

BACKGROUND GUIDE

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NATIONAL MODEL UNITED NATIONS | 2017

The World's Largest College Model United Nations

18 - 22 MARCH - SHERATON NEW YORK HOTEL

20 - 24 MARCH - NEW YORK MARRIOTT MARQUIS HOTEL

WORLD HEALTH ORGANIZATION (WHO)

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Please consult the FAQ section of www.nmun.org for answers to your questions. If you do not find a satisfactory answer you may also contact the individuals below for personal assistance. They may answer your question(s) or refer you to the best source for an answer.

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NMUN IMPORTANT DATES | 10

IMPORTANT NOTICE: To make hotel reservations, you must use the forms at www.nmun.org and include a \$1,000 deposit. Discount rates are available until the room block is full or 18 February - WHICHEVER COMES FIRST. **PLEASE BOOK EARLY!**

31 January 2007

(Wednesday)

- Confirm Attendance & Delegate Count. (Count may be changed up to 1 March)
- Make Transportation Arrangements - DON'T FORGET!
(We recommend confirming hotel accommodations prior to booking flights)

15 February 2007

(Thursday)

- Committee Updates Posted to www.nmun.org

22 February 2007

(Thursday)

- Discount Hotel Rates Expire. REGISTER EARLY - REGISTRATION IS FIRST-COME FIRST-SERVED
- Position Papers Due Via E-mail (*see next page for instructions*)

1 March 2007

(Thursday)

- Full Pre-Payment Due to Hotel
- Any Changes to Delegate Numbers Must be Confirmed to eaton@nmun.org
- All Conference Fees Due to NMUN for confirmed delegates. (\$100 per delegate if paid by 1 March; \$125 per delegate if received after 1 March. Fee is not refundable after this deadline)

March 2007

The 2007 National Model UN Conference

- 18 - 22 March - Sheraton New York
- 20 - 24 March - New York Marriott Marquis

TWO COPIES OF EACH POSITION PAPER SHOULD BE SENT VIA E-MAIL BY 22 FEBRUARY 2007

1. TO COMMITTEE STAFF

A file of the position paper (.doc or .pdf) for each assigned committee should be sent to the committee e-mail address listed below. Mail papers by 22 February to the e-mail address listed for your particular venue. These e-mail addresses will be active after 15 November. Delegates should carbon copy (cc:) themselves as confirmation of receipt.

2. TO DIRECTOR-GENERAL

- Each delegation should send one set of all position papers for each assignment to the e-mail designated for their venue: positionpapers.sheraton@nmun.org or positionpapers.marriott@nmun.org. This set (held by each Director-General) will serve as a back-up copy in case individual committee directors cannot open attachments. NOTE: This e-mail should only be used as a repository for position papers.
- The head delegate or faculty member sending this message should cc: him/herself as confirmation of receipt. (Free programs like Adobe Acrobat or WinZip may need to be used to compress files if they are not plain text.)
- Because of the potential volume of e-mail, only one e-mail from the Head Delegate or Faculty Advisor containing all attached position papers will be accepted. *Please put the school or delegation's name in the subject line.* If you have any questions, please contact the Director-General at dirgen@nmun.org.

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OTHER USEFUL CONTACTS:

Entire Set of Delegation Position Papers (due 22 February):	positionpapers.sheraton@nmun.org
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THE 2007 NATIONAL MODEL UNITED NATIONS

SPONSORED BY THE NATIONAL COLLEGIATE CONFERENCE ASSOCIATION

New York City, 18-22 March (Sheraton) & 20-24 March (Marriott) • www.nmun.org

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November 2006

Dear Delegates,

On behalf of the Directors, Assistant Directors, Senior and Executive Staffs, and the National Collegiate Conference Association, we would like to take this time to welcome officially you to the 2007 National Model United Nations Conference. Our staff has worked most diligently throughout the year to provide you with what we believe are outstanding preparation materials for your participation in this year's conference. It is our sincere hope that these materials serve you well in your preparation for March.

We are also very excited about the dual venues of this year's conference. While the second venue has posed challenges, we believe it will act as an effective method in greater facilitation of delegation and faculty member needs. The addition of Deputy Chiefs of Staff for both venues will also allow us to assist further you during the course of the conference. Should you find that you need assistance of any type throughout the week of your venue participation, please feel free to call on any member of staff, as they are all trained to be of assistance to and best facilitate you, our valued participants. It is important to remember that, although the conference is divided into two venues, the continuity of the conference remains intact for the 2007 conference. No one venue is more important than the other and our staff has been trained to ensure this continuity as well.

This manual has been provided as a resource for your preparation for the 2007 conference. In it you will find answers to many pressing questions delegates and faculty may have about the conference and delegate preparation. To continue further the educational aspect of the conference, we are pleased to announce that we have introduced several new committees this year. In an attempt to place greater emphasis on the promotion of the preservation of our global environment, we have introduced the simulation of the International Hydrological Programme and the United Nations World Tourism Organization, which will focus on environmental issues that take great priority on the United Nations agenda. In addition, we are simulating the International Criminal Tribunal for the Former Yugoslavia, which we believe will be an extremely interesting simulation for delegates at both venues. We are very excited about these variations, as we believe that they will provide very interesting and educational experiences for their participants.

We are also very excited to not only provide more educational materials regarding the environment this year, but also in taking great strides to promote its protection during the course of both venues. Our first effort to this end is only to provide electronic copies of all conference materials, thus greatly reducing the incredible amount of paper the conference uses every year. The background guides that are sent out each year use an incredible amount of paper that could easily be saved. We are also committed to using only recycled paper during the course of the conference, as well as recycling the paper that is used in each committee of both venues. Our conference T-shirts this year will use only environmentally friendly inks and a portion of the proceeds of their sale will go to an environmental charity. It is the firm belief of this year's staff that, in order to promote our sincere goals of further protection of our planet, we must first practice what we preach. We are extremely proud of all efforts we are taking to preserve our planet in any method we can.

Please note that all position papers must be sent, via electronic mail, to two individual addresses this year. One copy of your papers, as a whole, must be sent to your delegations appropriate venue (either positionpapers.sheraton@nmun.org or positionpapers.marriott@nmun.org). This address will serve as a depository for all papers submitted to each venue. We, the Directors-General, will maintain a database of all submitted papers, which will be crosschecked against the individual submissions. The individual committee papers should be sent to the email addresses included on the front page of your committee background guides. It is very important that all directions for emailing these guides, as outlined in both the background guides and in the Delegate Prep guide, be followed. With the dual venues, we are making every effort possible to ensure that their proper committee Directors receives all papers. We also recommend that delegations carbon copy themselves on all electronic submissions to ensure proper tracking of your position papers. Should any delegation require any assistance in the delivery of their papers, please contact us, as we will be happy to facilitate any problems that may arise in this process.

We sincerely look forward to meeting and working with you at the upcoming conference. We both have worked hard to do what we can to provide you with the materials you need to have an amazing experience in March. Should you find that you have any questions regarding the published materials, parliamentary procedure, delegate preparation, or the rules of the conference, please do not hesitate to contact us. We are happy to be of assistance in any way that we can. Our primary goal is to provide you with an outstanding educational experience.

Sincerely yours,

Jacob Schanzenbach
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History of the World Health Organization (WHO)

Following the International Health Conference in 1946 and the adoption of the constitution of the World Health Organization (WHO), WHO came into existence on April 7, 1948, creating its headquarters in Geneva, Switzerland.¹ WHO is a United Nations specialized agency responsible for health matters. As is the case with any specialized agency, WHO is an autonomous organization that works with the United Nations under the Economic and Social Council (ECOSOC) that acts as the coordinator at the intergovernmental level.²

WHO strives to attain high standards of health for all people and, according to the constitution of WHO, the "enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."³ WHO helps countries address public health issues at their request, seeking to eradicate and control diseases ranging from long-standing health concerns like cholera and malaria to newer ailments like HIV/AIDS and SARS.⁴ Health is broadly defined in the constitution of WHO as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."⁵ Moreover, the 'Bangkok Charter for Health Promotion in a Globalized World' seeks to adopt to the global health challenges in an increasingly globalized world.⁶ Albeit not representing the policies of WHO and merely echoing the views of international experts and participants at the 6th Global Conference on Health Promotion in Bangkok, Thailand in August 2005, it reflects some of the key elements necessary to achieve good health in our modern world.⁷ Thus, the following remark from the late Director-General Lee Jang-Wook is highly telling about the charter: "The action you take in the light of this Charter can radically improve the prospects for health in communities and countries around the world."⁸ To achieve good health in the world, WHO has identified the following four commitments as crucial:

1. global development agenda;
2. responsibility of governments;
3. a focus on communities and civil society;
4. the need for good corporate practice.⁹

Membership and Structure

WHO consists of a World Health Assembly (WHA) with 192 Member States, which convenes every May at the WHO Headquarters in Geneva.¹⁰ The WHA is the main decision making body and, therefore, is key in determining the policies of the organization.¹¹ The Assembly has the responsibility of deciding on the programs of WHO as well as the budget.¹² In addition, there is an Executive Board, comprising of thirty-four members, that are chosen by the Member States for a term lasting three years.¹³ Members of the Security Council are represented continuously under the condition that there is a one year break after a three year period on the board.¹⁴ The Executive Board serves the purpose of giving additional impetus to the decisions of the World Health Assembly as well as advising it and promoting the work of the WHA.¹⁵ Currently, the World Health Organization has 192 members.¹⁶ A country can

¹ Kreisel, W. (2002). World Health Organization. In H. Volger (Ed.). *A concise Encyclopaedia of the United Nations* (p.655). The Hague: Kulwer International.

² United Nations. (n.d.). *About*. Retrieved July 10, 2006, from <http://www.un.org/aboutun/unchart.pdf>.

³ World Health Organization. (n.d.). *About*. Retrieved July 14, 2006, from <http://www.who.int/about/en/>.

⁴ Office of Foreign Affairs South Africa. (n.d.). *World Health Organization*. Retrieved July 9, 2006, from <http://www.dfa.gov.za/foreign/Multilateral/inter/who.htm>.

⁵ World Health Organization. (n.d.). *About*. Retrieved July 3, 2006, from <http://www.who.int/about/en/>

⁶ World Health Organization. (n.d.). *Health Promotion*. Retrieved July 3, 2006, from http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/index.html.

⁷ *Ibid.*

⁸ World Health Organization. (n.d.). *Media Centre*. Retrieved July 10, 2006, from <http://www.who.int/mediacentre/news/releases/2005/pr34/en/index.html>.

⁹ *Ibid.*

¹⁰ Kreisel, W. (2002). World Health Organization. In H. Volger (Ed.). *A concise Encyclopaedia of the United Nations* (p.656). The Hague: Kulwer International.

¹¹ *Ibid.*

¹² World Health Organization. (n.d.). *Governance*. Retrieved July 3, 2006, from <http://www.who.int/governance/en/>.

¹³ Volger, Helmut (Ed.): *A concise Encyclopaedia of the United Nations*. The Hague 2002.

¹⁴ *Ibid.*, p. 657.

¹⁵ *Ibid.*, p. 657.

¹⁶ World Health Organization. (n.d.). *Countries*. Retrieved July 11, 2006, from <http://who.int/countries/en/index.html>.

gain membership in WHO by accepting the Constitution of the organization and in the World Health Assembly.¹⁷ Another form of membership is Associate Member status¹⁸ This applies to territories which do not have any control over their own foreign policy, which can become members upon the request of a member state of WHO or the respective authority responsible for the conduct of the foreign policy.¹⁹

The overall structure of WHO is very decentralized, with six regional offices (African Region, American Region, Eastern Mediterranean Region, European Region, South Asian Region, Western Pacific Region) that decide regional policy and monitor regional activities.²⁰ In addition, in 147 countries there is a WHO Representative in the respective state charged with helping the government plan and manage national health plans.²¹

The Secretariat of WHO is led by the Director General (a position that can be held for a maximum of two terms consisting respectively of five years), who is nominated by the Executive Board and then elected by the World Health Assembly.²² Following the much-unexpected death of Dr. Lee Jong-Wook on May 22, 2006, the Swede Dr. Anders Nordström was appointed Director-General.²³ Nearly an estimated 3,500 experts in various areas of health and other related sectors work for the Secretariat at the headquarters, six regional offices and on the country level.²⁴ The overall distribution of staff is as follows: 46 % work in the field, 24% in the regional offices, and 30% at the headquarters in Geneva.²⁵

The structure of WHO at the headquarters in Geneva is divided into eight different areas: Family and Community Health, Communicable Diseases, Non-Communicable Diseases and Mental Health, Sustainable Development and Healthy Environment, Health Technology and Pharmaceuticals, Evidence and Information Policy, Evidence and Information Policy, External Relations and Governing Bodies and General Management.²⁶ The responsibility is allocated in such a manner that each respective area is led by an Executive Director and all the different areas of all the directors are put together to form a cabinet, which in turn is led by the Director General.²⁷

Aims, Tasks and Methods

WHO pursues the aims that are laid out in its constitution through a cooperative strategy that consists of four interrelated "Strategic Directions."²⁸ The first one emphasizes a reduction of excess mortality, disability, and related matters.²⁹ The second one seeks to encourage a healthy lifestyle and minimize any possible health risks, while the third strategic direction vies for a more equitable health system that is more responsive to the exigencies of the people.³⁰ The fourth Strategic Direction of WHO strives for a propitious institutional environment to promote health causes and champion health issues related to social, economic, environmental and development policies.³¹ When WHO carries out its various functions and activities, particular attention is paid toward ensuring that policies have sufficient support and are backed up by good management of information to allow the assessment of trends and performance of the activities of WHO.³² Furthermore, WHO provides technical and policy support in order to develop national and inter-country capacity to tackle the relevant health problem in a commensurate manner.³³ WHO also seeks to create strong national and global partnerships to achieve the goals it has set itself.³⁴

¹⁷ World Health Organization. (n.d.). *Countries*. Retrieved July 11, 2006, from <http://who.int/countries/en/index.html>.

