which includes sexual and reproductive health. To accomplish this objective, it is crucial to provide all necessary treatments to citizens. Such provisions are imperative for respecting, protecting, and fulfilling the human rights of every person.

Although the WHO can state international health standards and norms, it does not have the power to compel member states to take any particular action. Therefore, all nations need to cooperate to guarantee access to contraceptive methods.

### ***3.2 Historical Background***

The use of methods has a fascinating history that spans many centuries. At times, people employed various methods for contraception before modern contraceptives became available. Historical records suggest that ancient Egyptians used a combination of crocodile dung, honey, and fermented dough as a contraception element (Nelson, 2019). Similarly, ancient Chinese texts mention the use of herbs and plants for contraceptive purposes. (Medicinal plants: conception/contraception, 1994) <sup>5</sup>. Although these early methods may

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<sup>4</sup> *Universal access to contraception*. (2015, December 17). <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/17/09/14/universal-access-to-contraception>

<sup>5</sup> Medicinal plants: conception / contraception. (1994). PubMed. <https://pubmed.ncbi.nlm.nih.gov/12287843/>



not have been as reliable or effective as birth control pills, they demonstrate humanity's long-standing desire to control fertility and plan for desired family sizes. Over time, advancements in science and technology have expanded the range of contraceptive options available today. This has provided individuals with choices, and greater autonomy, over their reproductive lives.

One significant milestone in the field of contraception was the introduction of the birth control pill in 1953. Biologists John Rock and Gregory Pincus team up to develop the birth control pill, funded by two million dollars from philanthropist Katharine Dexter McCormick. State laws prohibiting contraceptive research made it extremely difficult to set up trials, Rock and Pincus, controversially, first tested the drug on male and female patients at the Worcester State Psychiatric Hospital in Massachusetts and then on poor women in Puerto Rico (A Brief History of Birth Control - Our Bodies Ourselves Today, 2023)<sup>6</sup>. In 1960 the United States approved the birth control pill for use as a method as stated in a report by the Guttmacher Institute, a leading organization focused on sexual and reproductive health (Guttmacher Institute, 2022).<sup>7</sup> This groundbreaking development offered women a convenient way to prevent pregnancy, reforming family planning and empowering women to take charge of their reproductive health.

Over time, birth control options have acquired accessibility and evolution in their technologies. Contraceptive methods like intrauterine devices (IUDs) , hormonal implants, patches, injections, and barrier condoms have provided a variety of choices to cater to preferences and needs.

In years, attempts have been made to broaden contraceptive availability and enhance reproductive healthcare services. For instance, the Affordable Care Act in the United States mandated insurance coverage for contraception without any out-of-pocket costs, making it more accessible for individuals (Guttmacher Institute, 2022). Additionally,

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<sup>6</sup> A brief history of birth control - our bodies ourselves today. (2023). Our Bodies Ourselves Today. <https://www.ourbodiesourselves.org/health-info/a-brief-history-of-birth-control>

<sup>7</sup> Contraceptive use in the United States by method. (2022). Guttmacher Institute. <https://www.guttmacher.org/fact-sheet/contraceptive-method-use-united-states>



organizations such as Planned Parenthood and global initiatives like the Family Planning 2020 program have worked towards increasing access to contraception.

The COVID-19 pandemic reduced contraceptive use by 50%<sup>8</sup>. Among women who wanted contraception, 58% did not receive it. During the pandemic, 77% of previous contraceptive users reported difficulty obtaining contraception, and only 23% sought family planning assistance. Most variations in the contraceptive area are products of the economic crises surging during the pandemic.

Nevertheless, it is important to acknowledge that access to methods can vary based on factors such as location, socioeconomic status, and cultural norms. While progress has expanded access, challenges persist in ensuring access to contraception for all individuals. Ongoing research and advocacy efforts continue to address these barriers and promote inclusive reproductive healthcare.

### ***3.3 Current Situation***

The availability of contraception varies significantly across the globe. Despite substantial progress in many countries, there are still regions and nations where access to contraception is limited due to cultural, social, economic, and political constraints. The World Health Organization (WHO) advocates for universal access to contraception. This is a basic human right and is essential for achieving several global development goals, including reducing poverty, improving maternal health, and empowering women.

According to the World Health Organization (WHO), in 2020, an estimated 749 million women of reproductive age (15- 49 years) in developing countries were using modern contraceptive methods. This represents a 25% increase from 1990. However, there are still significant regional differences in access to contraception. In sub-Saharan Africa, only 41% of women of reproductive age use modern contraceptive methods, compared to

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<sup>8</sup> Castro-Porras, L., Aguilar-Rodríguez, M. A., Rojas-Russell, M., & Salinas-Iracheta, B. A. (2023). Reduction in contraceptive use during the COVID-19 pandemic among women in an indigenous Mexican community: a retrospective crossover study. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1189222>



82% in Europe and North America. It demonstrates that developing countries tend to have a lower availability of contraception. Therefore, they are unable to meet the needs of their citizens.

Likewise, many indigenous and independent communities live in remote areas, which can make it hard to access healthcare services, including contraception. The lack of reliable transportation infrastructure can further hinder access to hospitals or healthcare centers. Nonetheless, countries such as Canada have launched an Indigenous Family Planning Initiative<sup>9</sup>, which provides governmental funding for culturally appropriate family planning and reproductive health programs in indigenous communities.

A study conducted through the PRISMA guidelines in *The Reproductive Health Journal* in Australia stated the Factors influencing contraceptive use or non-use among Indigenous and Independent communities.<sup>10</sup> Identifying, as well as understanding the more broadly applicable factors contributing to contraceptive use or non-use, is essential if wanting to offer appropriate contraceptive services

On the other hand, some nations banned several types of contraception due to their ethical and religious beliefs. However, it varies within countries. For instance, Islamic law<sup>11</sup> permits contraception to space pregnancies or protect mother/child health. It is worth noting that some members of religious groups may not agree with their government's imposed restrictions.

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<sup>9</sup> Government of Canada; Indigenous Services Canada. (2022, May 11). *Indigenous family health*. <https://www.sac-isc.gc.ca/eng/1571758376158/1571758630526>

<sup>10</sup> Coombe, J., Anderson, A. H., Townsend, N., Rae, K., Gilbert, S., Keogh, L., Corby, C., & Loxton, D. (2020). Factors influencing contraceptive use or non-use among Aboriginal and Torres Strait Islander people: a systematic review and narrative synthesis. *Reproductive Health*, 17(1). <https://doi.org/10.1186/s12978-020-01004-8>

<sup>11</sup> Zainuddin, A. (2022, October 6). *Islam Permits Contraceptives, SIS Cites Quran's 'Silence' On Birth Control*. CodeBlue. <https://codeblue.galencentre.org/2022/10/03/islam-permits-contraceptives-sis-cites-qurans-silence-on-birth-control/>



Although there are numerous social variables regarding access to contraceptive methods, the United Nations recommends that states ensure timely and affordable access to reliable sexual and reproductive health information.

