sancta maria INTERNATIONAL SCHOOL

iSP international schools partnership

Background Guide

World Health Organization

SMIS MUN

Letter from the Executive Board

Greetings from the Executive Board!

We would like to warmly welcome you to The World Health Organisation, Sancta Maria International School Model UN 2026! We believe that each and every delegate should go through this guide, to have a clear understanding of the agenda at hand. However, this would only serve as a “Background” of the agenda and would not be covering all the aspects linked to it. Your real research lies beyond this guide and we are eager to see all of you discussing possible solutions together, applying all of your extensive research and great knowledge of the topics discussed in this committee. To the veterans of MUN, I promise you a very enriching debate that you’ve never experienced before and to the newcomers, I am really excited to be a part of your maiden voyage. As the world looks to come out of a rather ‘depression ridden' economic environment and the world talks about a long standing ‘power shift’ to the east happening soon, the importance of our generation being ‘ready enough’ to accept various challenges that lie ahead of us can hardly be overstated. Understanding both the importance and complexity of this agenda, we strongly recommend you to be prepared and well researched in committee, and at the same time request you to participate at all times, making it a learning experience for all of us. Also note, it will be important for you to have a basic understanding of how various rights get affected in the socio-legal context. If you are participating in a MUN conference for the very first time, we would request you to have an idea of the UNA USA rules of procedure followed in committee, links to the same would be provided at the end of this guide. The following pages intend to guide you with the nuances of the agenda as well as the Committee. The Guide chronologically touches upon all the different aspects that are relevant and will lead to fruitful debate in the conference. It will provide you with a bird’s eye view of the gist of the issue. However, it has to be noted that the background guide only contains certain basic information which may form the basis for the debate and your research. You are the representative of your allotted country and it is our hope that you put in wholehearted efforts to research and comprehensively grasp all important facets of the diverse agenda. All the delegates should be prepared well in order to make the council’s direction and debate productive. We strongly hope that you all will come prepared and motivated to discuss the situation at hand, brainstorm together to find

solutions of the same, applying legal frameworks and in the process, take back a lot from the committee. Our goal for you in this committee is to have an enriching experience by learning the art of diplomacy and at the same time see you solve real life problems happening in this world. We are looking forward to seeing you in committee.

Happy Research!

Regards,

Tia Sanker, Chairperson

Hi ! - Hrisheek , Vice - Chairperson

Rules of Procedure

What is an MUN?

Model United Nations (MUN) is an engaging educational simulation that allows students to step into the roles of delegates representing various countries in the United Nations. Participants engage in discussions and negotiations on pressing global issues, such as climate change, human rights, and international security. Each delegate researches their assigned country's policies and positions, preparing them to advocate effectively during debates. The MUN experience typically begins with delegates researching their country's stance on the topics at hand. They analyze historical context, current events, and international law to understand their nation's perspective fully. During the conference, delegates participate in committee sessions where they engage in formal debates, deliver speeches, and collaborate with others to draft resolutions. The format often includes a mix of moderated and unmoderated caucuses, allowing for both structured discussion and informal negotiation

Points:

- Point of Information: Offered if any delegate would like to ask the delegate speaking any question about any of the points the delegate has made after their speech if time permits. Points of information are generally offered at the discretion of the Executive Board. Please note that Points of information should be framed in the form of a question,and are raised when the Executive Board asks for any points or motions.

- Point of Parliamentary Inquiry: Offered when any delegate has a question about the proceedings of the conference, and are directed and answered by the Executive Board.The delegate is required to raise their placard any time during the conference (except during a delegate's speech) to be recognised by the Executive Board.

- Point of Personal Privilege: Offered when any delegate is experiencing discomfort throughout the course of the conference. Points of Personal Privilege and delegates comfort are given utmost importance, so whenever a delegate raises a placard, even during another delegate's speech, they will be recognised for the point of personal privilege. Some examples of Point of Personal Privileges can be: The conference room is too hot/too cold, the delegate can’t hear another delegate’s speech, during which, the Executive Board will immediately recognise the delegate’s point. Delegates, please note

that Point of Personal Privilege should not be misused to interrupt the course of the conference, or another delegate's speech unless there is an actual urgency.