¹⁸ *Ibid.*

¹⁹ *Ibid.*

²⁰ *Ibid.*, p. 657.

²¹ *Ibid.*, p. 657.

²² World Health Organization. (n.d.). *The Director General's Office*. Retrieved July 9, 2006, from <http://www.who.int/dg/en/>.

²³ *Ibid.*

²⁴ Kreisel, W. (2002). World Health Organization. In H. Volger (Ed.). *A concise Encyclopaedia of the United Nations* (p.656). The Hague: Kulwer International.

²⁵ *Ibid.*, p. 657.

²⁶ World Health Organization. (n.d.). *Structure*. Retrieved July 10, 2006, from http://www.who.int/dg/lee/hqstructureenglish_06.pdf.

²⁷ *Ibid.*

²⁸ World Health Organization. (n.d.). *Employment*. Retrieved July 3, 2006, from <http://www.who.int/employment/strategic/en/index.html>.

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ *Ibid.*

³² World Health Organization. (n.d.). *Employment*. Retrieved 5 July, 2006, from <http://www.who.int/employment/strategic/en/index.html>.

³³ *Ibid.*

³⁴ *Ibid.*

WHO has created numerous “collaborating centers” which are the backbone of an institutional collaborative network that helps enhance the capacity of WHO programs at the inter-country, regional, interregional, and international level.³⁵ Thus, these collaborating networks undertake the task of improving a country's resources in the realm of information, services, research, training and in support of development of health on the national level.³⁶ Similarly, they seek to enhance relations with NGOs.³⁷ Thus, the Civil Society Initiative (CSI) vies to boost and strengthen ties between the WHO and NGO's and civil society organizations.³⁸ The formal working relationship of WHO with NGOs follows the guidelines of the document “Principles governing relations between WHO and NGOs’.”³⁹ Some of the most important aspects are: the various types of relationship of WHO and NGOs at the global level; how NGOs can foster an official relationship with WHO; the special privileges NGOs enjoy as a result of their relationship with WHO etc.⁴⁰ The importance of civil society for the work of WHO has been greatly augmented.⁴¹ Civil society has not only contributed towards promoting public health, but has also been actively involved in formulating as well as implementing public health policies of WHO.⁴²

To tackle the various health challenges that confront humanity, WHO has undertaken a myriad of measures and set itself numerous tasks. The organization relentlessly strives to combat the spread of infectious diseases in the world through International Health Regulations (IHR).⁴³ The IHR, agreed upon by Member States, advocate rules that govern what States must do to identify and stop the spread of a disease.⁴⁴ WHO in return helps States analyze their public health capacities.⁴⁵ WHO also seeks to enhance technical cooperation and logistical support and readily make financial resources available to States so that they can improve their surveillance and response capacity.⁴⁶

The Future of WHO

In the past, WHO played a key role in the eradication of leprosy and river blindness.⁴⁷ In its fight against smallpox WHO has been particularly successful.⁴⁸ When the program to eliminate smallpox was started in 1967, an estimated fifteen million people were suffering from this disease and two million had already died.⁴⁹ By 1980 WHO was able to eradicate small pox.⁵⁰ Immunizing large portions of the population has been fundamental to the program of WHO.⁵¹ From 1980 to 1995, a campaign was jointly launched with UNICEF to immunize against polio, tetanus, measles, whooping cough, diphtheria, and tuberculosis.⁵²

The phenomenon of globalization has created new challenges for the WHO.⁵³ The SARS crisis in 2003 conspicuously demonstrated that an infectious disease could quickly spread around the world via air travel.⁵⁴ In addition, health crises in distant places can give rise to problems that can lead to poverty and conflict and, as a result, should concern everyone.⁵⁵ Consequently, WHO strives for global health security by creating a strong global

³⁵ World Health Organization. (n.d.). *Initiatives*. Retrieved 9 July, 2006, from <http://www.who.int/kms/initiatives/whoccinformation/en/index1.html>.

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁹ *Ibid.*

⁴⁰ World Health Organization. (n.d.). *Principles governing relationships with Nongovernmental organizations*. Retrieved August 9, 2006, from <http://www.who.int/civilsociety/relation/principles/en/index.html>.

⁴¹ *Ibid.*

⁴² *Ibid.*

⁴³ World Health Organization. (n.d.). *About*. Retrieved 4 July, 2006, from http://who.int/about/brochure_en.pdf.

⁴⁴ *Ibid.*

⁴⁵ World Health Organization. (n.d.). *International Health Regulations*. Retrieved 10 July, 2006, from <http://www.who.int/csr/ihr/en/>.

⁴⁶ *Ibid.*

⁴⁷ World Health Organization. (n.d.). *About*. Retrieved 11 July, 2006, from http://www.who.int/about/brochure_en.pdf.

⁴⁸ *Ibid.*

⁴⁹ Kreisel, W. (2002). World Health Organization. In H. Volger (Ed.). *A concise Encyclopaedia of the United Nations* (p.656). The Hague: Kulwer International.

⁵⁰ *Ibid.*, 658.

⁵¹ World Health Organization. (n.d.). *About*. Retrieved 11 July, 2006, from http://www.who.int/about/brochure_en.pdf.

⁵² Fasulo, L. (2004). *An Insider's Guide to the UN* (p.176-177). New Haven: Yale University Press.

⁵³ World Health Organization. (n.d.). *About*. Retrieved 11 July, 2006, from http://www.who.int/about/brochure_en.pdf.

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

network that quickly recognizes and tackles disease outbreaks wherever they occur.⁵⁶ In addition, globalization has unleashed dynamics that have widened the gap between those who have access to health care and those who do not, creating an urgent need to narrow that divide.⁵⁷ A key priority of WHO has become the need to address chronic diseases, namely cancer, stroke, heart disease, and diabetics.⁵⁸

Moreover, much of the work that WHO does and the goals that it seeks to achieve are inextricably bound with the Millennium Development Goals set at the Millennium Summit in 2000.⁵⁹ Thus, the Millennium Development Goals have become key focus areas for WHO.⁶⁰ They include the need to reduce child mortality and improve maternal health and to combat HIV/AIDS, malaria and other diseases.⁶¹

Much of the work of WHO is dedicated to fight HIV/AIDS, as nearly five million people will be newly infected with HIV and three million will die due to AIDS.⁶² Unfortunately, one fifth of the people in danger of getting HIV do not have access to information and the means to prevent it.⁶³ Consequently, HIV/AIDS is a deadly scourges currently facing humanity and, as a result, has become one of the major challenges facing WHO.⁶⁴

However, despite these challenges, the organization remains focused on its goals and utilizing its extensive expertise to meet and surpass the needs of the global community through research, innovation, partnership with civil society and cooperation with other bodies within the United Nations system.

I. Twenty-Five Years of HIV/AIDS: Evaluating the Epidemic and Global Response

*Through the Declarations of commitment on HIV/AIDS and the Millennium Development Goals, the world has a set of commitments, actions and goals to stop and reverse the spread of HIV. The world's people are telling us that our past achievements are not enough, given the scale of the challenges we face. We must do more and we must do it better.*⁶⁵

Introduction

Since June 5, 1981, when the first five cases of *Pneumocystis carinii* pneumonia or Acquired Immunodeficiency Syndrome (AIDS) was discovered, it has claimed the lives of more than twenty-two million people.⁶⁶ In 1983, the human immunodeficiency virus (HIV) was determined as the source of infection.⁶⁷ The total number of individuals living with HIV has reached its highest level: currently there are sixty-five million persons living with HIV, 95% of those infections and deaths having occurred in developing countries.⁶⁸ It has also been reported that, worldwide, more than forty percent of new infections among adults are found in young people ranging from ages fifteen to twenty-five.⁶⁹ The outbreak of HIV/AIDS has devastated regions, leaving a path of destruction, economies, and civil societies crippled.⁷⁰

In recent years, Sub-Saharan Africa has faced the most casualties in this fight to combat HIV/AIDS.⁷¹ Sub-Saharan

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

⁵⁹ World Health Organization. (n.d.). *MDG and WHO*. Retrieved 4 July, 2006, from <http://www.who.int/mdg/en/>

⁶⁰ *Ibid.*

⁶¹ *Ibid.*

⁶² World Health Organization. (n.d.). *About*. Retrieved 11 July, 2006 from, http://www.who.int/about/brochure_en.pdf.

⁶³ *Ibid.*

⁶⁴ *Ibid.*

⁶⁵ United Nations General Assembly. (2004 August 27). *Implementation of the United Nation Millennium Declaration*. (A/59/150). New York, NY: Author.

⁶⁶ Merson, Michael H. (2006, June 8). The HIV-AIDS Pandemic at 25 – The Global Response. *The New England Journal of Medicine*, 23, 354:2414-2417.

⁶⁷ *Ibid*

⁶⁸ *Ibid*

⁶⁹ *Ibid*

⁷⁰ *Ibid*

⁷¹ UNAIDS/WHO. (2005 December). *AIDS Epidemic Update: Special Report on HIV Prevention*. Geneva, Switzerland: WHO

Africa holds about 10% of the world's population; more than 60% (25.8 million) of inhabitants are infected with HIV and in 2005, an estimated 3.2 million in the region became newly infected.⁷² As this epidemic rips its way through Sub-Saharan Africa, many organizations have been active, helping to treat and prevent the ongoing spread of this disease.⁷³ The World Health Organization (WHO), as a primary actor in the fight against HIV/AIDS, has developed programs and gathered the aid of financial organizations to participate in the process of preventing and treating HIV/AIDS infected and affected persons.⁷⁴ WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) has made a commitment to decrease the spread of HIV/AIDS in not only Sub-Saharan Africa but other regions with similar high rates of infection.⁷⁵

The continent of Asia is also no stranger to the affects that HIV/AIDS can have on its societies and economies. Asia has the second largest prevalence rate of HIV/AIDS in the world, with rates being as high as 8.3 million currently infected and 1.1 million becoming newly infected since 2005.⁷⁶ Although rates in Asia are not as high as those of Sub-Saharan Africa, the problem is still the same as there is no immediate cure and many infected persons cannot afford treatment even when anti-retrovirals are available.⁷⁷ Because Sub-Saharan Africa and Asia both have large numbers of infected persons much of the attention has been focused on these two regions.⁷⁸ Twenty-five years since the first outbreak, we are seeing prevalence rates increase in the western hemisphere, with Latin America and the Caribbean States leading the way and the United States of America and Eastern and Western European Nations falling shortly after.⁷⁹

WHO, UNAIDS, and other Non-Governmental Organizations (NGOs) have implemented programs to help prevent the spread of HIV/AIDS and help locate regions where infection rates are high and treatment is needed.⁸⁰ These programs address issues of national and community leadership, cross-sector approaches, mass media packets or targeted information to influence behavior change, reduction of stigma and discrimination of those living with HIV/AIDS, and focused energy on prevention behaviors.⁸¹ Though the work by many agencies has made some significant progress in the fight for HIV/AIDS, it is understood by those involved that the road ahead is going to be long and tough.⁸²

Evolution of HIV/AIDS: Discovery, Development, and Crisis Management

When HIV/AIDS first emerged as a disease twenty-five years ago, few people could have predicted that it would develop into a pandemic this large covering every continent in the world.⁸³ The first recognized cases of AIDS occurred in the U.S. in the early 1980's.⁸⁴ It was discovered that a number of homosexual men in the New York and San Francisco area suddenly began to develop rare forms of infections and cancers that seem to be stubbornly resistant to any form of treatment. At this time, AIDS did not yet have a name, but it quickly became apparent that all the men were suffering from a common syndrome.⁸⁵ That discovery soon led to the discovery of HIV, the virus that causes AIDS.⁸⁶ While in the beginning there had been critics who were skeptical about the discovery of HIV/AIDS, it is now apparent that the disease has reached epidemic proportions of which no one would have fathomed.⁸⁷ Now in the year 2006, the total number of people living with HIV stands at 65 million, triple the number (19.9 million) in 1995.⁸⁸ Despite progress in treating those affected by the disease in a small number of

Library Cataloguing-in-Publication Data, p.17.

⁷² *Ibid*

⁷³ *Ibid*

⁷⁴ *Ibid*

⁷⁵ *Ibid*

⁷⁶ *Ibid*

⁷⁷ *Ibid*

⁷⁸ *Ibid*

⁷⁹ *Ibid.*, p. 31

⁸⁰ *Ibid*

⁸¹ Network. (2002). *The Durban AIDS Conference & Beyond: Challenge of Partnership in the Global Fight Against AIDS*. Retrieved July 13, 2006, from <http://www.earthsummit2002.org/es/newsletter/Issue%204.rtf>

⁸² *Ibid*

⁸³ UNAIDS. (2004). *2004 Report on the Global AIDS Pandemic*. UNAIDS. New York: UNAIDS, p. 10.