**3.4 Focus 1: Access to contraceptive methods in indigenous or independent communities.**

Access to contraception is a fundamental aspect of making informed decisions about reproductive health and planning for families. Unfortunately, indigenous or independent communities face significant obstacles in accessing contraceptives. Independent communities often reside in remote or rural areas with limited access to healthcare facilities and providers. This geographic isolation poses a significant obstacle to accessing contraceptives, as individuals may have to travel long distances or incur substantial transportation costs to reach a healthcare provider.

Cultural norms and beliefs can also hinder access to contraceptives. In some communities, traditional practices or religious beliefs may discourage or prohibit the use of contraception. Besides, gender roles and power dynamics may limit women's autonomy in making decisions about their reproductive health.

Additionally, The cost of contraceptives can be a significant barrier for individuals from low-income or marginalized communities. The financial burden of acquiring contraceptives may deter individuals from seeking or using them, especially if they are struggling to meet their basic needs. The absence of contraceptive options can result in adverse social consequences and human rights violations. Therefore, delegates need to seek solutions to expand healthcare and contraceptive services to all areas, including those facing such challenges.

Furthermore, there is a scarcity of knowledge regarding contraceptive methods due to insufficient educational resources in these areas. Community members might not be



completely aware of the variety of family planning options available if comprehensive sexual education programs aren't in place. The misunderstanding has the potential to spread false beliefs and impair people's capacity for reasoned decision-making.

Interventions must be community-driven and sensitive to cultural differences in order to successfully address these issues. It is crucial that legislators, community leaders, and healthcare professionals work together. Incorporating traditional knowledge into contemporary healthcare procedures, culturally sensitive healthcare services, and community-based educational programs are a few examples of successful initiatives. By acknowledging their cultural background and advancing general wellbeing, these strategies enable members of indigenous communities to make knowledgeable decisions regarding their reproductive health.

### **3.5 Focus 2: Free access to contraceptive methods**

Free access to contraceptives can also have several positive indirect benefits, such as reducing poverty, promoting sustainable development, and improving global security. Certain countries provide free access to contraception to control overpopulation and indicators of local health quality, some of them are

- a. **United Kingdom:** In the UK, contraception services are free and confidential, including for people under 16.<sup>12</sup> This includes various methods such as contraceptive pills, condoms, and long-acting reversible contraceptives (LARCs) like IUDs and implants. The government has provided certain initiatives such as “Contraceptive Services,” “Family Planning Clinics,” and “Sexual Health Promotion.”(UK Parliament [UKP], 2003)

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<sup>12</sup> Website, N. (2023, August 11). *Where can I get contraception?* nhs.uk.  
<https://www.nhs.uk/conditions/contraception/where-can-i-get-contraception/#:~:text=Contraception%20services%20are%20free%20and,the%20decisions%20you're%20making>





- b. **France:** In 2022 France began to introduce free birth control to women between the ages of 18 and 25 years to reduce the number of unwanted pregnancies in the age group. Contraception is covered by the national health insurance system, and individuals can access a variety of methods, including hormonal contraceptives and barrier methods. “It’s a small revolution in preventative healthcare. It’s essential so that our young people protect themselves during sexual intercourse,” Macron said in December. (“France Offers Free Condoms to Young People and Free Emergency Contraception to All Women,” 2022)

Ensuring universal access to contraceptives is one of the most important investments that can be made in global health and development. On the other hand, nations such as Canada guarantee universal health care but no universal access to contraception, making it limited and costly, especially for those in rural and marginalized communities.<sup>13</sup> Not all countries have enough resources to provide free contraceptives. Therefore, delegates must consider if free access can be harmful to the economy and society.

Over-the-counter contraceptives can help fill the gap left by the diminishing federal protection of abortion rights<sup>14</sup>. While opposition may arise, offering the pill without a prescription can reduce gaps in contraceptive use, especially in areas with limited access to healthcare. Organizations like the American College of Obstetricians and Gynecologists support this move, as research suggests the benefits outweigh the risks, and self-screening can help identify potential health issues. Women can still consult their doctors for contraceptive advice, making refills more accessible. This aligns with the idea that universal access to contraceptives is crucial for global health and development, despite potential economic and societal concerns in some countries.

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<sup>13</sup> Guillaume. (2022, July 11). The facts about birth control pills in Canada - Maple. Maple. <https://www.getmaple.ca/blog/2022/06/07/the-facts-about-birth-control-pills-in-canada/#:~:text=How%20do%20you%20get%20birth,A%20sexual%20health%20clinic>

<sup>14</sup> Buchholz, K. (2022, July 12). Where the contraceptive pill is available Over-the-Counter. *Statista Daily Data*. <https://www.statista.com/chart/27764/contraceptive-over-the-counter-world-map/>



### ***3.6 Focus 3: Awareness and education of contraceptives***

Having awareness and education about contraceptives is crucial in empowering individuals and communities to make well-informed decisions about their reproductive health. When people have accurate and reliable information about the different types of contraception available, how to use them effectively, and their potential risks and benefits, they can make choices that are best for themselves and their families. Unfortunately, many nations lack the necessary information about contraceptives due to religious beliefs or a flawed education system. Furthermore, when women have control over their fertility, they are more likely to complete their education and pursue employment, which can lead to improved scholastic and economic outcomes for society.

On the other hand, Governments play a crucial role in ensuring that all individuals, regardless of their socioeconomic status or cultural background, have access to accurate and comprehensive contraceptive education. By investing in education, addressing cultural sensitivities, and educating women, governments can contribute to a society where individuals have the knowledge and resources to make informed decisions about their reproductive health, fulfilling their human rights.

### **3.7 Guiding Questions**

1. *What is the current state of access to contraceptive methods globally?*
  - Explore the availability, affordability, and usage of various birth control methods in the world.
  
2. *How does limiting access to contraceptive methods impact your delegation's individuals and communities?*



- Research the consequences of restricted access to contraception methods, including unwanted pregnancies, unsafe abortions, maternal & infant mortality, and population growth. Consider the social, economic, and health implications.

*3. What are the humanitarian implications of restricting access to contraceptive methods?*

- Analyze how restricted access to contraception involves human rights violations, including reproductive rights, gender equality, and the right to health. Consider the role of the International Human Rights Charter and its obligations in addressing this issue.