- Point of Order: Offered when any delegate has a factual inaccuracy in their speech. If a factual inaccuracy is noticed, any other delegate can raise this motion through this exact verbatim; "Point of Order; The delegate of ... stated that, quote, "Narendra Modi is the president of India", whereas, Narendra Modi is the Prime Minister of India, and the President of India is Droupadi Murmu". Please note that this exact verbatim is expected to be followed for the point to be entertained by the Executive Board. Please note that the Executive Board will not be entertaining any Points of Orders for logical inaccuracies, as they are subjective to each delegate, their country, and their stance.

• Can be raised to point out a factual inaccuracy in a delegate's speech • CANNOT interrupt a speaker

• Format of raising: "The delegate of ___ said in their speech and i quote "__", this is factually incorrect due to 'reason' • Logical fallacies are not accepted

- Right to Reply: Offered when a delegate's country has been targeted in a delegate's speech, or their sentiments have been hurt. The specific verbatim to raise a right to reply; "Right to reply; the delegate of ...stated that Russia

does not care about human rights and has a parliament filled with inhuman members, whereas, Russia has protected it’s citizens' human rights throughout (give evidence).

Types of Debate

- General Speakers List: To discuss the general agenda and used to discuss countries’ stances on the agenda. There is no specific debate that takes place during the General Speakers List, as the delegates can choose to speak on any topic/subtopic related to the agenda.

Informal Debate-

- Moderated Caucus: To discuss a specific sub-topic of the agenda. This is where proper debate takes place, as all delegates are focusing on the same sub-topic of the agenda, and can discuss their stance on the issue. Moreover, even possible solutions/resolutions for the issue can be discussed during the Moderated Caucus.

- Unmoderated Caucus: Informal time/debate where the delegates can lobby for resolution papers, and discuss moderated caucus topics.

3) Motions: Motions are raised to change the type of debate that is taking place in the committee, for example, motions can be raised for; Moderated Caucus, Unmoderated Caucus, Discuss Resolution Paper, Change General Speakers List Time, Move into General Speakers List, etc.

- Specific verbatim is to be followed ;

1. Setting the agenda: Delegate of ___ would like to raise a motion to set

the agenda as ___.

2. Establishing a GSL: Delegate of ___ would like to raise a motion to establish the general speakers' list with an individual speaker's time of __.

3. Moderated caucuses: Delegate of ___ would like to raise a motion to suspend formal debate and move into a moderated caucus on the topic ___ for a total time period of __ minutes with individual speaker's time being __.

4. Unmoderated caucuses: Delegate of ___ would like to raise a motion to suspend formal debate and move into an unmoderated caucus for a total time period of __ minutes.

5. Extension to informal debate: Delegate of ___ would like to raise a motion to extend the current moderated/unmoderated caucus by ___ minutes.

6. Introduction of documentation: Delegate of ___ would like to raise a motion to introduce draft resolution/press statement/Presidential statement[number].

7. Voting on introduced document(s): Delegate of ___ would like to raise a motion to table formal debate and move into voting on [document name].

Yields -

1. Yield to points of information - Yielding the remaining time to other delegates so that they can question you on the speech you made.

2. Yield to another delegate - Yielding remaining time to some specific

delegate to let her/him make her/his speech. Delegates should be informed

prior to this type of yield.

3. Yield to the executive board - Yielding the remaining time to the EB. Such

yielded time is deemed elapsed by the EB but not always. Such time's

usage is up to the discretion of the EB.

Hierarchy of Evidence

Evidence can be presented from a wide variety of sources but not all sources are treated as equal. Here's the hierarchy in which evidence is categorized:

Tier 1: Includes any publication, statement, resolution, or document released by any of the United Nations' official organs or committees; any publication, statement, or document released by a UN member state in its own capacity. The evidence falling in this tier is considered most reliable during the simulation.

Tier 2: Includes any news article published by any official media source that is owned and controlled by a UN member state. E.g.: Xinhua News (China), Prasar Bharti (India), BBC (United Kingdom) etcetera. The evidence falling in this tier is considered sufficiently reliable in case no other evidence from any Tier 1 source is available on that particular fact, event, or situation.

Tier 3: Includes any publication from news sources of international repute such as Reuters, The New York Times, Agence-France Presse, etcetera. The evidence falling under this tier is considered the least reliable for the purposes of this simulation. Yet, if no better source is available in a certain scenario, it may be considered.