⁸⁴ Avert. (2006). The Origins of HIV & the first cases of AIDS. Retrieved August 23, 2006, from <http://www.Avert.org/origins.htm>

⁸⁵ *Ibid*

⁸⁶ *Ibid*

⁸⁷ *Ibid*

⁸⁸ UNAIDS, *supra* note 74.

countries, this epidemic continues to surpass global efforts to contain it.⁸⁹ The challenges are immense- according to a survey found in the 2004 report by UNAIDS, “worldwide, less than one in five people who risk becoming infected with HIV has access to basic prevention services.”⁹⁰ Currently, of the people infected with HIV, only one in ten has been tested and/or knows that they are infected with the virus.⁹¹ Efforts to expand and secure anti-retroviral (ARV) treatment and care will be undermined if the cycle of new infections cannot be broken.⁹² There is a growing consensus that HIV prevention must be scaled up and intensified, as part of a comprehensive response that will expand the access to treatment and care and to get ahead of this epidemic.⁹³

There are a growing number of HIV/AIDS cases: approximately 19.8 million women and children are currently living with HIV and rates continue to increase.⁹⁴ The majority of the cases are coming from Sub-Saharan Africa and Asia, where many cases are caused by mother-to-child transfer at birth.⁹⁵ Throughout the development of this pandemic, children are the ones who seem to suffer.⁹⁶ Many are left orphaned after either one or both parents are deceased, and those living with the disease are shunned and denounced by their societies because of the stigma that comes with being infected and a carrier of the virus.⁹⁷ In most cases, women and girls face worse discrimination than men do. For women, employment opportunities become even scarcer and at times, many refuse treatment due to the fear of discrimination they may receive from others.⁹⁸ The advancement of HIV/AIDS has led to an increasing number of child-headed households.⁹⁹ In any case, such children are very vulnerable to exploitation, which can also make them even more vulnerable to infection.¹⁰⁰

To the large number of people infected with HIV/AIDS, the global community has coined this international health issue as a global pandemic.¹⁰¹ Significant strides are being made by international actors to attack the root cause of the issue and easier methods to help with accessibility of drugs and prevention methods.¹⁰² At the Group of Eight (G8) industrialized countries Summit in Gleneagles, Scotland in 2005, countries pledged to ensure the possibility of universal access to ARV treatment worldwide by 2010.¹⁰³ Soon after, all United Nations Member States endorsed this goal by committing themselves to “Developing and implementing a package for HIV prevention, treatment and care with the aim of coming close to the goal of universal access to treatment by 2010 for all those who need it.”¹⁰⁴ This commitment continues to re-affirm the importance of the international community commitment to deal with the HIV/AIDS pandemic.¹⁰⁵

HIV/AIDS Pandemic at 25 years: UN responses and Global Initiatives

For the past twenty-five years since the discovery of the HIV virus, WHO has made significant strides in conducting HIV/AIDS research and programs.¹⁰⁶ WHO also recognizes collaborative efforts by many UN organizations and non-governmental actors in their attempts to end the scourge of HIV/AIDS across the world.¹⁰⁷ In the beginning stages of the outbreak, many in the international community did not think that HIV/AIDS would have a lasting effect on society like the one it has; during that period, those affected by the disease were classified and stigmatized.¹⁰⁸ Now that much of the world realizes that HIV/AIDS does not discriminate against race, creed, color,

⁸⁹ UNAIDS/WHO, *supra* note 70.

⁹⁰ *Ibid*

⁹¹ *Ibid*

⁹² *Ibid*

⁹³ *Ibid*

⁹⁴ *Ibid*

⁹⁵ *Ibid.*, p.1

⁹⁶ Avert.org. (2006). *Stigma discrimination and attitudes to HIV/AIDS*. Retrieved July 26, 2006, from <http://www.avert.org/aidsstigma.htm>

⁹⁷ *Ibid*

⁹⁸ *Ibid*

⁹⁹ *Ibid*

¹⁰⁰ *Ibid*

¹⁰¹ Avert.org (2006). *AIDS treatment Targets and Results*. Retrieved July 26, 2006, from <http://www.avert.org/aidstarget.htm>

¹⁰² *Ibid*

¹⁰³ *Ibid*

¹⁰⁴ *Ibid*

¹⁰⁵ *Ibid*

¹⁰⁶ UNAIDS/WHO, *supra* note 92.

¹⁰⁷ *Ibid*

¹⁰⁸ *Ibid*

or status, greater strides are being made by the international community to help combat this epidemic.¹⁰⁹ At the forefront, the United Nations has taken significant steps in establishing organizations to help decrease the ongoing threat that HIV/AIDS may have on regions across the globe.¹¹⁰

UNAIDS is the main advocate body for Global action against HIV/AIDS.¹¹¹ From 1986, WHO lead the responsibilities on AIDS in the UN, aiding countries develop much-needed national AIDS programs.¹¹² By the mid-1990's HIV/AIDS was spreading so rapidly, no single UN organizations could provide the coordinated level of assistance needed to address the many factors during the HIV epidemic, more or less help countries deal with the impact it would have on households, communities and local economies.¹¹³ Therefore, in 1996, the UN took an innovative approach bringing together six organizations to help form a co-sponsored program.¹¹⁴ Working together, the goal of UNAIDS has been to catalyze and strengthen the unique resources that all these other organizations have to offer.¹¹⁵ With an annual budget of 60 million dollars and a staff of 129 professionals, UNAIDS prioritizes its attention on areas that include helping young people cope with the lasting effects of HIV/AIDS, highly vulnerable populations, prevention of mother to child HIV transmission, developing and implementing community standards of AIDS care, vaccine development and special initiatives for hard-hit regions.¹¹⁶

At the 8th plenary meeting on June 27, 2001, the UN General Assembly adopted a resolution (A/S-26/L.2) to commit to a global action against HIV/AIDS.¹¹⁷ During the meeting, the committee reaffirmed previous commitments made through the Millennium Declaration, Abuja Framework Declaration, and Framework for Action for the fight Against HIV/AIDS, tuberculosis, and other related infectious diseases in Africa, and the European Union Programme for Action.¹¹⁸ Convinced of the need for urgent for coordinated a sustained response to the HIV/AIDS epidemic, member states declared commitment to address the HIV/AIDS issue by taking into account the diverse situations and circumstances in different regions and countries throughout the world.¹¹⁹ Five years after the Declaration of Commitment made by member states in 2001, a report based on data supplied by countries on the complete set of core indicators develop by UNAIDS to monitor the implementation on the Declaration of commitment on HIV/AIDS showed that while certain countries reached their key targets and milestones set out in the declaration for 2005, many countries failed to fulfill their pledges.¹²⁰

WHO has called upon national governments to take greater accountability for the national response, by allocating greater resources to help decrease the spread of HIV/AIDS in high-risk areas.¹²¹ The UN General Assembly, in the Declaration of Commitment on HIV/AIDS, five years later also made recommendations that included the assistance of national governments assisting with national programs and other humanitarian organizations with effective implementation programs that have worked to decrease prevalence rates in countries like Uganda, Kenya, and Cambodia.¹²²

Ever since the rapid spread of HIV/AIDS across the globe, there has been a serious health movement by humanitarian and private organizations and International Campaigns to decrease, prevent, treat and even cure the spread of HIV/AIDS.¹²³ At the forefront of such movements is the Bill and Melinda Gates Foundation, followed by organizations such as AVERT, AIDS Watch Africa, and the World AIDS Campaign.¹²⁴ The Bill and Melinda Gates Foundation focuses on ensuring that lifesaving advances in health are created for those who need it most.¹²⁵ The

¹⁰⁹ *Ibid*

¹¹⁰ *Ibid*

¹¹¹ The body.com. (2006). *The Joint United Nations Programme on HIV/AIDS (UNAIDS)*. Retrieved July 30, 2006, from <http://www.thebody.com/unaid/unaidspage.html>

¹¹² *Ibid*

¹¹³ *Ibid*

¹¹⁴ *Ibid*

¹¹⁵ *Ibid*

¹¹⁶ *Ibid*

¹¹⁷ United Nations General Assembly 26th Special Session. (2001, August 2) *Resolution 8. Declaration of Commitment on HIV/AIDS*. Retrieved July 30, 2001 from <http://www.un.org/ga/aids/coverage/FinalDeclarationHIV/AIDS.html>

¹¹⁸ *Ibid*

¹¹⁹ *Ibid*

¹²⁰ *Ibid*

¹²¹ UNAIDS/WHO, *supra* note 104.

¹²² United Nations General Assembly 26th Special Session, *supra* note 70.

¹²³ World AIDS Campaign. (2004). *Women, Girls, HIV and AIDS: Strategy Notes*. New York: UNAIDS.

¹²⁴ *Ibid*

¹²⁵ Merson, *supra* note 66.

foundation also focuses on increasing access to existing vaccines and drugs in less developed countries.¹²⁶ Unlike the Gates Foundation, organization like AVERT and AIDS Watch Africa focus generally on data and implementation programs that seem to decrease the spread of HIV/AIDS in certain countries.¹²⁷ Many of these organizations and campaigns that were created in the wake of the HIV/AIDS pandemic have been very useful in spreading the message to the global community about prevention and treatment.¹²⁸ All the same, statistics show that throughout the years, the disease continues to kill thousands and the lack of treatment and preventative options are begins to slow down any progress that has been made.¹²⁹ At this rate with the lack of funding and access to pharmaceuticals, global initiatives and international organizations seem to have a long road ahead.¹³⁰

Prevention and Treatment Campaigns

According to the Declaration of Commitment Progress Report; provides that all countries will develop and implement “sound national multi-sectoral AIDS Strategies, integrate their HIV response into the mainstream of development planning and ensure the full and active participation of civil society, the business community and private sector”.¹³¹ However, in many countries, multi-sectoral plans have not yet been converted into broad-based action plans; due to program realizations and budgetary allocations, which are normally mixed with other health concerns.¹³² Thus, it is encouraging to note that key regional political bodies throughout the world have prioritized efforts to improve regional commitment and coordination on AIDS.¹³³ In both the 2005 World Summit Outcome (resolution 60/1) and the Gleneagles Communiqué of the Group of Eight industrialized countries, world leaders embraced the idea of becoming more involved in universal access to HIV prevention, care, and treatment.¹³⁴

With HIV/AIDS the fastest threat to development today, this also brings about the possibility that there will be national and regional insecurity.¹³⁵ The number of people living with AIDS is equally important to the potential number that may be infected.¹³⁶ Therefore, it is important to address the setbacks that the global community faces when it comes to treatment and prevention programs.¹³⁷ As well, it is also important to address any successes and new initiatives that have been effective in helping to lower prevalence rates.¹³⁸

We all know how HIV/AIDS is spread; mother to child transmission, intravenous drug use, and unprotected sexual contact, both heterosexual and homosexual.¹³⁹ Throughout the years, many prevention programs have been implemented to focus on changing the behaviors of all methods of transmission.¹⁴⁰ Many states have begun successful prevention campaigns along with the help from various UN organizations.¹⁴¹

UNAIDS has identified several aspects of successful prevention campaigns.¹⁴² These include national and community leadership, cross-sector approaches, mass media packets to help influence and target behavior change, reduction in stigma and discrimination of those living and affected by HIV/AIDS, and focused energy on prevention behaviors.¹⁴³ In Sub-Saharan Africa and the Caribbean, a number of broad-based community programs have been effective through Behavior Change Programs.¹⁴⁴ Programs such as visiting professional sex workers and discussing

¹²⁶ Avert.org. (2004). *AIDS around the World*. Retrieved July 6, 2005, from <http://www.avert.org/aroundworld.htm>

¹²⁷ *Ibid*

¹²⁸ *Ibid*

¹²⁹ *Ibid*

¹³⁰ *Ibid*

¹³¹ United Nations. General Assembly 16th Session. (2006, March 24). *Declaration of Commitment on HIV/AIDS: five years later*.

Retrieved July 30, 2001 from http://data.unaids.org/pub/Report/2006/20060324_SGReport_GA_A60737_en.pdf

¹³² *Ibid*

¹³³ *Ibid*

¹³⁴ *Ibid*

¹³⁵ Global HIV Prevention Working Group. (2003, May). *Access to HIV Prevention: Closing the Gap*. New York: UNAIDS, p. 1-6.

¹³⁶ *Ibid*

¹³⁷ *Ibid*

¹³⁸ *Ibid*

¹³⁹ *Ibid*

¹⁴⁰ *Ibid*

¹⁴¹ *Ibid*

¹⁴² *Ibid*

¹⁴³ *Ibid*

¹⁴⁴ *Ibid*

the risks of the trade, delaying the onset of sexual activity, encouraging mutual monogamy, and consistent condom use has increased the awareness in most communities, thus aiding to slow down or even minimize possible targets areas.¹⁴⁵ The ABC slogan – abstain, be faithful, and consistently use condoms, has been a consistent theme throughout HIV/AIDS prevention campaigns.¹⁴⁶ ABC acronym becomes an easier way for individuals to remember the key components for prevention.¹⁴⁷

The impact the prevention and treatment care programs have had in fight against HIV/AIDS has been tremendous.¹⁴⁸ As with implementing programs, finding funding and gaining access to drugs can also be a roadblock to successful implementation.¹⁴⁹ Therefore, it is important for member states that are capable of providing such assistance to do so in a globalize effort to help stop the spread of HIV/AIDS and reduce the number of deaths caused by the disease.¹⁵⁰ In December 2005, the Global Fund to Fight AIDS, Tuberculosis, and Malaria was supporting the delivery of antiretroviral therapy to 384,000 people, and the United States President’s Emergency Plan for AIDS Relief (PEPFAR) exceeded its projected plan amount, by providing antiretroviral drugs to over 400,000 individuals.¹⁵¹ In addition, the World Bank also launched a 60 million dollar acceleration project to provide treatment programs to African states: those including Burkina Faso, Ghana, and Mozambique.¹⁵²

Although there have been many initiatives by numerous UN organizations, individual member states, and private organizations to help with the treatment of HIV/AIDS, there is still much to be done.¹⁵³ Funding and access to pharmaceuticals need to be improved and pressure on donor countries need to be increased.¹⁵⁴ Individual member states must also continue to work on improving social programs and providing awareness.¹⁵⁵ Governments must work together to include all aspect of civil society, if the goal is to conquer this heinous disease.¹⁵⁶ The global community must persist in its efforts to hold each other accountable.¹⁵⁷

HIV/AIDS 25 Years from Now

For the past 25 years, the global community has been fighting the battle against HIV/AIDS. HIV/AIDS is the disease that affects every facet of life, it sees beyond, race, creed, religion, status and borders. It is a deadly disease, at times wiping out thousands daily. Since its discovery, scientists, humanitarians, activists, politicians, and every day people have been working together to help decrease and put an end to its rapid spread. We have come a long way from June 5, 1981: antiretroviral drugs are being made available; programs, campaigns and initiatives are being provided.¹⁵⁸ There is a will to defeat HIV/AIDS and soon with the ongoing development and sheer advancement in technology, the global community is hopeful. In the beginning, there was uncertainty and doubt as no one could have imagined the disaster that this disease would have caused. Twenty-Five years later, there is still some uncertainty as to what lies another twenty-five years ahead, but certainly as with the advancements made thus far in treating and preventing the spread of Polio, Tuberculosis and other infectious diseases, there will be great advancements in the treatment of HIV/AIDS. WHO commends the international community for all its achievements thus far, but there are still many pertinent issues that need to be addressed. What resources are available for prevention and treatment campaigns? How are those resources going to be efficiently allocated? What improvements can we make on effectively determining hardest-hit areas? What research has been done thus far in finding a cure?