*4. What strategies can be implemented to improve access to contraceptive methods?*

- Explore policy measures, healthcare initiatives, education programs, and partnerships that enhance access to contraception at national levels. Consider the importance of complete sexual and reproductive health services.

*5. How can the international community collaborate to address barriers to access and improve contraceptive services?*

- Discuss the role of international organizations, governments, civil society, and other companies in promoting access to contraceptive methods. Consider the importance of resource mobilization, capacity building, and knowledge sharing.

*6. How can access to contraceptive methods be integrated into broader healthcare systems considering side effects?*

- Explore the linkages between contraception and other health issues, such as maternal health, HIV/AIDS prevention, gender-based violence, and sustainable development.

### ***3.8 Recommendations***

To effectively tackle the issue of limited access to contraceptive methods, it is recommended that delegates possess a comprehensive understanding of its implications,



both positive and negative. This warrants an in-depth study of the matter, encompassing its impact on medicine, international law, and indigenous communities.

In addition, it is of greatest importance for delegates to be aware of their country's posture on access to contraceptive methods, including any imposed restrictions or bans. Such knowledge will aid in devising solutions that are by their country's position, while also keeping international cooperation in mind.

Furthermore, the delegates must work collaboratively toward developing effective solutions that address the constraints surrounding contraceptives. This necessitates taking into account the interests and requirements of all parties involved.

### ***3.9 Useful links***

1. World Health Organization [WHO]. (2014). Ensuring human rights in the provision of contraceptive information and services. WHO Library Cataloguing-in-Publication Data. Retrieved from [pps.who.int/iris/bitstream/handle/10665/102539/9789241506748\\_eng.p](https://www.who.int/iris/bitstream/handle/10665/102539/9789241506748_eng.p)
2. Guttmacher Institute. (2021). Contraceptive Use in the United States. Retrieved from <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>
3. Thematic Segment: Sexual and Reproductive Health (SRH) services with HIV interventions in practice. (2010). *UNAIDS*. [https://www.unfpa.org/sites/default/files/resource-pdf/SRH\\_background\\_paper.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/SRH_background_paper.pdf)
4. *The lancet: 160 million women worldwide have unmet contraceptive needs; new study reveals large differences in types of contraceptives used across regions and*



- age groups.* (s. f.). The Institute for Health Metrics and Evaluation.  
<https://www.healthdata.org/news-events/newsroom/news-releases/lancet-160-million-women-worldwide-have-unmet-contraception>
5. *Access to contraception is a global development issue.* (s. f.). Center For Global Development | Ideas to Action.  
<https://www.cgdev.org/blog/access-contraception-global-development-issue>
6. Troutman, M., Rafique, S., & Plowden, T. C. (2020). Are higher unintended pregnancy rates among minorities a result of disparate access to contraception? *Contraception and Reproductive Medicine*, 5(1).  
<https://doi.org/10.1186/s40834-020-00118-5>
7. Basic Documents of the WHO. (2019). In the *World Health Organization*.  
[https://apps.who.int/gb/bd/pdf\\_files/BD\\_49th-en.pdf](https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf)
8. McGinn, T. (2000). Reproductive Health of War-Affected Populations: What Do We Know? *International Family Planning Perspectives*, 26(4), 174–180.  
<https://doi.org/10.2307/2648255>



### ***3.10 Glossary***

1. World Health Organization (WHO): The World Health Organization (WHO) is a specialized agency of the United Nations that was established in 1948. Its main objective is to promote global health, provide leadership on international public health issues, and set standards for health practices. WHO is responsible for directing and coordinating international health matters within the United Nations system.
2. Contraception: The intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs, or surgical procedures.
3. Universal Access to Contraception: Universal access to contraception is the idea that all individuals, regardless of their location, socioeconomic status, or cultural background, should have the ability to access and use contraceptive methods without barriers, such as cost or cultural restrictions.
4. Human Rights: Human rights are fundamental rights and freedoms to which all individuals are entitled, irrespective of their race, gender, religion, or other characteristics.
5. Contraceptive Evolution: Contraceptive evolution refers to the ongoing development and improvement of contraceptive methods and technologies over



time. This includes the introduction of new contraceptive options and advancements in existing methods to offer individuals more choices and autonomy over their reproductive lives.

6. Geographic Isolation: Geographic isolation refers to the physical separation of communities or individuals due to their remote location, such as living in isolated or distant areas with limited access to healthcare services and resources.
  
7. Awareness and Education of Contraceptives: Awareness and education of contraceptives involve providing information to individuals and communities about the different types of contraception available, how to use them effectively, and their potential risks and benefits. It empowers people to make informed decisions about their reproductive health and family planning.

### *3. 11 References*

1. Constitution of the World Health Organization. The United Nations, 22 July 1946, <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>.
  
2. - Sundholm, Mattias. "WHO: World Health Organisation." Office of the Secretary-General's Envoy on Youth, 19 Nov. 2018, [www.un.org/youthenvoy/2013/09/who-world-health-organisation](http://www.un.org/youthenvoy/2013/09/who-world-health-organisation).



3. - The United Nations. “About WHO.” World Health Organization, <https://www.who.int/about#:~:text=Founded%20in%201948%2C%20WHO%20is,the%20highest%20level%20of%20health.>
4. Contraceptive use in the United States by method. (2022). Guttmacher Institute. <https://www.guttmacher.org/fact-sheet/contraceptive-method-use-united-states>
5. A brief history of birth control - our bodies ourselves today. (2023). Our Bodies Ourselves Today. <https://www.ourbodiesourselves.org/health-info/a-brief-history-of-birth-control>

**I. Topic B:** Evaluation of the International Health Regulations implemented during the Syrian Civil War, 2011

***4.1 Introduction***

The World Health Organization (WHO) established the International Health Regulations (IHR) of 2005 as a global legislative framework to improve the administration of public health emergencies on a global scale.<sup>15</sup> The purpose of these regulations is to cease, treat, and prevent the spread of illnesses that may otherwise transcend national boundaries and jeopardize the security of global

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<sup>15</sup>International health regulations. (n.d.). PAHO/WHO | Pan American Health Organization. <https://www.paho.org/en/topics/international-health-regulations>





health. To prevent the transmission of diseases across international borders, member states are obligated by the IHR to enhance their core capacity for surveillance and response, report specific public health occurrences, and work together during emergencies.