Personal pronouns

This particular Executive Board would encourage delegates not to use Personal Pronouns. Instead, we encourage delegates to refer to themselves as the "Delegate of (country)".

Specific contentious rules

This section covers the Executive Board's views on some of the contentious rules that usually create confusion, conflict, and consternation when not explicitly stated in advance. The judgment and scoring during the MUN will be based on the views expressed here. Regarding this guide and evidence just because a resource has been mentioned in the background guide, does not mean that it can surely be used as evidence to support your argument in the Council. Why? Because: Eclectic nature of the resources: The guide has resources of wide variety. Some of the resources could be opinion based articles, some may be from sources sympathetic to one party in the conflict, some could be outdated (we will try our best to not share such resources but we cannot control for things such as emergence of new facts post guide publication).

Foreign policy commitments

To explain this point, we'll be using an example. Pakistan claims Kashmir is legally theirs. India claims, contrary to Pakistan, that Kashmir is theirs. Both sides, many-a-times, use the same evidence to argue their case but still derive completely different conclusions. In such cases, the Executive Board cannot accept the claims of one country while rejecting the claims of the other when both of those claims are backed by acceptable and equivalent evidence.

What is the WHO?

The World Health Organization is the United Nations' specialized agency for international public health, established in 1948 and headquartered in Geneva, Switzerland. It was established with the constitutional goal of "attainment by all peoples of the highest possible level of health," a mandate that was sufficiently expansive to include emergency response, disease eradication, the strengthening of health systems, and the establishment of normative standards related to health.

Mandate of the WHO

The WHO is a specialized agency of the United Nations, not a UN organ itself . it is an autonomous body linked to the UN through a relationship agreement established in 1948 under 19 UNTS 193. It coordinates with the UN primarily through the Economic and Social Council (ECOSOC), the UN body responsible for liaising with specialized agencies on

economic, social, and health matters; WHO reports to ECOSOC and, through it, indirectly to the General Assembly, rather than reporting to the General Assembly directly. The UN depends on WHO as its technical authority on health, while WHO depends on the UN's broader political and financial architecture. The WHO has full authority to debate, draft, and adopt resolutions on global health policy and to issue guidelines or frameworks for member states, but cannot pass any binding agreements as it does not fall under the WHo's powers as an advisory committee.

Foundational Frameworks -

The WHO Emergency Response Framework (ERF) and the International Health Regulations (IHR) are the two foundational pillars of global health security. The WHO Emergency Response Framework (ERF) - The Emergency Response Framework (ERF) acts as the operational muscle that supports African public health by bypassing local bureaucratic delays to instantly provide 1. emergency funds and 2. deploy medical supplies during crises. This tactical playbook allows the WHO to establish a unified command structure that plugs directly into the Africa CDC, seamlessly managing complex emergencies where infectious disease outbreaks overlap with armed conflict or climate displacement.

The International Health Regulations (IHR) -

The International Health Regulations (IHR) serve as a critical legal shield for Africa by mandating real-time, cross-border data sharing to manage outbreaks across porous borders without triggering unscientific travel or trade bans that could cripple regional economies. Furthermore, the IHR requires standardized capacity assessments that African nations use as objective evidence to secure vital international funding.

KEY TERMS TO REMEMBER -

1. Greater Horn of Africa - The Greater Horn of Africa is a sprawling, highly strategic East African geopolitical region. While the core peninsula comprises Djibouti, Eritrea, Ethiopia, and Somalia, the broader "Greater" region includes Kenya, Sudan, South Sudan, and Uganda. With over 250 million people, making it one of the most populous and rapidly growing regions in Africa.