II. Combating the Spread of the Avian Influenza

¹⁴⁵ *Ibid*

¹⁴⁶ World AIDS Campaign. (2004). *Women, Girls, HIV and AIDS: Strategy Notes*. New York: UNAIDS.

¹⁴⁷ *Ibid*

¹⁴⁸ United Nations.General Assembly 16th Session, *supra* note 76.

¹⁴⁹ *Ibid*

¹⁵⁰ *Ibid*

¹⁵¹ *Ibid*

¹⁵² *Ibid*

¹⁵³ UNAIDS/WHO, *supra* note 144.

¹⁵⁴ *Ibid*

¹⁵⁵ *Ibid*

¹⁵⁶ *Ibid*

¹⁵⁷ *Ibid*

¹⁵⁸ UNAIDS/WHO, *supra* note 70.

Timeline of H5N1

As Louis Pasteur foretold, pandemics are not defined by their microbiological trigger, but rather by their transboundary spread in successive waves all over the globe.¹⁶⁰ In 1996, the first confirmed cases of avian influenza virus H5N1 were located in Guangdong Province, China.¹⁶¹ One year later, Hong Kong reported the first human infections.¹⁶² During the following seven years,¹⁶³ only China seemed to be affected, but the risk of spill-overs¹⁶⁴ from birds to humans, which could eventually result in a human pandemic, alarmed the international community.¹⁶⁵ The first wave of H5N1 infections lasted from mid-2003 until March 2004 and was restricted to Asia, with infections emerging in Viet Nam and Thailand.¹⁶⁶ While the second wave continued until November 2004 with more fatal human cases in Viet Nam and Thailand, single cases of infected birds were reported in Europe.¹⁶⁷ Thereafter, the first cases of dead migratory birds occurred in Russia, Kazakhstan, and Turkey, and research confirmed viral change that might affect transmissibility.¹⁶⁸ Europe, Arab and African countries were hit by the disease and human infections were found in Turkey in January 2006.¹⁶⁹ Affected individuals typically suffer from high fever and lower respiratory tract symptoms after an incubation period of two to five days after exposure.¹⁷⁰ Most deaths have occurred through progressive respiratory failure nine days after the onset of the illness.¹⁷¹

Influenza A in Birds and Humans

Of the four influenza viruses,¹⁷² only influenza A and B viruses affect humans epidemiologically,¹⁷³ though the risk of infection with influenza A viruses is generally low due to species barriers.¹⁷⁴ The combination of the two antigens hemagglutinin (H, 16 subtypes) and neuraminidase (N, 9 subtypes)¹⁷⁵ on the virus's surface determine the strain of influenza A viruses (e.g. H1N1, H5N1).¹⁷⁶ Frequent mutations during viral reproduction, so-called antigenic drifts, result in new virus variants and therefore require annual adaptations of influenza vaccines.¹⁷⁷ In bird populations, Low Pathogenic Avian Influenza Viruses (LPAIV) in general go asymptotically in wild water birds, but cause mild symptoms in highly susceptible domesticated poultry.¹⁷⁸ Rapidly adapting to new host species,

¹⁵⁹ Pasteur, Louis, French chemist (1822-1895), in Farmer, P. (1999). *Infections and Inequalities - The Modern Plagues*. Berkeley: University of California Press.

¹⁶⁰ Kamps, B. S., & Reyes-Terán, G. (2006). Influenza. In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report* (p. 17-47). Paris: Flying Publisher.

¹⁶¹ World Health Organization. (2006, May 8). *H5N1 Avian Influenza: Timeline*. Retrieved July 7, 2006, from http://www.who.int/csr/disease/avian_influenza/timeline.pdf

¹⁶² *Ibid.*

¹⁶³ *Ibid.*

¹⁶⁴ In the context of diseases, a spill-over is the transmission of the respective disease from one infected individual to another.

¹⁶⁵ Fouchier, R., Kuiken, T., Rimmelzwaan, G., & Osterhaus, A. (2005, May). Global Task Force for Influenza. *Nature*, 435(7041), 419-420.

¹⁶⁶ World Health Organization, *supranote* 161.

¹⁶⁷ World Health Organization, *supranote* 161. H5N1 was confirmed in two illegally imported eagles from Thailand to Brussels, reported in October 2004.

¹⁶⁸ *Ibid.*

¹⁶⁹ *Ibid.*

¹⁷⁰ World Health Organization. (2006, March 24). *Review of Latest Available Evidence on Risks to Human Health through Potential Transmission of Avian Influenza (H5N1) through Water and Sewage*. Retrieved July 10, 2006, from http://www.who.int/water_sanitation_health/emerging/h5n1background.pdf Between 2003 and 2006, half of the cases occurred among people younger than 20. Overall mortality rate was 56% with a case-fatality rate of 73% among those between 10 and 19 years.

¹⁷¹ *Ibid.*

¹⁷² Gürtler, L. (2006). Virology of Human Influenza. In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report* (p. 87-91). Paris: Flying Publisher.

¹⁷³ Epidemiology is scientific research related to origins, prevalence, and combat of diseases.

¹⁷⁴ Kamps, & Reyes-Terán, *supranote* 160, p. 28.

¹⁷⁵ Kaiser, J. (2006, April). A One-size-fits-all Flu Vaccine? *Science*, 312(5772), 380-382.

¹⁷⁶ Centers for Disease Control and Prevention. (2006). *Key Facts about Avian Influenza (Bird Flu) and Avian Influenza A (H5N1) Virus*. Retrieved July 8, 2006, from <http://www.cdc.gov/flu/avian/gen-info/facts.htm>. Hemagglutinin enables viral binding to host receptors, thus enabling entry into cells, while neuraminidase helps newly produced virus cells to exit their host cells. Centers for Disease Control and Prevention. (2006).

¹⁷⁷ Gürtler, *supranote* 172, p. 89. Mutation undermines the effectiveness of antibodies and causes seasonal influenza epidemics

¹⁷⁸ Werner, O., & Harder, T. C. (2006). Avian Influenza. In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report* (p.

subtypes of LPAI viruses may mutate in hosts and turn into Highly Pathogenic Avian Influenza Viruses (HPAIV) like H5N1¹⁷⁹ that affect internal organs and lead to death within only 48 hours.¹⁸⁰ Until 1997, this was considered an economic problem,¹⁸¹ but human cases¹⁸² evoked fear of a new pandemic.¹⁸³

The virus may be transmitted to humans from animals, other humans, or the environment.¹⁸⁴ Among birds, transmission takes place via contact with saliva, nasal secretions, and feces or contact with contaminated surfaces or materials.¹⁸⁵ Wild birds show no symptoms if infected with LPAIV, but they endanger domestic birds by spreading the Avian Influenza (AI) virus along their migratory routes.¹⁸⁶ Nonetheless, wild birds seem prone to HPAIV, an assumption affirmed by cases of infected swans all over Europe.¹⁸⁷ H5N1 has already overcome the species barrier, which increases the likelihood of animal-human transmission.¹⁸⁸ Feeding infected chicken induced avian influenza in felids like domesticated cats¹⁸⁹ and other potential fomites¹⁹⁰ could be domestic animals like pigs or horses.¹⁹¹

Influenza viruses circulating among humans are usually transmitted by infectious droplets, or direct or fomite contacts.¹⁹² Most human infections with AI viruses emerged after direct contact with poultry through slaughtering, playing with, or consuming raw products.¹⁹³ Regarding human-human transmission, research lacks reliable data,¹⁹⁴ and although several household clusters indicate such transmissions, none could be confirmed.¹⁹⁵ Environment-human transmission is least examined, but assumed risk factors are contact with contaminated water or untreated fertilizer made from feces,¹⁹⁶ with suspected sources of infectious secretions and excretions.¹⁹⁷ Persistence of AI viruses in water and sewage depends on conditions like strain or temperature, though lack of data requires further research.¹⁹⁸

Risks and Related Social and Economic Factors

For a new pandemic to emerge, three prerequisites have to be present: the strain must not have been circulating among humans for one generation, it must be able to infect and replicate efficiently in human organisms and can be transmitted between them.¹⁹⁹ Neither H5N1 nor any other strain has reached this step, but mutations could commence any moment, as H5N1 has broadened its host range and has become more virulent.²⁰⁰ Accelerating factors are closely related to economic features such as farming methods or trade and consumption patterns. Breeding of high-duty but susceptible poultry, intensive husbandry, and growing resistance against vaccines on the

48-86). Paris: Flying Publisher.

¹⁷⁹ *Ibid.*, p. 48.

¹⁸⁰ Centers for Disease Control and Prevention, *supranote* 176.

¹⁸¹ Fouchier, Kuiken, Rimmelzwaan, & Osterhaus, *supranote* 165, p. 419.

¹⁸² World Health Organization, *supranote* 161. After outbreaks of HPAI virus H5N1 in poultry at farms and wet markets in Hong Kong, also 18 human cases of infection were reported from Hong Kong in 1997, six of which died.

¹⁸³ Fouchier, Kuiken, Rimmelzwaan, & Osterhaus, *supranote* 165, p. 419.

¹⁸⁴ The Writing Committee of the World Health Organization (WHO) Consultation on Human Influenza A/H5. (2005, September). Avian Influenza A (H5N1) Infection in Humans. *New England Journal of Medicine*, 353(13), 1374-1385.

¹⁸⁵ *Ibid.*

¹⁸⁶ Bonn, D. (2006, May). Wild Birds, Poultry, and Avian Influenza. *The Lancet*, 6(5), 262.

¹⁸⁷ *Ibid.* Dead waterfowl, swans in particular, are found along coast lines and lakes.

¹⁸⁸ *Ibid.*

¹⁸⁹ Kuiken, T., Osterhaus, A., & Roeder, P. (2006, April 6). Feline Friend or Potential Foe? *Nature*, 440(7085), 741-742.

¹⁹⁰ Fomites are intermediate hosts, which do not show any symptoms, nevertheless can transmit the virus.

¹⁹¹ Werner, & Harder, *supranote* 178, p. 65.

¹⁹² The Writing Committee of the World Health Organization (WHO) Consultation on Human Influenza A/H5, *supranote* 184, p. 1375

¹⁹³ World Health Organization. (2006, June 30). Epidemiology of WHO-confirmed Human Cases of Avian Influenza A(H5N1) Infection. *Weekly Epidemiological Record*, 81(26), 249-260.

¹⁹⁴ The Writing Committee of the World Health Organization (WHO) Consultation on Human Influenza A/H5, *supranote* 184, p. 1375.

¹⁹⁵ World Health Organization, *supranote* 161.

¹⁹⁶ The Writing Committee of the World Health Organization (WHO) Consultation on Human Influenza A/H5, *supranote* 26, p. 1374.

¹⁹⁷ World Health Organization. (2006, March 24). *Review of Latest Available Evidence on Risks to Human Health through Potential Transmission of Avian Influenza (H5N1) through Water and Sewage*. Retrieved July 10, 2006, from http://www.who.int/water_sanitation_health/emerging/h5n1background.pdf

¹⁹⁸ *Ibid.*, p. 7. Best circumstances for viral survival (17 days) seem to be at 17°C, worst (1.5 days) at 28°C.

¹⁹⁹ Werner, & Harder, *supranote* 178, p. 71.

²⁰⁰ *Ibid.*, p. 71.

one side and traditional farming and trade methods like backyard poultry²⁰¹ or wet markets on the other side account for close animal-human contact and complicate control.²⁰² Global trade constitutes the main route of a pandemic virus into the world.²⁰³ Because of globalization, segmented food production is located all over the world, and distributive movements of supplies provide rapid transmission of diseases.²⁰⁴ Likewise, animal and human migration allow for spreading viruses or resistant genetic material.²⁰⁵ Advanced urbanization, which leads to tourism, close contacts, and insufficient sanitation, contributes to transmission.²⁰⁶ This puts particularly vulnerable populations like refugees or displaced people at high risk, as they suffer simultaneously from those key factors and other multipliers, particularly poverty.²⁰⁷ While political borders are thus relatively permeable for diseases, they appear closed to the movement of cures, for manifold reasons like different national health care systems, economic considerations, or national sovereignty.²⁰⁸

Economic costs of pandemics include direct costs arising from sicknesses or death, costs for prevention and mitigation, or indirect costs like the decline of tourism.²⁰⁹ Judging by the current stage of preparedness, the next pandemic will infect two billion people.²¹⁰ Hospitalization and death tolls are hard to estimate and depend on the virus subtype: adjusted numbers based on the devastating 1918 pandemic²¹¹ would amount to 180-360 million deaths.²¹² Prevention and mitigation include losses of live animals, unemployment and lower wages, reduced productivity, or governmental expenditures for personnel, and transportation.²¹³ Indirect costs are difficult to estimate, as are substitution measures like the shift from poultry to pork production or uncoordinated reactions by the population.²¹⁴ Extrapolated numbers of costs of a pandemic amount to US\$550 billion – with total costs likely to be significantly higher due to impacts in the developing world, where factors such as poverty and urbanization increase effects.²¹⁵

Case Study: South-East Asia and Western Pacific Regions

In 2003, H5N1 overcame species barriers and its regional restrictions in Asia, where H5N1 appears to be endemic and has established an ecological niche in poultry.²¹⁶ Alarmed, the countries of the region have taken aggressive measures in order to control the animal epidemic and to protect their populations from further infections.²¹⁷ In Viet Nam, culling of 17% of the country's poultry caused a loss of US\$120 million (0.3% of the national gross domestic product, GDP).²¹⁸ Tourism has not yet suffered, but estimates of 5% decline in travellers would account for another 0.4% drop of GDP.²¹⁹ The poultry sector is still highly affected in industrialized countries like Indonesia, causing rises in unemployment and drops in wages; whereas in Viet Nam the costs are borne mainly backyard producers, which in turn increases social disruption.²²⁰ Further costs arise from declining productivity and uncoordinated

²⁰¹ In Turkey, infection rates peaked in cold season, when backyard poultry owners take flocks into their domestic environment thus increasing contact. Similar practices are common in Asian countries.