When it began in 2011, the Syrian Civil War was a complex struggle characterized by brutality, social discontent, and political change. The prolonged crisis resulted in extensive infrastructure damage, the breakdown of vital services, such as healthcare systems, and mass relocation. The Syrian populace suffered serious health issues during the conflict, which ranged from restricted availability of necessary medications and healthcare to heightened susceptibility to illnesses as a result of worsening living conditions.

Given the unfolding humanitarian tragedy and health emergency, the applicability of the IHR (2005) in the context of the Syrian Civil War becomes evident. Millions of Syrians faced barriers to receiving healthcare as a result of the conflict, which also damaged the country's infrastructure for disease monitoring. The circumstances increased the likelihood of outbreaks of infectious and non-communicable diseases. The key principles of the IHR—early detection, reporting, and response to public health hazards—were especially relevant when discussing the effects of the Syrian conflict on health.

Nonetheless, there were significant obstacles to the IHR's successful implementation during the Syrian conflict. It turned out to be difficult to implement the laws and organize global responses to health emergencies given the collapse of healthcare institutions, population displacement, and a complex political and security environment. Understanding the connection between the IHR (2005) and the Syrian Civil War, despite its inherent challenges, highlights the vital need for strong frameworks and coordinated efforts to address public health crises in such difficult contexts and throws light on the challenges of managing global health security within conflict zones.

#### ***4.2 Historical Background***



Since their origin, the International Health Regulations (IHR) have undergone significant evolution. The laws were first put into place in 1951 to stop the spread of yellow fever, cholera, and the plague. The regulations' reach widened over time to encompass additional diseases, but their ability to effectively address current global health issues remained constrained. The World Health Organization (WHO) modified the IHR in 2005 after realizing the necessity for a modern framework and strengthening its ability to handle new health hazards in a globalized environment.<sup>16</sup> This new reform not only prevented the spread of epidemics but also reported health issues in countries.

The Syrian Civil War started in 2011 due to socio-political unrest and quickly shifted into a devastating conflict.<sup>17</sup> It caused immense harm to the Syrian population and posed significant threats to global health security. The war destroyed essential services, including the healthcare infrastructure, and led to mass displacement, creating dire humanitarian conditions.

The Syrian crisis presented a critical test for the reformed IHR (2005). Amidst the humanitarian crisis, outbreaks of sickness started to raise serious concerns. The population's susceptibility to a range of health risks, including infectious diseases and malnutrition, was made worse by the deterioration of healthcare facilities, which interfered with disease surveillance.

Following the IHR, WHO initiated procedures to monitor Syria's healthcare conditions regularly. But it was challenging given the complexity of the situation. Health emergencies were difficult to apply and respond to effectively because of security concerns, logistical challenges, and the disintegration of governance systems.

Despite these obstacles, international collaboration and responses to the Syrian health crisis were greatly aided by the IHR framework. The laws served as a

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<sup>16</sup> Gostin, L. O., & Katz, R. (2016). The International Health Regulations: the governing framework for global health security. *The Milbank Quarterly*, 94(2), 264–313. <https://doi.org/10.1111/1468-0009.12186>

<sup>17</sup> The Editors of Encyclopaedia Britannica. (2024, January 2). *Syrian Civil War* | *Facts & timeline*. Encyclopaedia Britannica. <https://www.britannica.com/event/Syrian-Civil-War>



foundation for cooperation and communication between the World Health Organization, international partners, and impacted nations to reduce the health risks associated with the conflict. Therefore, The Syrian Civil War highlighted the need for strong and flexible international health regulations.

### 4.3 Current Situation

The significance of strengthening international collaboration and global health frameworks for handling health emergencies in conflict areas is highlighted by the current state of the International Health Regulations (IHR) and their application concerning the Syrian Civil War.

Even after eleven years, the Syrian Civil War is still an awful illustration of how conflict can destroy public health and healthcare institutions. The impact of the Syrian Civil War on public health has been profound. Access to healthcare is now considered a luxury, with women and children bearing the brunt of the issue. Displacement, lack of access to clean water, and inadequate sanitation have exacerbated health issues, resulting in a humanitarian crisis.<sup>18</sup>

The International Health Regulations had several difficulties in their application during this period of conflict. The violence complicated matters by impeding access to affected areas, complicating disease surveillance, and making it more inconvenient to coordinate health measures. The inability of governance frameworks and security issues to be resolved hindered the IHR's ability to be applied effectively, which limited its potential to reduce health risks and safeguard vulnerable groups.

The Syria conflict emphasizes the need to strengthen International Health Regulations (IHR) to effectively manage medical emergencies in conflict zones. It is crucial to adapt global health frameworks to the complexities of such areas. These regulations should remain resilient and flexible. International cooperation and collaboration are essential in responding to health emergencies in conflict zones

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<sup>18</sup> Kherallah, M., Alahfez, T., Sahloul, Z., Eddin, K. D., & Jamil, G. (2012). Health care in Syria before and during the crisis. *Avicenna Journal of Medicine*, 2(03), 51–53. <https://doi.org/10.4103/2231-0770.102275>



such as Syria. It is crucial to improve communication between countries, non-governmental organizations, and international organizations to ensure that medical crises in conflict areas are promptly and efficiently addressed.

To effectively handle new challenges, global health frameworks such as the IHR must constantly evolve and adapt. The experience of the Syrian crisis has been critical in establishing future strategies for addressing medical emergencies inside conflict-affected regions.

#### **4.4 Focus 1: The Syrian Civil War 2011 as an example to reinforce and evaluate the International Health Regulations**

The outbreak of the Syrian Civil War in 2011 demonstrates the urgent need to review and enforce the International Health Regulations (IHR). This conflict underscores the critical role of the IHR in defending public health, particularly during emergencies. The early identification and reporting of public health events, as well as international collaboration for accessible data sharing, are key aspects of the IHR that require reinforcement. During the Syrian Civil War in 2013, the outbreak of polio could have been prevented with stronger International Health Regulations (IHR). Therefore, the Syrian Civil War emphasizes the necessity of a more effective implementation and compliance with the IHR and the significance of a coordinated international response to health emergencies. The capacity of nations, notably those impacted by crises like Syria, for disease surveillance, reporting systems, and response capacities must be evaluated to determine how effective the IHR is in those nations. The IHR framework can be improved with the use of the lessons acquired from the Syrian Civil War, guaranteeing a more reliable global health security system by better addressing the particular difficulties brought on by complicated emergencies and conflicts.

#### **4.5 Focus 2: Protocol to implement the International Health Regulations in conflicted zones.**

It is crucial to establish a protocol for implementing the International Health Regulations (IHR) in conflicted zones, as there are unique challenges in these environments. Such a protocol would be a necessary tool in managing medical emergencies, ensuring a quick and well-coordinated response. The World Health Organization (WHO) member states must work together to reach an agreement to design a framework that addresses health response, information sharing, and resource allocation. The protocol must establish safe zones for medical workers and infrastructure to provide healthcare services.