2. Humanitarian Health Emergency - A humanitarian health emergency is a crisis or disaster that severely disrupts a community's health infrastructure, causing excess illness, injury, and death.
3. Communicable Diseases - Communicable (or infectious) diseases are illnesses caused by pathogens—such as viruses, bacteria, parasites, and fungi—that spread from an infected person, animal, or surface to a host.
4. GAM (Global Acute Malnutrition) - GAM is a statistical metric used to measure the overall severity of malnutrition in the population of children (age 6 months - 59 months (roughly 5 years)) a country. It is calculated by adding two types of malnutrition together: GAM = SAM (Severe Acute Malnutrition)+ MAM (Moderate Acute Malnutrition)
5. Severe Acute Malnutrition (SAM): A life-threatening condition characterized by visible wasting, which severely suppresses the immune system and leaves children under five highly susceptible to fatal medical complications from common infections.
6. Moderate Acute Malnutrition (MAM) - MAM is a state of moderate wasting where a child is significantly thin for their height but not yet in immediate medical danger. It represents the middle tier of malnutrition, sitting between healthy nutrition and life-threatening severe acute malnutrition (SAM). The World Health Organization (WHO) uses GAM percentages to classify the severity of a crisis: ● Under 5%: Acceptable / Low ● 5% to 9.9%: Poor / Alert status ● 10% to 14.9%: Serious / Serious emergency ● 15% or higher: Critical / Emergency threshold requiring immediate, large-scale intervention
7. Vector-Borne Diseases: Illnesses caused by pathogens transmitted by organisms like mosquitoes or ticks (e.g., Malaria, Rift Valley Fever, Crimean-Congo Hemorrhagic Fever), which surge drastically following El Niño flood cycles in the region.
8. WASH Deficits (Water, Sanitation, and Hygiene): The lack of access to safe drinking water, adequate latrines, and handwashing facilities, which serves as the primary environmental driver for protracted cholera and waterborne epidemics among internally displaced populations.
9. Medical Countermeasures (MCMs): Essential public health supplies—including vaccines, antiviral drugs, diagnostic tests, and personal protective equipment—that must be stockpiled and distributed rapidly during an epidemic.
10. . One Health Approach - An integrated framework that balances and optimizes the health of people, animals, and ecosystems, recognizing that human disease outbreaks in the Horn of Africa are deeply linked to livestock health and climate shifts
11. Digital Public Health Infrastructure (DPHI): The deployment of digital health technologies, such as mobile disease-tracking applications, early-warning syndromic

surveillance systems, and telemetry networks used to coordinate regional emergency responses.

12. Epidemic Censorship / Information Blockades: The active suppression, alteration, or delayed reporting of infectious disease data by state authorities to protect national tourism, trade, or political stability, severely crippling regional early-warning systems.

Introduction - The Public Health Polycrisis -

What is happening in the Greater Horn of Africa has been dubbed a Public Health Poly Crisis, which is the simultaneous occurrence of multiple intersecting crises, specifically climate shocks, warfare, extreme food insecurity, and disease outbreaks or what we the EB like to call the Unholy Trifecta, where each crisis amplifies the lethality of the others. In simple terms, where political, economic, and environmental crises intersect and amplify one another in ways that are hard to clearly predict. “The Greater Horn of Africa (GHoA) region faces severe challenges, with an estimated 50.1 million people experiencing food insecurity crises. Of particular concern are 11.4 million children under five years old expected to suffer from acute malnutrition, with 2.9 million severely malnourished by June 2024. Disease outbreaks including cholera, measles, malaria, dengue fever, and others are rampant, exacerbated by factors like conflict, drought, flooding, displacement, and limited access to healthcare. Flood-affected areas in Ethiopia, Somalia, and Kenya have seen a surge in water and vector-borne diseases” - Public Health Situation Analysis: Greater Horn of Africa - as of 31 December 2023 The seven countries within the Greater Horn of Africa have been significantly affected by ongoing conflicts, extreme weather events such as drought and flooding, food price inflation and insecurity as well as loss of livelihoods and increased population displacement. These contexts may cause food shortages at the household level, and disruptions of the health system, compounded by very limited water, sanitation and hygiene services. Subsequently, the number of malnourished people has increased significantly, and multiple disease outbreaks like cholera, measles, malaria, and others, are being reported in host communities as well as in IDP and refugee settlements.

Universal Health Coverage -

Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course. Achieving UHC is one of the targets the nations of the world set when they adopted the 2030 Sustainable Development Goals (SDGs) in 2015

The Current State of WASH in Africa

Clean water, sanitation, and hygiene (WASH) are essential for human dignity, public health, and sustainable economic growth. Addressing these needs aligns with the UN's Sustainable Development Goal 6 and the African Union's Agenda 2063. However, millions across the continent still lack basic WASH services.