²⁰² Webster, R. G. (1997, August). Predictions for Future Human Influenza Pandemics. *Journal of Infectious Diseases*, 176 (Supplement 1), 14-19. At live markets in Asia poultry is sold and slaughtered at the market with different species often kept next to each other.

²⁰³ Butler, D., & Ruttimann, J. (2006, May). Avian Flu and the New World. *Nature*, 441(7090), 137-139.

²⁰⁴ Knobler, S., Mahmoud, A., & Lemon, S. (Eds.). (2006). *The Impact of Globalization on Infectious Disease Emergence and Control - Exploring the Consequences and Opportunities*. Washington, DC: The National Academies Press.

²⁰⁵ *Ibid.*, p. 23.

²⁰⁶ *Ibid.*, p. 30.

²⁰⁷ *Ibid.*, p. 22.

²⁰⁸ Farmer, *supranote* 184, p. 55.

²⁰⁹ The World Bank - East Asia and Pacific Region. (2005, November). *East Asia Update - Countering Global Shocks*. Retrieved July 6, 2006, from <http://siteresources.worldbank.org/INTEAPHALFYEARLYUPDATE/Resources/EAP-Brief-final.pdf>

²¹⁰ Kamps & Reyes-Terán, *supranote* 185, p. 18. Common human influenza epidemics, for instance, affect 3.5 million people annually and cause up to 500,000 deaths.

²¹¹ *Ibid.*, p. 18. The "Spanish Flu" 1918/1919 caused 50-100 million deaths.

²¹² Osterholm, M. T. (2005, May). Preparing for the Next Pandemic. *New England Journal of Medicine*, 352(18), 1839-1842.

²¹³ *Ibid.*

²¹⁴ *Ibid.*

²¹⁵ *Ibid.*

²¹⁶ World Health Organization, *supranote* 161.

²¹⁷ Webster, R., & Hulse, D. (2005, May). Controlling Avian Flu at the Source. *Nature*, 435(7041), 415-416.

²¹⁸ The World Bank - East Asia and Pacific Region, *supranote* 208, p. 12-13.

²¹⁹ *Ibid.*

²²⁰ *Ibid.*

public behavior.²²¹

The Asian countries have taken coordinated actions concerning animal and public health and developed preparedness plans.²²² Economic organizations like the Association of Southeast Asian Nations (ASEAN) established action plans for further prevention and mitigation.²²³ In the Japan-WHO Joint Meeting on Early Response to Potential Influenza Pandemic in Asia in Tokyo, 2005, the countries committed themselves to exchange of information, establishment of laboratory networks, and stockpiles.²²⁴ Japan donated 500 thousand courses of Tamiflu and 700 thousands sets of protective equipment for healthcare workers, worth US\$30 million.²²⁵ These stockpiles will be stored in Singapore.²²⁶ Viet Nam did not report any new cases during the first half of 2006; nevertheless, considering 44 deaths in Cambodia, China, Indonesia, and Thailand until August 2006, it will take more time to judge the effectiveness of the multiple initiatives.²²⁷

Measures against Pandemic Influenza

At the brink of a new pandemic, media coverage may evoke a panic that could lead to singular governmental reactions such as trade and travel restrictions in order to save population and economy.²²⁸ To counter this, the WHO provides specific recommendations to enhance preparedness at every pandemic alert level.²²⁹ Complementary, the WHO Pandemic Influenza Draft Protocol for Rapid Response and Containment²³⁰ and the WHO International Health Regulations make concrete proposals,²³¹ while the Checklist for Influenza Pandemic Preparedness Planning assists countries preparing for the case of emergency.²³²

Non-pharmaceutical Measures

Preparedness requires risk assessments and systematic surveillance serving as an early warning system and observing developments of AI viruses.²³³ To accomplish surveillance efficiently, cooperating laboratory networks are crucial for ensuring exchange of data and continuous reports.²³⁴ The WHO therefore recommends the establishment of national influenza centers.²³⁵ The WHO Global Influenza Surveillance Network (GISN) embeds national influenza centers and thus supports national endeavours related to seasonal influenza.²³⁶ In 2004 the WHO,

²²¹ *Ibid.*

²²² World Health Organization Regional Office for South-East Asia. (2006, January). *Regional Influenza Pandemic Preparedness Plan (2006-2008)*. Retrieved July 10, 2006, from http://www.searo.who.int/LinkFiles/Avian_Flu_SEA-CD-148_A4.pdf

²²³ Association of Southeast Asian Nations. (2006, April). *ASEAN Response to Combat Avian Influenza*. Retrieved July 10, 2006, from <http://www.aseansec.org/18393.htm>

²²⁴ World Health Organization Regional Office for the Western Pacific Region. (2006, January 16). *Asian Countries Commit to an Early Response to the Threat of an Influenza Pandemic*. Retrieved July 10, 2006, from http://www.wpro.who.int/media_centre/press_releases/pr_20060116.htm

²²⁵ World Health Organization Regional Office for the Western Pacific. (2006, May 2). *Japan-ASEAN Initiative to Fight Pandemic Influenza in Asia*. Retrieved July 10, 2006, from http://www.wpro.who.int/media_centre/press_releases/pr_20060503.htm

²²⁶ *Ibid.*

²²⁷ World Health Organization. (2006, June 6). *Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO*. Retrieved August 09, 2006, from http://www.who.int/csr/disease/avian_influenza/country/cases_table_2006_08_09/en/index.html

²²⁸ The World Bank - East Asia and Pacific Region, *supranote* 208, p. 12-13.

²²⁹ World Health Organization. (2006). *WHO Global Influenza Preparedness Plan - the Role of WHO and Recommendations for National Measures before and during Pandemics*. Retrieved July 8, 2006, from http://www.who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdf. There are three different levels of alert, subdivided in phases: Phases 1-2 (Interpandemic Period), Phases 3-4 (Pandemic Alert Period), and Phases 5-6 (Pandemic Period). The main differences lie within the transmission abilities of the possibly pandemic virus.

²³⁰ World Health Organization. (2006, May 30). *WHO Pandemic Influenza Draft Protocol for Rapid Response and Containment*. Retrieved July 10, 2006, from http://www.who.int/csr/disease/avian_influenza/guidelines/protocolfinal30_05_06a.pdf

²³¹ Fifty-Eight World Health Assembly. (2005, May 23). *Third Report of Committee A*. Retrieved July 10, 2006, from http://www.who.int/gb/ebwha/pdf_files/WHA58/A58_55-en.pdf

²³² World Health Organization. (2005). *WHO Checklist for Influenza Pandemic Preparedness Planning*. Retrieved July 4, 2006, from <http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf>

²³³ Reyes-Terán, G., & Gottschalk, R. (2006). *Pandemic Preparedness*. In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report* (p. 110-126). Paris: Flying Publisher.

²³⁴ *Ibid.*, p. 110.

²³⁵ World Health Organization, *supranote* 231, p. 19-22.

²³⁶ World Health Organization. (2006). *WHO Global Influenza Surveillance Network*. Retrieved July 9, 2006, from <http://www.who.int/csr/disease/influenza/surveillance/en/index.html>

the Food and Agricultural Organization (FAO) and the Organisation for Animal Health (OIE) launched the Global Early Warning System (GLEWS) to coordinate transboundary animal health issues.²³⁷ Moreover, geographical information systems are being used in order to integrate environmental factors such as migratory routes or wetlands.²³⁸ Similarly, experts suggest governments adopt appropriate legislative measures, as existing laws might have to be overruled to assure containment.²³⁹ Preparedness further includes public information about health issues, regular training of healthcare workers, and pandemic simulations.²⁴⁰ Stockpiles of healthcare material like high-efficiency masks or ventilators are other essentials for the case of emergency.²⁴¹

In pandemic periods surveillance concentrates on identification and analysis of strains, tracing of infection clusters and contacts, and use and efficiency of medication.²⁴² GISN and GLEWS serve these purposes, while incremental information comes from the Global Outbreak Alert Response Network (GOARN), which allows for rapid assistance in affected regions.²⁴³ Complementing surveillance, effective communication is required. The WHO Outbreak Communication Guidelines outline essential components such as early and transparent announcements or dialogue with the public, which both foster trust in policy makers and compliance with the measures taken.²⁴⁴ Moreover, including the participation of the population in the decision-making process and by spreading information about individual safety helps avoiding panic or resistance.²⁴⁵ Accompanying medical treatment are public health measures like social distancing like quarantine, closure of public institutions, or travel restrictions.²⁴⁶ In the meantime, the WHO stresses that services need to be maintained in order to constantly provide water, power, or telecommunication.²⁴⁷

Pharmaceutical Measures

Whereas vaccination refers to immunity against viruses,²⁴⁸ antiviral drugs inhibit viral reproduction in infected organisms.²⁴⁹ The GISN reviews data and on this basis annually re-examines vaccine formulations.²⁵⁰ Virus vaccines are produced by growing them in hens' eggs and then standardizing them for medical use.²⁵¹ During a pandemic this process will last at least six months and researchers, hence, examine other methods such as reverse genetics,²⁵² DNA vaccines,²⁵³ or adjuvant that accelerate immune response, decrease required doses of vaccines, or both.²⁵⁴ New endeavours to overcome the need for annually changing vaccines include so-called "universal flu vaccines."²⁵⁵ Furthermore, the WHO recommends the production of highly adaptable mock-up vaccines based on

²³⁷ World Health Organization. (2006). *Outbreak Alerts*. Retrieved July 9, 2006, from <http://www.who.int/zoonoses/outbreaks/en/>

²³⁸ Edberg, S. C. (2005, January). Global Infectious Diseases and Epidemiological Network (GIDEON): A World Wide Web-based Program for Diagnosis and Informatics in Infectious Diseases. *Clinical Infectious Diseases*, 40, 123-126. Efforts include the WHO-developed HealthMapper, or the software Global Infectious Diseases and Epidemiology Network GIDEON.

²³⁹ Reyes-Terán, & Gottschalk, *supranote* 232, p. 118. Necessary might be means of social distancing, trade restrictions, or compulsory vaccination.

²⁴⁰ World Health Organization, *supranote* 231, p. 19-22.

²⁴¹ *Ibid.*

²⁴² Reyes-Terán, & Gottschalk, *supranote* 232, p. 120.

²⁴³ World Health Organization. (2006). *Global Outbreak Alert & Response Network*. Retrieved July 10, 2006, from <http://www.who.int/csr/outbreaknetwork/en/>. GOARN interlinks 120 networks and institutes and thus grants more flexibility and capacity through data exchange, technical resources, specialized skills, and permanent personnel. Tailored assistance can be rapidly assembled and deployed.

²⁴⁴ World Health Organization. (2005). *WHO Outbreak Communication Guidelines*. Retrieved July 9, 2006, from <http://www.who.int/infectious-disease-news/IDdocs/whocds200528/whocds200528en.pdf>

²⁴⁵ *Ibid.*

²⁴⁶ *Ibid.*

²⁴⁷ World Health Organization, *supranote* 231, p. 19-22.

²⁴⁸ Kamps, & Reyes-Terán, *supranote* 160, p. 29-33.

²⁴⁹ Kamps, & Reyes-Terán, *supranote* 160, p. 29-33.

²⁵⁰ World Health Organization. (2006). *Recommendations for Influenza Vaccines*. Retrieved July 10, 2006, from <http://www.who.int/csr/disease/influenza/vaccinerecommendations/en/>

²⁵¹ Korsman, S. (2006). Vaccines. In In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report* (p. 127-149). Paris: Flying Publisher.

²⁵² Stephenson, I., Gust, I., Kieny, M. P., & Pervikov, Y. (2006, February). Development and Evaluation of Influenza Pandemic Vaccines. *The Lancet*, 6(2), 71-72.

Reverse genetics: replacing genome segments by specially equipped pieces of DNA thus allowing for fast and simple development of new vaccines: the period for developing the vaccine could be shortened to 8-12 weeks.

²⁵³ Viral cells inoculated with DNA for special antigens that can be detected and inactivated by the immune system.

²⁵⁴ Check, E. (2005, May). Is this Our Best Shot? *Nature*, 435(7041), 404-406.