Activation of the protocol should be based on a set of predetermined requirements, such as the severity of the health crisis and its impact on civilian populations. Nations can provide assistance, such as monetary aid, to strengthen healthcare infrastructure, facilitate information exchange, and offer political support. To achieve an effective response that minimizes health risks and protects the impacted populations in war zones, activation timing needs to be fast and well-coordinated.

#### 4.7 Guiding Questions

*1. Is my country involved in a conflict that affects public health?*

- Explore the political conflicts in your delegation and how public health is managed, and consider public services and health infrastructure—determine if the IHR is being followed or not in your nation.

*2. How can the international community reinforce the IHR in conflicted zones?*

- Research key aspects, policies, laws, and regulations that could be implemented in the IHR to reinforce it, considering extraordinary circumstances like armed conflicts. Explore if there should be sanctions for those nations that do not apply IHR.

*3. Evaluate the IHR difficulties during the Syrian civil war that could be avoided in future conflicts.*



- Analyze what factors of the international health regulations failed, including human rights violations. Consider the role of your nation's government and the responsibilities of WHO.

*4. How can your nation assist in reinforcing the IHR?*

- Explore healthcare initiatives, economic aid, and intelligence assistance that your nation could provide. Otherwise, identify if your country is the one that needs assistance to reinforce the IHR. Consider involving WHO member states or the help of the United Nations.

*5. How are the International Health Regulations applied in your country?*

- Explore how your nation's government applies the IHR. Consider humanitarian crises, policies regarding public service and healthcare services, or access to health inside the population.

#### **4.8 Recommendations**

To reinforce the International Health Regulations, it is important for delegates to have a comprehensive understanding of how it was applied during the Syrian Civil War in 2011. This requires an in-depth study of the matter, including its impact on the international community and universal healthcare. To strengthen the implementation of the International Health Regulations in conflicted zones, it is essential to develop protocols and guidelines that are specific to such situations.

In addition, delegates must have a good understanding of their country's stance on political and public health issues, including any ongoing armed conflicts, humanitarian crises, or health sector policies and laws. This knowledge will assist them in developing solutions that align with their country's position while also taking into account international cooperation. Furthermore, the delegates must work collaboratively toward developing effective solutions that address the constraints surrounding contraceptives. This necessitates taking into account the interests and requirements of all parties involved.



#### 4.9 Useful links

[https://www.paho.org/en/topics/international-health-regulations#:~:text=The%20IHR%20\(2005\)%20has%20as,with%20international%20traffic%20and%20trade%22.](https://www.paho.org/en/topics/international-health-regulations#:~:text=The%20IHR%20(2005)%20has%20as,with%20international%20traffic%20and%20trade%22.)

[https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4824#:~:text=The%2013%20core%20capacities%20are,Food%20safety%3B%20\(12\)%20Chemical](https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4824#:~:text=The%2013%20core%20capacities%20are,Food%20safety%3B%20(12)%20Chemical)

<https://www.britannica.com/event/Syrian-Civil-War/Civil-war>

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00762-9>

<https://www.twn.my/title2/health.info/2023/hi230204.htm>

#### 4.10 Glossary

1. International Health Regulation (IHR): The International Health Regulations (IHR) are an international legal instrument that covers measures for preventing the transnational spread of infectious diseases.



2. Conflicted Zones: A conflict zone refers to political instability that disrupts essential services such as housing, transportation, communication, sanitation, water, and health care which requires the response of people outside the community affected
3. Healthcare: efforts made to maintain, restore, or promote someone's physical, mental, or emotional well-being, especially when performed by trained and licensed professionals.
4. Protocol: A system of rules that explain the correct conduct and procedures to be followed in formal situations.
5. Civil war: Conflict between organized groups within the same state (or country).

#### 4. 11 References

- Gostin, L. O., & Katz, R. (2016). The International Health Regulations: the governing framework for global health security. *The Milbank Quarterly*, 94(2), 264–313. <https://doi.org/10.1111/1468-0009.12186>
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<https://www.britannica.com/event/Syrian-Civil-War>
- Kherallah, M., Alahfez, T., Sahloul, Z., Eddin, K. D., & Jamil, G. (2012). Health care in Syria before and during the crisis. *Avicenna Journal of Medicine*, 2(03), 51–53. <https://doi.org/10.4103/2231-0770.102275>





## V. Expectations

The debate should be constructive rather than destructive. In our capacity as World Health Organization (WHO) presidents, we highly encourage and expect delegates to participate in knowledgeable debates by presenting strong and truthful arguments that foster international cooperation and generate creative solutions to the topics under discussion. It is crucial to remain respectful towards other delegates and their opinions during the debate, even when they differ from your own. This approach will create a positive and productive environment that encourages the exchange of ideas and solutions.

## VI. Annexes and Guidelines

### 6.1 Opening Speech

#### 6.1.1 Clarifications

The opening speech makes up the initial regards from a delegation to the rest of the committee. Each delegate will have a maximum of 1 minute and 30 seconds to read their speech. Ideally, they should aim to succinctly convey their country's position, propose solutions, and key concerns within this time limit. The brevity of the speech ensures that all perspectives are heard and allows for a more dynamic and engaging discussion during the session.

It's important to prioritize clarity and coherence in the delivery of ideas. Delegates should avoid excessive detail and focus on conveying the most crucial points. A well-structured and concise speech not only respects the time constraints but also demonstrates the delegate's preparation and understanding of the agenda items. Consider applying the following structure when writing your speech:

#### **Introduction**



- Start with a formal greeting addressing the esteemed members of the Security Council and the dais.
- State your country/representative's position and reiterate your commitment to peace, security, and cooperation.

### **Topic Emphasis**

- Clearly state your country's stance on the specific agenda items being discussed in the session.
- Highlight any critical concerns or perspectives your country wishes to address.

### **Proposed Solutions and Strategies**

- Offer potential solutions or strategies to address the issues at hand.
- Support your proposals with relevant facts, historical precedents, or legal frameworks.

### **Regional and Global Perspectives**

- Discuss how the issues being discussed in the Council impact your region and the broader global community.
- Express willingness to collaborate and engage in dialogue to find mutually beneficial solutions.

### **Commitment to Diplomacy and Collaboration**

- Emphasize your country's dedication to diplomatic efforts and multilateral cooperation.
- Express openness to negotiation, compromise, and working with other nations toward consensus.