Roughly 115 people die every hour in Africa from preventable waterborne diseases such as cholera, typhoid, and dysentery, which stem from contaminated water and poor sanitation.

Smart Solutions and Emerging Technologies

To bridge these gaps, the AU High-Level Panel on Innovation and Emerging Technologies (APET) recommends pairing traditional treatment methods (e.g., chlorination, filtration) with modern, scalable technologies:

1. Advanced Water Treatment: Implementing cost-effective membrane filtration and nanotechnology-enhanced adsorption methods to combat water contamination.

2. Smart Water Management: Utilizing IoT, AI, blockchain, GIS, and satellite mapping to monitor real-time water quality, track flow, detect leaks, and manage drought and flood risks.

3. Sustainable Bio-Sanitation: Expanding bio-digestion technology, such as the bio-latrines championed by WASAZA in Zambian schools. These systems process human waste safely without heavy water reliance, while generating biogas for cooking and nutrient-rich fertilizer for agriculture.

4. Mobile Health & Monitoring Platforms: Leveraging mobile applications to track sanitation goals. In Zambia, the UNICEF-supported CLTS M2W app enabled community leaders to monitor sanitation progress, bringing safe services to over 1.5 million new users within 18 months.

5. Water Harvesting and Underground Storage: Combining traditional runoff capture and surface water catchments with artificial groundwater recharge systems to prevent evaporation loss during droughts.

Proven Regional Models

- Ethiopia: The Rob Gebeye Solar Water Pumping Plant, built under the One WASH initiative, successfully expanded clean water and hygiene access to rural and urban communities.

- Malawi: The Mzimba Town Project raised local potable water access from 65% to 95% and sanitation coverage from 45% to 97%, while creating 1,000 jobs and building private school toilets for girls.

Direct Destruction and Targeting of Healthcare -

A defining feature of the current GHoA crisis, distinct from a purely climate-driven emergency, is the direct targeting and destruction of healthcare infrastructure amid active conflict, principally in Sudan. WHO's Surveillance System for Attacks on Health Care (SSA) has tracked a sharp and accelerating escalation since the Sudanese Armed Forces-Rapid Support Forces conflict began in April 2023. These deliberate assaults violate international humanitarian law and destroy the region's health safety net. In response, the WHO continues to demand an immediate end to attacks on healthcare workers and facilities, alongside unimpeded humanitarian access to affected populations.

Defining Public Health Safety in Fragile Ecosystems:

In a stable state, 'public health safety' is typically measured through indicators like immunization coverage, outbreak response time, and health facility density. In a fragile ecosystem, one where governance capacity, physical infrastructure, and security are all simultaneously degraded, the concept has to be reframed around access and continuity rather than optimization. The core question shifts from 'how good is the health system' to 'can people reach a functioning health facility at all, and will it still be functioning next month? Three features distinguish public health safety in fragile settings like the GHoA - First, health system functionality itself becomes a moving target. For example, more than a third of health facilities nationwide are non-functional as a direct result of conflict damage, looting, or the flight of health workers. Second, humanitarian access is itself a public health determinant. WHO's own strategic framework for the region names 'surveillance and information,' 'outbreak prevention and control,' and 'coordination and collaboration' as its central pillars precisely because simply knowing what is happening, and being able to reach affected populations, is often the binding constraint, more so than the availability of medical technology or funding in isolation. Third, malnutrition and disease interact both ways. Malnutrition increases susceptibility to disease, and disease accelerates malnutrition, meaning that in fragile ecosystems nutrition programming and disease control cannot be designed as separate policy tracks.

QUESTIONS TO BE ANSWERED BY THE FINAL RESOLUTION

Key questions to help draft clear, practical solutions for the

resolution—answering specific questions.

These are deeply important to me, as a draft resolution

will not meet my standards unless it addresses, if not all,

some (even one) of these questions.

1. Stopping Attacks on Healthcare

- How will the UN hold groups accountable when they attack doctors, bomb

hospitals, or steal ambulances?

- How can we create safe, guaranteed routes so that medicine and doctors can reach trapped civilians safely?

2. Fixing Water and Sanitation (WASH)

- What simple, low-cost technologies (like solar water pumps or smart toilet systems) can we set up right away in refugee camps?
- How will we pay for repairing broken water pipes to stop deadly outbreaks of cholera and dirty-water diseases?