²⁵⁵ Kaiser, *supranote* 175, p. 380. Universal vaccines aim at stable proteins.

only one special hemagglutinin subtype, thus predestined for fast-track procedure.²⁵⁶ But even then, only doses for 14% of the world population could be produced.²⁵⁷ Consequently, experts suggest seasonal influenza vaccination as well as antibiotics in order to avoid secondary infections – additionally to stockpiling of antiviral drugs.²⁵⁸ These block either stable proteins (amantadine or rimantadine) or neuraminidase (oseltamivir or zanamivir),²⁵⁹ but besides insufficient production rates, resistance against these antiviral agents constitutes a major problem, which is why neither amantadine or rimantadine are used anymore,²⁶⁰ and medical experts are even skeptical of prophylaxis.²⁶¹ Personal stockpiling of antiviral drugs is a delicate issue, as with inadequate therapy - likely to occur in times of short supply and tendencies to share stockpiles – resistance could be further promoted.²⁶² By 2007, producers will only have capacities for 300 million treatments annually, despite sublicenses for the production of Tamiflu.²⁶³ At current manufacturing rates it will take another decade to enable treatment of 20% of the world population.²⁶⁴

Challenges and a Global Strategy

Most obstacles for an efficient global strategy against a pandemic are rooted in the conflict between global and national intentions and the stakes of trade and economy.²⁶⁵ Surveillance requires technological capacities and knowledge, both difficult for developing countries, where commercial rapid antigen detection kits could substitute national laboratories.²⁶⁶ Another proposal is the establishment of international laboratories modeled after US overseas laboratories, incorporated in the WHO networks and thus providing essential services, but avoiding funding shortages.²⁶⁷ However, the exchange of data and viral material for research is often hampered for reasons of biosecurity, free-trade embargoes, national sovereignty, intellectual property concerns or missing infrastructure.²⁶⁸ National diversities and missing standards additionally complicate comparability of data.²⁶⁹

Production and distribution of vaccines and antiviral drugs are entangled in economic, legal, and ethical issues. Supply with vaccines and antiviral drugs depends on manufacturers whose actions are determined by economic reasons - producing drugs is only lucrative if there is demand.²⁷⁰ Requests for mock-up vaccines, possibly unneeded medication against specific influenza subtypes, or lower prices for developing economies are inhibitors for commercial organizations.²⁷¹ Proposals to counter this problem include incentives like advance licenses or obligatory annual vaccination against seasonal influenza in order to reassure companies that their products will be sold.²⁷² Nevertheless, these procedures, as well as stockpiling endeavours, would exclude developing countries.²⁷³ Even the stockpiles of developed countries will not suffice and allocation of the medication much in demand will

²⁵⁶ World Health Organization. (2005). *Avian Influenza: Assessing the Pandemic Threat*. Retrieved July 4, 2006, from <http://www.who.int/csr/disease/influenza/H5N1-9reduit.pdf>

²⁵⁷ Osterholm, *supranote* 211, p. 1840

²⁵⁸ Brundage, J. F. (2006, May). Interactions between Influenza and Bacterial Respiratory Pathogens: Implications for Pandemic Preparedness. *The Lancet*, 6(5), 303-312.

²⁵⁹ Oseltamivir (brand name: Tamiflu) is taken in pill form, zanamivir (brand name: Relenza) can be inhaled.

²⁶⁰ Centers for Disease Control and Prevention. (2006, January 20). *High Levels of Adamantane Resistance Among Influenza A (H3N2) Viruses and Interim Guidelines for Use of Antiviral Agents*. Retrieved July 8, 2006, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5502a7.htm>

²⁶¹ Regoes, R. R., & Bonhoeffer, S. (2006, April). Emergence of Drug-resistant Influenza Virus: Population Dynamical Considerations. *Science*, 312(5772), 389-391. Prophylaxis affects resistance by impacts on transmission fitness that depends on the number of individuals susceptible to the strain. Prophylaxis decreases this number, thus reduces resistance only if transmission fitness is low, but contributes to growing resistance in case of high transmission fitness.

²⁶² Moscona, A. (2005, December). Oseltamivir Resistance - Disabling Our Influenza Defenses. *New England Journal of Medicine*, 353(25), 2633-2635.

²⁶³ Roche Group. (2005). *Roche Annual Report 2005 - Business Report*. Retrieved July 8, 2006, from <http://www.roche.com/gb05e.pdf>. Roche promised to donate 5 million packs to the WHO. The others are sold for US \$18 (\$15 for developing countries) per pack.

²⁶⁴ World Health Organization, *supranote* 249.

²⁶⁵ On a Wing and on a Prayer [Editorial]. (2005, May). *Nature*, 435(7041), 385-286.

²⁶⁶ Reyes-Terán, & Gottschalk, *supranote* 232, p. 114.

²⁶⁷ Chretien, J.-P., Blazes, D. L., Gaydos, J. G., & Malone, J. L. (2006, March). Global Network Could Avert Pandemics. *Nature*, 440(7080), 25-26.

²⁶⁸ Webster, & Hulse, *supranote* 216, p. 415.

²⁶⁹ Fouchier, Kuiken, Rimmelzwaan, & Osterhaus. (2005, May). *supranote* 165, p.419.

²⁷⁰ Check, *supranote* 253, p. 406.

²⁷¹ *Ibid.*

²⁷² Stephenson, Gust, Kieny, & Pervikov, *supranote* 251, p. 71-72.

²⁷³ Check, *supranote* 252, p. 406.

pose ethical conflicts upon policy makers.²⁷⁴ Other considerations pertain to animal health: in order to prevent human pandemics, animal epidemics have to be defeated by culling live stocks, restructured traditional markets, or trade restrictions.²⁷⁵ These actions involve economic losses for the poultry sector and without compensation there will be resistance and a rise in dangerous illegal trade.²⁷⁶

Global strategies to control avian influenza and possible human influenza pandemics have been steadily building and causing the WHO to publish the Global Influenza Preparedness Plan, which urges for more coordination and international cooperation.²⁷⁷ With regard to the animal origins of the viral threat, FAO and OIE, in collaboration with the WHO, launched a Global Strategy of Progressive Control and Eradication of HPAI meant to eliminate HPAI in poultry and to promote viable poultry production.²⁷⁸ In 2005, the WHO initiated an Integrative Meeting on Avian Influenza and Human Influenza Pandemic that explicitly recommended collaborative combat of the menace by means like multi-donor funds for the assistance of countries in need.²⁷⁹

Conclusion

Avian influenza starts at microbiological size and results in a challenge of global dimension. Biological origins, transboundary spread and related factors, as well as economic, legal, and ethical consequences are of multiple and interdisciplinary nature. Successful prevention and mitigation hence require well-coordinated approaches at national and international levels – but multifaceted and often contrary interests such as economical orientations of pharmaceutical manufacturers or needs of affected populations tend to make remedy difficult. How could nations prepare for emergency and how should animal and public health be preserved under the impression of short supplies and pressures of economic competition? Transboundary threats call for transboundary counterstrategies, but how should national differences be overcome without disrespecting sovereignty or misbalance national markets? As pandemic impacts hit both developed and developing countries, how could their endeavours be coordinated and organized in order to reach equal levels of preparedness and action? If governments are not able to completely bear the burden by them, are there alternative ways of organization or financing?

III. Developing Stockpiles & Distribution Strategies for Anti-Bioterrorism and Other Related Agents

*Achieving progress in product development and subsequent delivery requires significant support from and involvement of multiple partners...Governments must do more.*²⁸⁰

The intentional spread of biological agents causing disease is no longer a remote possibility but rather a dangerous reality.²⁸¹ The United States (US) Center for Disease Control and Prevention defines bioterrorism as “the deliberate release of viruses, bacteria, or other germs used to cause illness or death in people, animals, or plants.”²⁸² These dangerous, and often deadly, agents can be transferred via infected persons, insects, aerosols and through the contamination of water and food supplies.²⁸³ There are three classifications of biological agents.²⁸⁴ Category A

²⁷⁴ Osterholm, M. T. (2005, May). A Weapon the World Needs. *Nature*, 435(7041), 417-418.

²⁷⁵ World Health Organization. (2005, November). *Avian Influenza and Human Pandemic Influenza*. Retrieved July 9, 2006, from http://www.who.int/mediacentre/events/2005/avian_influenza/summary_report_Nov_2005_meeting.pdf

²⁷⁶ *Ibid.*

²⁷⁷ World Health Organization, *supra*note 221.

²⁷⁸ Food and Agricultural Organization, World Organisation for Animal Health, & World Health Organization. (2005, November). *A Global Strategy for the Progressive Control of Highly Pathogenic Avian Influenza (HPAI)*. Retrieved July 9, 2006, from <http://www.fao.org/AG/againfo/subjects/documents/ai/HPAIGlobalStrategy31Oct05.pdf>

²⁷⁹ World Health Organization. (2005, November). *Avian Influenza and Human Pandemic Influenza*. Retrieved July 9, 2006, from http://www.who.int/mediacentre/events/2005/avian_influenza/summary_report_Nov_2005_meeting.pdf

²⁸⁰ The Global Alliance for Vaccinations and Immunizations. (2005, June 17). Open Letter to the Leaders of the G-8 Nations: Public-private Partnerships. In *GAVI Alliance*. Retrieved August 20, 2006, from http://www.gavialliance.org/Media_Center/Press_Releases/oped_pppletter_17June2005.php

² Morrison, D., Milanovich, F., Ivnitck, D., & Austin, T. R. (Eds.). (2005). *Defense Against Bioterror: Detection Technologies, Implementation Strategies and Commercial Opportunities*. NATO Security Through Science Series - B: Physics and Biophysics. The Netherlands: Springer Science. P. 9.

³ Center for Disease Control and Prevention. (2006, February 28). Bioterrorism Overview. In *Center for Disease Control and Prevention*. Retrieved August 2, 2006, from <http://www.bt.cdc.gov/bioterrorism/overview.asp>

²⁸³ Morrison, *supra*note 281, p.9.

agents are of the highest concern because they can spread quickly, resulting in high death rates, and are therefore most likely to cause public panic.²⁸⁵ Such agents include anthrax, smallpox, plague, botulism, tularemia and viral hemorrhagic fever.²⁸⁶ Category B agents are the second highest priority because they result in moderate illness and low death rates but require enhanced disease monitoring.²⁸⁷ The third highest priority, Category C agents, includes emerging pathogens that could become increasingly dangerous in the future.²⁸⁸

The objective behind bioterrorism is to “instill fear in the enemy in order to achieve a political goal or to promote an ideology.”²⁸⁹ Casualties associated with bioterrorism are not the direct goal, but rather a secondary concern.²⁹⁰ Prior to World War I, biological agents were used infrequently due to a lack of knowledge and technology.²⁹¹ As technology has progressed, science has provided more public access to a variety of biological agents, leading to an increase in incidents.²⁹²

In 1925, Member States of the League of Nations signed into effect the *Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or other Gases and of Bacteriological Methods of Warfare*, otherwise known as the *Geneva Protocol of 1925*.²⁹³ This document made the use of biological weapons illegal, but refrained from outlawing the biological agents that could cause mass harm.²⁹⁴ In the late 1960s, the United States encouraged discussion of the dangers of biological weapons.²⁹⁵ As a result, the international community adopted the Convention on the *Prohibition of the Development, Production, and Stockpiling of Bacteriological (biological) and Toxin Weapons and on their Destruction*, more commonly known as the 1972 *Biological Weapons Convention (BWC)*.²⁹⁶ The BWC was constructed to allow the progress of biomedical needs but limit their use to peaceful means.²⁹⁷ Additionally, the BWC obligates parties to destroy such weapons or “divert to peaceful uses all agents, toxins, weapons, equipment and means of delivery.”²⁹⁸ Review Conferences are held every five to six years to review the comprehensiveness of the Convention to new developments.²⁹⁹ There have been five Review Conferences to date with the Sixth Review Conference scheduled for November, 2006 in Geneva.³⁰⁰ Notably, Second Review Conference created additional documentation so as to include all relevant future scientific developments along with all international, state, and non-state actors...³⁰¹ The United Nations (UN) General Assembly has also addressed the role of science and technology and their relationship to unconventional weapons and bioterrorism in such resolutions as A/RES/60/78, A/RES/59/80, and A/RES/59/62.³⁰²

The Second Review Conference also made the important decision to assign WHO the authority to coordinate emergency response measures.³⁰³ In an effort to meet that responsibility, the WHO has created an epidemic and pandemic alert response (EPR) system so as to assist in times of crises at international and regional levels where appropriate.³⁰⁴ Additionally, at the 55th Session of the World Health Assembly, the Secretariat published a report

²⁸⁴ Center for Disease Control and Prevention. supranote 282.

²⁸⁵ *Ibid.*

²⁸⁶ *Ibid.* Viral hemorrhagic fevers include the ebola virus and marburg, both of which are extremely fatal and have no cure.

²⁸⁷ *Ibid.*

²⁸⁸ *Ibid.*

²⁸⁹ Ghosh, T. K., Prelas, M. A., Viswanath, D. S., & Loyalka, S. K. (Eds.). (2002). *Science and Technology of Terrorism and Counterterrorism*. New York: Marcel Dekker.

²⁹⁰ *Ibid.*

²⁹¹ *Ibid.*

²⁹² *Ibid.*

²⁹³ *Public Health Response to Biological and Chemical Weapons: WHO Guidance*. (2004). Geneva: World Health Organization. Retrieved July 14, 2006, from <http://http://www.who.int/csr/delibepidemics/chapter5.pdf> Chapter 5, p. 2

²⁹⁴ *Ibid.*, Chapter 5, p. 2.

²⁹⁵ *Ibid.*

²⁹⁶ *Ibid.*, Chapter 5, p. 3.

²⁹⁷ *Ibid.*

²⁹⁸ *Ibid.*

²⁹⁹ *Ibid.*, Chapter 5, p. 5.