### **Closing Statements**



- Summarize key points and restate your commitment to the Council's objectives.
- Extend gratitude to fellow delegates and the Council for the opportunity to speak.

On the AISMUN XX, WHO committee, opening speeches should have a maximum length of 1 minute. Regarding redaction, they shall be presented as the example below in Times New Roman font, size 12 with double-spaced. Remember, the use of Artificial Intelligence for UN documents is completely prohibited on AISMUN XX.

Conducting extensive research on the committee's topic and your country's position is essential before writing your opening speech. This research will help you create a well-informed, effective speech that reflects your country's stance while also addressing the issue at hand.

### **6.1.2 Opening Speech Model**

Good morning, honorable members of the chair, distinguished delegates, and observers.

The People's Republic of China is pleased to be present today.

The evolution of science and technology has welcomed countless new matters into scientific fields. Every day, new discoveries are accepted, and they bring change.

CRISPR is a perfect example. This genetic technology's sole purpose is to make edits to DNA sequences enabling the addition, removal, or modification of genetic material. This opens up a world of possibilities to treat disorders and modify organisms. It seems perfect, but appearances deceive.

The delegation of China wants to express its total disagreement with the "commercial" usage of CRISPR in human embryos and food crops, urging other delegations to consider its flaws. Allowing an experimental phase, the country believes that as of today, it lacks viability. If it was permitted, the political, economical, and medical consequences would be damaging to the development of all countries.



So delegates, allow this speech to be a warning of the repercussions of CRISPR and a calling for support in the committee.

## **6.2 Position Paper**

### **6.2.1 Clarifications**

A position paper serves as a vital pre-meeting document crafted by the delegates. Its primary objective is to outline a country's stance on specific topics to be discussed during the conference, providing a comprehensive understanding of its position, arguments, and proposed solutions. The purpose of a position paper is to guide delegates in planning their course of action before the formal meeting, fostering informed debate and facilitating collaboration.

A well-structured position paper typically includes an introduction, where the problem at hand is defined, and the delegation's position is clearly stated. The body elaborates on the country's position, presenting three firm arguments supported by reliable sources, such as quotes from international documents or authoritative figures. The defense section anticipates counterarguments, demonstrating the delegation's ability to engage with opposing views. Concluding with recommendations, the paper suggests actionable measures for the committee to consider.

A position paper must be written based on clarity, conciseness, and adherence to the committee's specific rules and procedures. Each argument should be well-supported and directly linked to international laws or the country's official positions. Additionally, anticipating counterarguments and providing well-reasoned defenses contributes to a more comprehensive and persuasive position paper. Ultimately, the document aims to serve as a valuable resource for delegates, fostering productive discussions and contributing to their success throughout the conference.

### **6.2.2 Position Paper Model**



# ALTAMIRA INTERNATIONAL SCHOOL

*Breaking Borders*

TWENTIETH EDITION AISMUN  
February 29th - March 3rd

## POSITION PAPER

Objective: **Plan the course of action of a delegation before the meeting** by taking into consideration each country's position on the topics to be discussed at the conference.

### Topic: Child marriage

**General Sentence:** The delegation of Germany is completely against child marriage, and fully condemns it, considering it a clear violation of human rights.

<b>Complete name</b>	Federal Republic of Germany
<b>Current President</b>	Frank-Walter Steinmeier
<b>Type of government</b>	Federal Republic
<b>Capital</b>	Berlin
<b>Language</b>	German
<b>Population</b>	83.2 million (2021)
<b>Religion</b>	Christianity

### Introduction

Brief and concise description of a State's international organization's or NGO's position and priorities for a given committee.

#### ANSWER:

What is the problem?  
Who does it affect?  
How does it affect them?

The delegation of Germany finds itself completely against child marriage, considering it a clear violation of human rights. This issue affects about 21% of girls under 18, affecting approximately 12 million of them every year. These statistics are truly frightening, and they speak foully of the society that is being built for our children. Germany believes that the international community should take immediate action on this crisis, emphasizing on the restoration of human rights and the individual legal framework of each country.

Sentence stating the country's position.  
(Thesis)

The delegation of Germany is completely against child marriage, and fully condemns it, considering it a clear violation of human rights.



# ALTAMIRA INTERNATIONAL SCHOOL

*Breaking Borders*

TWENTIETH EDITION AIS MUN  
February 29th - March 3rd

<p>Elaboration of the position <b>(3 arguments in favor of the position )</b> Options: quotes from the UN charter, agreements/ resolutions your member state has ratified; quotes from statements made by your head of state, head of government , ministers, delegates to the UN, and any other relevant international documents including but not limited to Reports from the UN Secretary -General on the topic.</p>	<ol style="list-style-type: none"><li>1. Germany strongly believes that child marriage is a violation of human rights, specifically interfering with Article 16 of the UDHR. This article clearly emphasizes that marriage shall be entered into only with the free and full consent of both parties. This phenomenon, by its very nature, strips children of their right to make informed decisions about their lives, particularly in the context of marriage. It causes severe physical, emotional, and psychological harm upon children, especially girls, depriving them of their childhood and subjecting them to adult responsibilities they are not ready to handle.</li><li>2. Germany finds itself completely against the practice of child marriage, and it believes that all countries should work on their legal framework to prevent it. Since 2017, the German Civil Code has established a law that completely prohibits marriage to individuals who are under 18 years old, with no exceptions. The delegation is working every day to mitigate this phenomenon, in hopes of one day abolishing it completely.</li><li>3. Germany firmly believes that the practice of child marriage violates Article 26 of the UHDR, which states that “everyone has the right to education [and] shall be free, at least in the elementary and fundamental stages”. Because most children are forced to assume adulthood prematurely, there is a vast amount of them who are not able to finish their fundamental education. The delegation finds this completely outrageous and cannot fathom how some countries still allow this practice with no regulations at all.</li></ol>
<p>Defense of the position <b>(3 counterarguments of the position)</b></p>	<ol style="list-style-type: none"><li>1. Child marriage should be allowed because, as many other practices, it is deeply rooted in the traditional settings of certain nations. Article 18 of the UDHR expresses that everyone is free to manifest their beliefs, and just as with many acclaimed religions, this practice should be equally respected. The fact that some countries</li></ol>