3. Spotting Outbreaks Early

- How can countries work together to track weather changes, animal diseases, and human illnesses so they can stop outbreaks before they spread?
- What rules can we make to stop governments from hiding or delaying news about new disease outbreaks?

4. Fighting Malnutrition and Disease Together

- How can health workers treat severe hunger and infectious diseases at the same time, instead of running them as separate programs?
- What specific steps will be taken to protect young children and pregnant mothers who are most at risk of dying from malnutrition?

5. Funding and Long-Term Support

- Where will the money come from to fund already existing emergency programs, and how can we make sure it doesn't run out?

● How can we help local African health agencies lead these efforts so they

don't have to rely entirely on foreign aid forever?

Additional Resources

https://cdn.who.int/media/docs/default-source/2021-dha-docs/20250310_phsa_sudan-conflict.pdf

https://clearinghouse.unicef.org/sites/ch/files/ch/sites-PD-WASH-WASH%20Knowledge%20unicef-UNICEF%20ESARO%20WASH%20Position%20Paper-4.0.pdf

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https://research.un.org/en/docs/unsystem/sa

https://www.congress.gov/crs-product/IF12139

https://www.unocha.org/publications/report/ethiopia/greater-horn-africa-humanitarian-key-messages-february-2024

https://cdn.who.int/media/docs/default-source/documents/emergencies/2024-appeals/greater-horn-of-africa---who-2024-health-emergency-appeal.pdf

https://www.who.int/emergencies/situations/drought-food-insecurity-greater-horn-of-africa

https://www.emro.who.int/media/news/who-warns-of-dangerous-escalation-of-attacks-on-health-care-in-sudan.html

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https://healthpolicy-watch.news/attacks-on-healthcare-escalating-crisis/

https://www.savethechildren.net/news/sudan-sharp-rise-attacks-healthcare-after-two-years-conflict-1000-people-killed-year

https://cdn.who.int/media/docs/default-source/documents/emergencies/situation-reports/20240717_sudan-emergency-sitrep-2.pdf

https://cdn.who.int/media/docs/default-source/2021-dha-docs/20241120_sudan-emergency-sitrep-6.pdf

https://cdn.who.int/media/docs/default-source/2021-dha-docs/20250527_sudan-emergency-sitrep-10.pdf

https://www.unhcr.org/africa/news/press-releases/funding-shortfalls-put-lifelines-risk-sudanese-refugees-chad

https://pmc.ncbi.nlm.nih.gov/articles/PMC12926888/

https://www.acaps.org/en/countries/chad

P.s - A general (I'm sure incomplete) list of the various issues that plague

(WHO joke) the Greater Horn of Africa to keep for your knowledge and

reference -

1. Burden of Communicable Diseases

- Malaria
- Cholera
- Tuberculosis
- HIV/AIDS
- Measles and other vaccine-preventable diseases
- Emerging infectious diseases (e.g., mpox, COVID-19 impacts)

1. Food Insecurity, Malnutrition, and Nutrition Safety

- Causes of food insecurity

- Acute and chronic malnutrition
- Child and maternal nutrition
- Humanitarian food assistance
- Long-term nutritional interventions

2. Climate Change and Environmental Health Risks

- Drought and famine
- Flooding and displacement
- Water scarcity
- Climate-sensitive diseases
- Impact on agricultural livelihoods and food system

3. Water, Sanitation, and Hygiene (WASH)

- Access to safe drinking water
- Sanitation infrastructure
- Hygiene promotion
- Waterborne diseases
- Community WASH initiatives

4. Conflict, Displacement, and Humanitarian Health Emergencies

- Armed conflict and public health
- Refugees and internally displaced persons (IDPs)
- Healthcare delivery in crisis settings
- Disease outbreaks in camps
- Mental health effects of displacement

5. Maternal, Newborn, and Child Health

- Maternal mortality
- Infant and under-five mortality
- Immunization coverage
- Reproductive health services
- Child survival programs

6. Health Systems and Healthcare Infrastructure

- Availability of healthcare facilities
- Health workforce shortages
- Emergency preparedness
- Disease surveillance systems
- Access to essential medicines
- Universal Health Coverage (UHC) challenges