³⁰⁰ Biological Weapons Convention Meetings Secretariat. (n.d.). *The Biological Weapons Convention: Background Information* [Brochure]. Geneva: United Nations Department for Disarmament. Retrieved August 2, 2006, from [http://www.unog.ch/80256EDD006B8954/\(httpAssets\)/699B3CA8C061D490C1257188003B9FEE/\\$file/BWC-Background_Inf.pdf](http://www.unog.ch/80256EDD006B8954/(httpAssets)/699B3CA8C061D490C1257188003B9FEE/$file/BWC-Background_Inf.pdf)

³⁰¹ *Ibid.*

³⁰² United Nations. (2006, February 1). Resolutions: General Assembly. In *United Nations*. Retrieved August 21, 2006, from <http://www.un.org/Depts/dhl/resguide/gares1.htm>

³⁰³ *Ibid.*

³⁰⁴ World Health Organization. (2006). Epidemic and Pandemic Alert and Response. In *World Health Organization*. Retrieved

detailing the assistance WHO could provide in the case of a bioterrorist or chemical attack.³⁰⁵

In 2004, Secretary-General Kofi Annan assembled a panel of experts from countries from around the world to discuss critical issues regarding collective security in the future.³⁰⁶ The High-Level Panel on Threats, Challenges and Change focused on issues of biological security and drew concern to the deteriorating global health system and its vulnerability to new infectious diseases.³⁰⁷ It emphasized “the interconnectedness of contemporary threats to our security.”³⁰⁸ The Panel recommended a rebuilding of global public health beginning at the local and national levels, particularly within the developing world.³⁰⁹

Developing Vaccine Stockpiles

In an effort to strengthen emergency preparations, the WHO, among others, has recommended that countries obtain stockpiles of vaccines to combat emergency and epidemic situations, especially those vaccines related to Category A agents.³¹⁰ The High-Level Panel stresses the importance of international and regional cooperation in this endeavor.³¹¹ The financial impact of acquiring such materials may be high and unreasonable for many local or national governments, however.³¹²

Research and development for many vaccines can take years and currently there is not sufficient market demand due to lack of natural occurrence to warrant the expenditures by private pharmaceutical companies.³¹³ Pharmaceutical companies will need incentives to research, develop, and produce the required vaccines, antivirals, and antibiotics.³¹⁴ These incentives could include tax relief or trade bargain agreements.³¹⁵ The Institute of Medicine Forum on Emerging Infections, an important forum discussing a wide variety of issues from the breakout of the avian flu to the use of infectious diseases as weapons, suggests creating a pharmaceutical-based industrial consortium backed by national or international funding in order to ensure the needs of public safety are met.³¹⁶ The Forum suggests that members of the biotechnology community be included in this consortium as they have improved rapid diagnostics, information to quicken vaccine development, and will encourage information transfer.³¹⁷

There are a number of complications with medical stockpiles. Vaccines, antivirals, and antibiotics expire or their effectiveness is drastically reduced after a given period of time.³¹⁸ Obtaining sufficient stockpiles is difficult; however, creating a rotating supply of sufficient quantities is markedly harder, especially for developing states with large populations.³¹⁹ This is one area where international cooperatives or regional organizations can be of great assistance.³²⁰ Although non-governmental organizations (NGOs) may not specialize in vaccine or antimicrobial development and stockpiling, they may be of great assistance in helping countries in areas of need. The Bill & Melinda Gates Foundation, along with organizations such as the Global Alliance for Vaccination and Immunization (GAVI Alliance) and the Program for Appropriate Technology in Health (PATH), focus on broader health topics but could provide technological information, infrastructure, and other assets during an emergency.³²¹

August 21, 2006, from <http://www.who.int/csr/en/>

³⁰⁵ *Ibid.*

³⁰⁶ United Nations Secretary-General Kofi Annan. (2004, December 2). *Note by the Secretary-General on the Follow-up to the Outcome of the Millennium Summit*. Retrieved August 2, 2006 from <http://www.un.org/Docs/journal/asp/ws.asp?m=A/59/565>

³⁰⁷ *Ibid.*

³⁰⁸ *Ibid.*

³⁰⁹ *Ibid.*

³¹⁰ World Health Organization (WHO). (2004). *Public Health Response to Biological and Chemical Weapons: WHO Guidance*. Geneva: World Health Organization . Retrieved July 14, 2006, from <http://www.who.int/csr/delibepidemics/chapter4.pdf> Chapter 4, p. 9

³¹¹ United Nations Secretary-General Kofi Annan, *supranote 306*.

³¹² WHO, *supranote 310*, Chapter 4, p.9.

³¹³ *Ibid.*, p. 7.

³¹⁴ *Ibid.*, p. 9.

³¹⁵ *Ibid.*, p. 10.

³¹⁶ *Ibid.*, p. 7.

³¹⁷ *Ibid.*, p. 10.

³¹⁸ Institute of Medicine National Research Council. (2002). *Countering Bioterrorism: The Role of Science and Technology*. Making the Nation Safer: The role of Science and Technology. Washington, D.C.: National Academy Press.

³¹⁹ *Ibid.*, p. 18.

³²⁰ *Ibid.*

³²¹ PATH. (2006). A catalyst for global health. In *PATH*. Retrieved August 21, 2006, from <http://www.path.org/index.php>

Developed and developing countries alike have need for progress into vaccine stockpiles.³²² Deaths from vaccine-preventable diseases in 2002 totaled over 2 billion, and these numbers would only increase in the case of bioterrorism.³²³ Although the US has obtained one dose of the small pox vaccine for each citizen, the stockpiles within the EU range from one for each citizen to one for every 30 citizens.³²⁴ Additionally, research into vaccines for those diseases without cures is slow and unprofitable.³²⁵ However, progress toward counter-bioterrorism will also increase progress toward future natural epidemics of these diseases.³²⁶

After the September 11, 2001 attacks in the US, a series of attacks through the US Postal Service using anthrax spores took place.³²⁷ Twenty-two cases of infection occurred, five of which resulted in death.³²⁸ This attack prompted an exercise by the US and a number of European Union (EU) states.³²⁹ This exercise, called Atlantic Storm, simulated a bioterrorist attack in order to define which critical issues government leaders would need to address should an emergency arise.³³⁰ Several States sent high-level officials to participate.³³¹ The Atlantic Storm exercise led the participants to a number of important conclusions.³³² The first of these is that preparation is essential to successful contamination and treatment of an attack.³³³ A sufficient stockpile of required medications for those infected and vaccines for those citizens not infected is the best defense against the spread of the disease.³³⁴

One of the most important conclusions of this exercise was the need for international cooperation in this area. A unilateral defense would not be sufficient, particularly if a neighboring country could not control the spread of a disease.³³⁵ Bioterrorism response is perhaps the clearest example of why "homeland security" efforts must include an international aspect.³³⁶ Effective international efforts on collaborative preparedness to prevent and prepare for bioterrorist attacks are critical but will be challenging because great differences exist between countries.³³⁷ However, cooperation is essential to all nations as unaffected States will receive many urgent requests for assistance from affected States after a large bioterrorist attack.³³⁸

Distribution Strategies

The initial response to a bioterrorist attack is often the role of local authorities, as they are within close geographical proximity to the situation at hand.³³⁹ Should local healthcare systems be deemed unprepared to handle such situations by the general public, it is likely that infected persons will travel long distances to obtain care, potentially encouraging the spread of the disease.³⁴⁰ Having sufficient stockpiles and a viable distribution strategy in place can prevent this problem.³⁴¹ However, this is a difficult task, as treatment or vaccination for some agents used in biological weapons must be administered within 24 hours.³⁴²

³²²Institute of Medicine National Research Council, *supranote* 318, p.3.

³²³The Global Alliance for Vaccines and Immunizations. (2005, January). Vaccine-preventable deaths. In *GAVI Alliance*. Retrieved August 22, 2006, from http://www.gavialliance.org/General_Information/Immunization_informa/Diseases_Vaccines/vaccine_preventable_deaths.php

³²⁴Vaccination Strategy. (n.d.). *Baxter Vaccines*. Retrieved July 10, 2006, from http://www.baxtervaccines.com/?node_id=3569

³²⁵Institute of Medicine. *supranote* 318, p. 19.

³²⁶*Ibid.*, p. 19.

³²⁷*Ibid.*, p. 3.

³²⁸Anderson, B., Friedman, H., & Bendinelli, M. (Eds.). (2006). *Microorganisms and Bioterrorism*. Infectious Agents and Pathogenesis. New York: Springer Science. p. 25.

³²⁹University of Pittsburgh Medical Center. (2005). Goals. In *Atlantic Storm - Center for Biosecurity of UPMC*. Retrieved July 10, 2006, from http://www.upmc-biosecurity.org/pages/events/atlantic_storm/

³³⁰*Ibid.*

³³¹*Ibid.*

³³²University of Pittsburgh Medical Center. (2005). Initial Conclusions. In *Atlantic Storm - Center for Biosecurity of UPMC*. Retrieved July 10, 2006, from http://www.upmc-biosecurity.org/pages/events/atlantic_storm/

³³³*Ibid.*

³³⁴*Ibid.*

³³⁵*Ibid.*

³³⁶*Ibid.*

³³⁷*Ibid.*

³³⁸*Ibid.*

³³⁹WHO, *supranote* 219. Chapter 4, p.9.

³⁴⁰*Ibid.* Chapter 4, p.9.

³⁴¹*Ibid.* Chapter 4, p.10

³⁴²Ghosh, *supranote* 289, p. 224.

Most countries utilize current infrastructure, such as public health systems like hospitals and local clinics, to distribute necessary vaccines.³⁴³ In the US and Western European countries, where there are large stockpiles of vaccines, each regional government is responsible for arranging transportation of the drugs to local jurisdictions to be distributed to the public.³⁴⁴ In lesser developed countries, public health systems are often not as fully developed.³⁴⁵ Pharmaceutical companies operate on a “just in time” basis so that if local supplies of antibiotics are depleted during a large scale event, pharmaceutical companies do not hold large inventories to replenish government stockpiles.³⁴⁶ A public health reserve system and surge capacities can help increase the effective use of vaccine stockpiles in case of a large scale emergency.³⁴⁷

Vaccines and antiviral medications are temperature sensitive and efficacy is reduced when kept at temperatures outside of a given range.³⁴⁸ Many of these medications must be kept refrigerated.³⁴⁹ Distribution systems for these medications include a cold transport system usually consisting of refrigerated storage at all locations and transported by refrigerated vehicles.³⁵⁰ It is just as important that medications are not kept at temperatures where they freeze as at high temperatures.³⁵¹ At freezing temperatures, “potency has been compromised by the disassociation of antigen from the adjuvant.”³⁵² PATH has created a protocol for any government or medical facility to use in testing the cold transport system and vaccine temperatures to ensure proper refrigeration for optimal efficacy.³⁵³ This protocol can be effectively utilized regardless of financial or personnel resources.³⁵⁴

The aforementioned High-Level Panel asserts the need to focus on building public health capacity at the local and national level, especially throughout the developing world.³⁵⁵ An integral part of the public health distribution system in the case of emergencies is health care professionals.³⁵⁶ These professionals are essential to assessing the needs of the community and prioritizing the use of medical assistance.³⁵⁷ As aid becomes available and delivered, health care professionals will need to process the materials and administer to infected patients.³⁵⁸ Adverse events need to be carefully monitored and reported.³⁵⁹ In the case of extreme circumstances as bioterrorist attacks, the level of emergency health care personnel will need to be drastically increased.³⁶⁰ Organizations such as the WHO, PATH, and Medecins Sans Frontiers/Doctors Without Borders (MSF) can assist in training reserve personnel.³⁶¹

Conclusion

Terrorism has existed for decades, but the weapons of choice are rapidly changing from small arms and bombs to chemical and biological agents aimed at causing chaos and panic.³⁶² Countries across the globe are working to develop stockpiles of the vaccines to fight against the most disastrous viruses and agents; however, there are dangerous agents easily accessible to terrorist organizations for which there are no vaccines.³⁶³ Additionally, many

³⁴³ *Bioterrorism: Guidelines for Medical and Public Health Management* (D. A. Henderson, T. V. Inglesby, & T. O'Toole, Trans.). (2002). United States of America: JAMA, AMA Press.

³⁴⁴ Ghosh, *supranote* 289, p. 225.

³⁴⁵ *Ibid.*, p. 225.

³⁴⁶ *Ibid.*

³⁴⁷ Institute of Medicine, *supranote* 318, p. 22.

³⁴⁸ PATH. (2003, April). *Protocol for Evaluating Freezing in the Vaccine Cold Chain*. Author. Retrieved August 22, 2006, from http://www.path.org/vaccineresources/files/Freeze_Prevention_Materials.zip

³⁴⁹ *Ibid.*

³⁵⁰ *Ibid.*

³⁵¹ *Ibid.*

³⁵² *Ibid.* WHO and manufacturer guidelines indicate the dangers in freezing vaccines with adjuvant components.

³⁵³ *Ibid.*

³⁵⁴ *Ibid.*

³⁵⁵ Institute of Medicine, *supranote* 318, p. 22.

³⁵⁶ *Ibid.*

³⁵⁷ Knobler, S. L., Mahmoud, A. A., & Pray, L. A. (Eds.). (2002). *Biological Threats and Terrorism: Assessing the Science and Response Capabilities*. In *Forum on Emerging Infections* (p. 1-19). Washington, D.C.: National Academy Press.

³⁵⁸ Ghosh, *supranote* 289, pp 223.

³⁵⁹ Immunization Safety Priority Project. (2000). *Immunization Safety: a Global Priority*. *WHO Bulletin*, 78(2), 153-231. Retrieved August 21, 2006, from <http://www.path.org/vaccineresources/files/Imm-sfty-WHO-bulletin-www517.pdf>

³⁶⁰ *Ibid.*

³⁶¹ Medecins Sans Frontiers. (2006). About us. In *MSF-USA*. Retrieved August 22, 2006, from <http://www.doctorswithoutborders.org/aboutus/index.cfm>

³⁶² Center for Disease Control and Prevention, *supranote* 282.

³⁶³ *Ibid.*

nations struggle with ensuring the safe delivery of the needed medications to local health officials and eventually to endangered citizens in the case of a large scale terrorist attack.³⁶⁴

As biological weapons become more easily accessible and biological attacks more likely, you should consider these questions to continue your research. What are your country's vaccine stockpile levels? Is there a large pharmaceutical or biotechnology industry to further vaccine and antiviral research and production? Does your country have a government agency or plan to address a bioterrorist attack? What is the current status of the country's national and local public health system? Does your country have a public health reserve or surge capacity program? Can local and regional laboratories facilitate vaccine and antiviral distribution? Does your country allow regulatory exceptions for development of pharmaceuticals during crises times? Are there sufficient personnel to distribute necessary medications in case of an emergency? What non-governmental or inter-governmental organizations can assist in case of an attack within your area?

³⁶⁴ Ghosh, *supranote 289*, p. 221.

Annotated Bibliography

History of the World Health Organization

Fasulo, L. (2004). *An Insider's Guide to the UN*. New Haven: Yale University Press.

The book provides a good outline about WHO and the position the organization occupies within the United Nations system. The author discusses what the organization does and with which other United Nations organization it works together. The author provides a brief history about the overall track record of WHO, while presenting some key data and facts. The simple and unassuming style of the author makes the book easily accessible. This book will prove useful if you have no prior knowledge about WHO and want to use it as an introduction to this specialized agency.