	<p>desire to abolish it worldwide is demonstrating a clear violation of this right.</p> <p>2. In some cases, child marriage results vital for the economical sustained of a family nucleus. Poverty is a critical issue for today’s society, and it is constantly worsening. Among the main reasons for child marriage, this one makes top 1, abusing the element of social status and to relief monetary pressure (Pearce, 2022). This practice offers families the opportunity to ensure financial security, preserve their dignity, and sustain basic needs.</p> <p>3. Implementing a strict ban on child marriage without exceptions, as seen in Germany's Civil Code, might pose practical difficulties. Rigid legal frameworks might not address the complex socio-cultural factors contributing to this phenomenon. Additionally, the enforcement might be challenging due to societal resistance or lack of resources for effective implementation of these regulations. Especially for developing countries, implementing these type of drastic measures on child marriage might not be viable.</p>
<p><b>Recommendations for actions</b> to be taken by the committee</p>	<ol style="list-style-type: none"> <li>1. Implement a strict ban on child marriage from the legal standpoint of each country.</li> <li>2. Enforce the preservation of human rights.</li> <li>3. Instigate educational programs about the issue.</li> <li>4. Open tables of dialogue with people of the affected cultures to reach a compromise.</li> <li>5. Evaluate the statistics of child marriage periodically.</li> </ol>
<p>Conclusion <b>(Restatement of the country’s position)</b></p>	<p>Germany maintains its commitment to abolish child marriage as it stands in direct violation of fundamental human rights. The delegation firmly upholds laws prohibiting marriage for individuals under 18, recognizing the need for free and informed consent in these types of decisions. Germany acknowledges the</p>



	complexity of socioeconomic challenges but stands firm in advocating for children's rights, seeking solutions that prioritize their well-being and education. Finally, the delegation fully believes in the international community and that it will take action against this practice with utmost urgency.
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### 6.3 Working Paper

#### 6.3.1 Clarifications

A resolution within the United Nations represents a formal proposal made by member states or entities within the Security Council. Its purpose is to address a specific issue, propose solutions, and outline the actions to be taken. Resolutions serve as the primary outcome of discussions and negotiations within the committee.

Resolutions aim to find solutions to complex global issues, from humanitarian crises to international conflicts or economic concerns. They help shape policies, actions, and decisions to be implemented by the UN or its member states concerning the addressed problem. These documents foster consensus among diverse perspectives, promoting collaboration and cooperation among member states.

Resolutions are made up of both preambulatory and operative clauses, and must be redacted within blocs of 7 or more delegations, including the sponsoring countries, signatory countries, and the heads of bloc, which are the delegations in charge of presenting the product.

#### **Preambulatory Clauses:**

These sections provide context, background information, and the rationale behind the resolution. They do not contain actionable elements but set the stage for understanding the issue. Preambulatory clauses are written in italics and end with a comma.





- Written in italics.
- Not numbered.
- Each clause ends with a comma.

### **Operative Clauses:**

These clauses contain the actionable components of the resolution, outlining specific measures, decisions, or actions to be taken, thereby providing a concrete and detailed roadmap for addressing the matters at hand.

- Clauses written in bold and underlined.
- Numbered sequentially.
- End with a semicolon, except for the last one, which ends with a period.
- Subpoints within operative clauses follow the x.x format (e.g., 1.1.).

### **6.3.2 Working Paper Model**

#### **Working Paper 1.1.1**

**Heads of Block:** The People's Republic of China and The Republic of Belarus,

**Sponsoring Countries:** The Republic of Albania, The Republic of India, The Russian Federation, The Republic of Cuba, and The Gabonese Republic.

**Signatory countries:** Annex 1

To the World Health Organization committee,

Taking into account the well-being and security of the whole international community,

Considering new technologies as an important advance in the human race and the healthcare sector,



Alarmed by the current crisis and the consequences that it presents for the nations taking part of the World Health Organization committee,

Searching for the correct usage of Artificial Intelligence and Digital Health Technologies,

Declaring the support for countries that accept the involvement in the implementation of the Union for Safe Digital Technological Health, U4SDT HEALTH plan,

Emphasizing the need for transparency and safety in the healthcare system and the block's initiative,

Having examined the different ways to develop digital technologies,

Approving the usage and implementation of artificial intelligence and digital healthcare technology in the healthcare sector,

Fully believing that the implementation of digital health and monetary resources are available for the use of all nations,

Taking note of all the countries, their efforts, their contribution, and their investigations to help in the technological advances,

Wishing to make Digital Health accessible for the whole international community,

Aware of the repercussions of Digital Health and AI inside modern society;

**Resolves,**

1. Authorizes the implementation of a plan of action, that would improve the international community;
  - 1.1 Supports countries that accept the full implementation of digital technology and artificial intelligence in the healthcare sector;
2. Reiterates the importance for underfunded regions to use digital technology, as well as, artificial intelligence in the healthcare sector;



3. Invites countries to join and support the Union For Safe Digital Technological Health, U4SDT Health;
  - 3.1. Proclaims that the objective of the plan is the resolution of problems surrounding digital technologies and artificial intelligence in healthcare;
  - 3.2 Emphasizes that the U4SDT Health focuses on the guarantee of security for countries implementing technology in their healthcare sector, such as AI;
4. Urges the development of cyber and data security education programs for the population;
  - 4.1 Requires the general population to understand the importance that cybersecurity has on the healthcare sector;
  - 4.2 Encourages professional and adequate training for researchers that work with data handling, protection, policies, and procedures;
5. Strongly advises the use of regular data audits to help safeguard the data,
  - 5.1 Considering that they can help identify any data errors or inconsistencies, ensuring accuracy and integrity;
6. Declares the creation of a monetary fund that can be accessed if any casualties regarding a possible healthcare crisis surrounding data or AI were to occur;
  - 6.1 Approves that the World Bank and International Monetary Fund delegate the 0.5% of its monetary resources to the healthcare monetary fund;
  - 6.2 Endorsed by the World Health Organization committee and the United Nations;
7. Recommends the usage of regular software updates that can help ensure data health technologies are accurate for the date and can help prevent potential security vulnerabilities;
8. Suggests enhanced research capabilities that can help healthcare providers to identify treatment options, develop better healthcare policies, and improve overall healthcare delivery;



9. Remembers to implement data governance policies in healthcare organizations that would ensure data privacy, security, and compliance always following the regulatory requirements;
10. Designates a use for open-source technologies that provide a cost-effective solution for underfunded countries to procure digital healthcare technologies, making them freely available;
11. Further resolves healthcare providers with the information they need to make informed decisions about patient care, helping in the reduction of errors and improvement of quality of care;
12. Congratulates those countries that implement data encryption, which guarantees sensitive data to prevent unauthorized access or data breaches;
13. Requires the creation of a data breach response plan that centers on the protection of data security and technologies surrounding healthcare;
14. Expresses gratitude to those countries looking to help underfunded regions get access to Digital technologies by using the U4SDT Health, always remembering to keep the program safe and transparent;
15. Decides to stay seized in the matter by making sessions of the World Health Organization committee to discuss the results of the program.

## 9.4 Press Release

### 9.4.1 Clarifications

A press release functions as a formal communication issued by member delegations to convey their stance and proposed actions on a specific international issue. In essence, it serves as a diplomatic tool for shaping discourse, fostering cooperation, and contributing to the resolution of complex conflicts discussed within the committee. These press releases typically emanate from individual member states or a coalition of states, addressing pertinent topics on the Council's agenda.

The primary purpose of a press release is to transparently communicate the official position of delegations regarding a particular crisis or conflict. It allows nations to share their perspectives, proposed solutions, and recommendations with the broader international community, including the media and the public. This facilitates a nuanced understanding of the diplomatic efforts and commitments made by the redactors in addressing global challenges.

A press release must prioritize clarity, conciseness, and adherence to diplomatic norms. The language used should be formal and devoid of colloquial expressions or references. It should present a well-articulated analysis of the issue, propose concrete solutions, and emphasize collaboration among member states. In addition, it should acknowledge the complexity of the situation at hand, recognize past failures or challenges, and present a forward-looking perspective on renewed solutions. It may include references to relevant international agreements, treaties, or resolutions to lend credibility to the proposed actions.



### 6.4.2 Press Release Model

December 1st, 2023

2:14 pm

New York, New York

United Nations Headquarters

Addressed to the World Health Organization,

#### “CRISPR CAS-9, A DOUBLE EDGED WEAPON”

*“Delegations of South Africa, Sweden, and Island argue why the use of CRISPR Cas-9 genetic engineering is an unreliable and dangerous technology humanity isn't ready to use on humans nor animals.”*



On December 2nd of 2022, during the Model Nations conference in the WHO committee, the debate had an abrupt conclusion. The nations previously claimed to be opposed to CRISPR — a technology which allows the modification of genetic codes by selecting a specific property with CRISPR Cas-9 — took to

the favoring side. Nevertheless, delegations such as South Africa, Sweden, and Ireland tend to differ due to certain downsides of the tool. Firstly, it could exterminate terminal diseases



and failures in biotic objects. Which is why it is a desire to neglect access to CRISPR if there are risks.

However, the magnitude of its capabilities is a double-edged sword. The technology has more risks than benefits. South Africa, Sweden, and Ireland consider that it is irresponsible from countries such as the United Kingdom or United States to put the entire international community at stake for a minority. On top of that, it would be with a tool that doesn't guarantee success.

#### **Reasons why the delegations consider CRISPR Cas-9 is unsafe and unreliable**

- CRISPR Cas-9 is a relatively new technology, which means there is not enough research and scientific investigation behind the matter that proves that it is safe.
- CRISPR Cas-9 can cause dangerous genetic mutations that are irreversible and can carry on from generation to generation, as it is not 100% accurate.
- GMO crops can produce food allergies and other health risks.
- CRISPR can completely rearrange DNA, which can potentially cause cancer instead of contributing to becoming a possible cancer treatment, which can result in other medical mishaps in the future.
- CRISPR is unviable, due to the lack of scientists with expertise in this field.
- If misused, it can become a biological weapon, threatening to humanity.

#### **Possible Parameter and solution**

Delegations such as South Africa, Sweden, and Ireland propose not an organization but rather a protocol required in order to have access to CRISPR technology. This ensures security and has the objective of preventing failure. This is GESP (genetic editing security protocol.)

GESP includes the following:

- ❖ The person who desires to employ CRISPR must pass an extensive evaluation which proves they are intellectually capable of using the technology successfully. The test would be able to be done once.
- ❖ Provide a detailed report about the genetic code and family line of the patient. This document would demonstrate the embryo being modified does not have certain genes that are likely to bind negatively and show probability of failure.
- ❖ The person must have already directed 5 plant or embryo editing projects which were successful.



## **Alternative uses of CRISPR that do not involve humans or animals**

### **1. BIOENERGY**

As bizarre as it sounds, CRISPR Cas-9 can be used to create bioenergy, a clean energy source that does not cause global warming. This energy is contained in plants and obtained from the sun. It is a renewable resource. Plant & animal by-products can be a useful source of energy. Biofuels can even be generated from organisms such as algae and bacteria. However, to produce commercially viable amounts of biofuel is a huge challenge. With CRISPR, we can create Bioenergy in big amounts. As seen, we can benefit from CRISPR safely and solve the world energy crisis.

### **2. ERADICATING MALARIA, DENGUE, AND OTHER MOSQUITO TRANSMITTED DISEASES**

As known, mosquitoes can cause deadly diseases, like malaria. This disease can cause millions of deaths worldwide. Fortunately, CRISPR Cas-9 has the potential to wipe out mosquito populations. According to science.org, “Gene drives in mosquitoes could be used to combat malaria in several ways. For instance, a gene drive could spread a gene in the mosquito population that prevents transmission of the malaria parasite. Alternatively, they could be used to dramatically reduce the size of a mosquito population.” As seen, CRISPR can be used to cure diseases without threatening humans.

#### **To conclude,**

South Africa, Sweden, and Ireland look forward to the consideration of these optimal solutions, as they prioritize life and also take into consideration what the improvement CRISPR could provide to society, environment, and medicine. These proposed solutions are hoped to be taken into account, so such delegations can help with the advancement of better and hopefully more successful, AND SAFE gene modification methods.

## **VIII. Country List**

1. Argentina: Argentine Republic
2. Bolivia: Plurinational State of Bolivia





3. Brazil: Federative Republic of Brazil
4. Belgium: Kingdom of Belgium
5. Colombia: Republic of Colombia
6. Cuba: Republic of Cuba
7. China: People's Republic of China
8. Canada: Canada
9. Denmark: Kingdom of Denmark
10. Finland: Republic of Finland
11. France: French Republic
12. Ghana: Republic of Ghana
13. Germany: Federal Republic of Germany
14. Haiti: Republic of Haiti
15. Iran: Islamic Republic of Iran
16. India: Republic of India
17. Kenya: Republic of Kenya
18. Mexico: United Mexican States
19. Nigeria: Federal Republic of Nigeria



# ALTAMIRA INTERNATIONAL SCHOOL

*Breaking Borders*

TWENTIETH EDITION AISMUN  
February 29th - March 3rd

20. North Korea: Democratic People's Republic of Korea
21. Pakistan: Islamic Republic of Pakistan
22. Russia: Russian Federation
23. Saudi Arabia: Kingdom of Saudi Arabia
24. United States: United States of America
25. United Kingdom: United Kingdom of Great Britain and Northern Ireland
26. Uganda: Republic of Uganda