Kreisel, W. (2002). World Health Organization. In H. Volger (Ed.), *A concise Encyclopaedia of the United Nations*. The Hague: Kulwer International.

The encyclopedia provides very detailed references about WHO. The author meticulously alludes to the intricate structure of WHO, while the mandate and task of WHO are lucidly explained. The well-organized and good-structured article about WHO contributes to the clarity of the article. The encyclopedia provides a very succinct and yet comprehensive account of WHO. The overall impression is that all the relevant information one needs is there.

World Health Organization (2006). *About*. Retrieved 3 July 2006 from <http://www.who.int/about/en/>.

The official website of WHO gives a thorough account of the work of the organization. The information is accurate and up to date. An organizational chart is available, which provides significant insight into the structure of WHO. Moreover, key documents about WHO and important website links are on display on this site. As with any official website the reader should be aware that the respective organization seeks to promote its cause and itself in the eye of the public and, as a result, there are unlikely to be any critical articles.

World Health Organization. (2006). *Governance*. Retrieved 3 July 2006 from <http://www.who.int/governance/en/>.

The site is helpful in understanding how in the organization structure the responsibilities are allocated and where the important decisions are made. The relationship of the most important bodies of WHO to each other is explained. The procedures that take place before a state can fill certain positions within a particular body are also highlighted. The site is absolutely essential for understanding how WHO as an international organization works and functions. Highly useful links to the Constitution of WHO, its documentation policy, the Executive Board and resolutions of the World Health Assembly are accessible.

World Health Organization. *Employment*. Retrieved 5 July 2006 from <http://www.who.int/employment/strategic/en/index.html>.

The cooperate strategy and the core functions are discussed on this particular site. This is absolutely indispensable for acquiring knowledge about the governance policy of WHO. The site is also highly useful for learning about the methods and strategies WHO pursues in order to achieve its long term goals. These long-term goals are divided into WHO strategic directions and WHO core functions. This particular site is integral to understanding what WHO is by understanding what it does.

Office of Foreign Affairs South Africa. *World Health Organization*. Retrieved 9 July 2006 from <http://www.dfa.gov.za/foreign/Multilateral/inter/who.htm>.

The site of the Foreign Affairs Office of South Africa provides an important and fairly detailed outline about the work and the areas WHO deals with. It offers some rudimentary insight into the working relationship and the ties of the South African government to WHO. The site will suffice for understanding the most significant aspects about WHO and the main focus areas of the organization. Thus, the site provides a base of knowledge on which the reader can obviously build on and, therefore, is great as an introduction to the organization.

UNAIDS. *World Health Organization*. Retrieved 10 July 2006 from <http://www.unaids.org/en/Cosponsors/who/default.asp>.

WHO, as a key co-sponsor of the United Nations initiative UNAIDS, has sought to address the scourge of HIV/AIDS. The strategy that needs to be pursued in order to tackle this great menace is laid out. The Global Health Sector Strategy (GHSS) for HIV/AIDS 2003-2007 emphasizes the need for prevention, treatment and improvement of health standards pertaining to HIV/AIDS. Tackling AIDS through the HIV/AIDS department is linked to addressing other health issues that face mankind, particularly in the developing world. The site offers key links to what other international organizations, such as UNESCO, ILO, World Bank etc. do regarding the scourge of HIV/AIDS.

World Health Organization. *HIV/AIDS*. Retrieved 11 July 2006 from <http://www.who.int/hiv/aboutdept/en/>.
As one of the most important departments of WHO the HIV/AIDS department is rigorously involved in devising appropriate means and methods to combat the disease. The website provides very extensive information about the structure of the department and the work it does. The HIV/AIDS department consists of some of the following teams: Prevention in the Health Sector, Antiretroviral Treatment and HIV Care, Regional and Country Coordination, Health Systems Strengthening etc. Moreover, the policy of the department can be divided into four key areas: country support, securing supplies of HIV/AIDS medicine, monitoring the spread of HIV/AIDS, and increasing international attention for HIV/AIDS. Key documents and surveys about HIV/AIDS are available on this website.

World Health Organization. (n.d.). *MDG and WHO*. Retrieved 4 July 2006 from <http://www.who.int/mdg/en/>.
Many of the goals WHO seeks to achieve are inextricably bound with numerous Millennium Development Goals. The site provides vital links that highlight in great detail how the work of WHO is tied and, thereby, contributes to achieving the each of the specific Millennium Development Goals. The link 'WHO's work on MDG's' highlights the specific measures undertaken by WHO to contribute towards achieving the Millennium Development Goals. Consequently, WHO undertaken normative and technical work, tracks progress and measures, reports on 17 of the MDG health related indicators etc. Key documents, data and statistics are available for astute researching.

World Health Organization. (n.d.). *Civil Society Initiative*. Retrieved 10 July 2006, from <http://www.who.int/civilsociety/health/en/>.
In order to achieve the goals that WHO has set for itself, the organization works closely together with a whole range of partners, including civil society. This site alludes to the importance of civil society in the realization of public health programs and policies. Thus, civil society has served as an important partner of WHO on the country level, implementing public health programs. Moreover, civil society has been able to reach people in remote areas and has been able to sensitize people about health problems. The site also points toward the importance of civil society jointly raising funds with WHO.

I. Twenty-Five Years of HIV/AIDS: Evaluating the Epidemic and Global Response

Avert.org. (2004). *AIDS around the World*. Retrieved July 6, 2006, from <http://www.avert.org/aroundworld.htm>
Avert explores the HIV/AIDS epidemic from an activist perspective. It reviews the impact of AIDS throughout the various regions and gives current and accurate information. The information is divided by geographical region for convenience.

Avert.org (2006). *AIDS treatment Targets and Results*. Retrieved July 26, 2006, from <http://www.avert.org/aidstarget.htm>
Statistics and figure regarding treatment targets and results by country and region can be found on this site. Avert does an excellent job of giving you current statistics and charts that help better simplify all the data that has been gathered. It is helping when looking for results on programs and target groups.

Avert.org. (2006). *Stigma discrimination and attitudes to HIV/AIDS*. Retrieved July 26, 2006, from <http://www.avert.org/aidsstigma.htm>
Avert explores the HIV/AIDS epidemic from an activist perspective. It reviews the impact of AIDS throughout the various regions and gives current and accurate information. The information is divided into geographical region by convenience. Particularly in this section, the writer discusses more of stigma and discrimination; explaining attitudes that various communities, cultures and even governments may have

pertaining to this epidemic.

Department of Gender and Women's Health. (2003). *Integrating Gender into HIV/AIDS programs*. New York: World Health Organization.

Department of Gender and Women's Health is primarily responsible for integrating gender issues in WHO's programs. This particular report describes the realities of integrating gender concerns into HIV/AIDS programs. There are often unforeseen problems with well-intentioned gender interventions.

Global HIV Prevention Working Group. (2003, May). *Access to HIV Prevention: Closing the Gap*. (Monograph No. 1-6). New York: UNAIDS.

This report by the Global HIV Prevention Working Group provides a region-by-region analysis of a resource gap widely recognized as one of the largest and significant troubles facing HIV prevention and treatment. This report gives examples of effective AIDS programs in Zimbabwe and Cote d'Ivoire. It also manages to give statistical information about programs that are positively affecting the fight against HIV/AIDS throughout the world.

Guillieux, Alain, & Moon, Suerie. (2000). *Hidden price tags: disease-specific drug donations: costs and alternatives*. Geneva: Medecins Sans Frontieres.

Report submitted to the NGO Médecins Sans Frontières. This report shows the long-term deficit to having specific donation methods supplement medicine in developing regions. The primary concerns, for the authors, revolve around long-term planning and responsiveness.

Human Rights Watch. (2004). *Program Overview*. Retrieved August 20, 2006, from http://www.hrw.org/doc/?t=hivaid&document_limit=0,2

One of the NGOs that will be participating in the committee has an extensive prevention program that describes the correlation between HIV/AIDS and human rights violations. Human Rights Watch advocates for the abatement of human rights violations as not just a means to an end, but an end in itself. Their work in HIV/AIDS is extensive and important.

Joint United Nations Programme on HIV/AIDS. (2004). *Fact Sheet: Access to HIV Treatment and Care*. Retrieved July 20, 2005, from

http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http%3a%2f%2fgvadocowl%2fWEBcontent%2fDocuments%2fpub%2fPublications%2fFactSheets04%2fFS_Treatment_en%26%2346%3bpf
This fact sheet provides information on access to HIV/AIDS treatment and care. It gives detailed statistics and examples of progress towards care and treatment as well as how many are actually receiving care and treatment. This document will provide current information and lead to sources that are more detailed on the subject.

Mader, Ian. (2004, July 13). *WHO Says World 'Failed' in AIDS Fight*. Time Associated Press.

The associated press was reporting on the dire WHO status report on AIDS. It also includes comments from Pfizer CEO, Hank McKinnel, regarding patent rights and drug discoveries. This article is very helpful in gaining perspective on patent rights from a drug company's perspective.

Merson, Michael H. (2006, June 8). *The HIV-AIDS Pandemic at 25 – The Global Response*. *The New England Journal of Medicine*, 354:2414-2417, 23.

This expert from the New England Journal of Medicine by Merson is very informative. Merson was head of the Global AIDS program before it was adopted as UNAIDS, therefore he gives us an insight into the 25-year battle to conquer HIV/AIDS. He looks at the evolution, development of the disease and re-evaluates all the programs that have been created in its wake.

Pan-American Health Organization. (2004, August 11). *What is PAHO?* Retrieved August 20, 2006, from <http://www.paho.org/english/paho/What-PAHO.htm>

The Pan-American Health Organization is the oldest international organization. They have been focused on public health issues since its founding, and cooperate actively with the World Health Organization. PAHO will be an excellent alternative source of information.

UNAIDS. (2004). *2004 Report on the Global AIDS Pandemic*. UNAIDS. (p.10). New York: UNAIDS.

This report in the Global AIDS Pandemic is coming from the main source in the fight against HIV/AIDS. It is

very informative because it delves into the facts and details what works and what does not. Because UNAIDS is at the forefront of this epidemic, the research and conclusions that are done are accurate and concise.

UNAIDS/WHO. (2005 December). *AIDS Epidemic Update: Special Report on HIV Prevention*. (p.17). Geneva, Switzerland: WHO Library Cataloguing-in-Publication Data.

This joint report by UNAIDS and WHO is full of informative sources. It is a great source to look up more information on other sources. The special report also tends to cover information from research programs and projects that have been implemented throughout the years. This report is one that is conducted every year in order to give the international community an update on the epidemic.

United Nations. General Assembly 26th Special Session. (2001, August 2) *Resolution 8. Declaration of Commitment on HIV/AIDS*. Retrieved July 30, 2001 from

<http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html>

At this 26th special session, the member states that form the General Assembly of the United Nations made a Commitment to fighting the HIV/AIDS epidemic. This resolution detailed the criteria that each member state would have to follow in order to reach safely the standards. This information is very helpful, it details each fact and allows further research into what has worked successfully and what has not been effective. It is also a great prelude to the Declaration of Commitment on HIV/AIDS: five years later.

United Nations General Assembly. (2004 August 27). *Implementation of the United Nations Millennium Declaration*. (A/59/150). New York, NY: Author

The Implementation of the United Nations Millennium Declaration addresses three issues; peace and security, development, and protecting the vulnerable. It also contains millennium development goals, targets, and indicators from 2004. This document is very important because it discusses the processes leading up to the development of the millennium goals and the step-by step issues as it is addressed.

United Nations Secretary-General Kofi Annan. (2005). Report of the Secretary-General to the General Assembly: Progress Made in the Implementation of the Declaration of Commitment on HIV/AIDS. Retrieved July 10, 2005, from

http://europeandcis.undp.org/files/uploads/John/ga59_sgprogressreport_04apr05_en_pdf.pdf

This is the UN Secretary-Generals report to the General Assembly on AIDS made in April of 2005. This report examines the current global HIV/AIDS situation and highlights some areas of progress. The report also examines where progress is not being made and gives recommendations to improve the treatment and prevention of the disease on many fronts.

United Nations. General Assembly 16th Session. (2006, March 24). *Declaration of Commitment On HIV/AIDS: five years later*. Retrieved July 30, 2001 from

http://data.unaids.org/pub/Report/2006/20060324_SGReport_GA_A60737_en.pdf

This is a follow-up to the United Nations Declaration of Commitment on HIV/AIDS made by member states in 2001. It looks at the progress and lack thereof by individual member states and governments to control this pandemic. It praises the successful of certain countries as they have decreased their prevalence rates. The follow up also shows that there are more improvements ahead if the international community wants to control this crisis.

World AIDS Campaign. (2004). *Women, Girls, HIV and AIDS: Strategy Notes*. New York: UNAIDS.

This strategy note introduces the theme of World AIDS day 2004. It provides relevant information on how vulnerable this population group is to the disease, while setting out some ideas for better prevention campaigns. Also useful is its description of global for the campaign.

World Bank. (2004). *Anti-Retroviral (ARV) Treatment in Developing Countries: Questions of Economics, Equity and Ethic*. Retrieved August 20, 2006, from <http://www.worldbank.org/aids-econ/arv/>

Numerous conferences have been held to explore that usefulness of ARV therapy. This conference by UNAIDS and the World Bank provides some basic information about the effectiveness of the programs. The recognized fact is that ARV is not the ultimate answer.

World Health Organization. Retrieved July 6, 2006, from <http://www.who.int/about/en/>

World Health Organization website is the main source of information for this committee. It explores the

various initiatives this organization takes in trying to combat HIV/AIDS, Malaria, Tuberculosis, and other infectious diseases. The World Health Organization as a body of the United Nations tries to focus on Global pandemics and look for ways to address serious international health concerns.

World Health Organization. (2004). *The rationale of essential medicines*. Retrieved August 20, 2006, from <http://www.who.int/medecines/rationale.shtml>
WHO provides lists of drugs considered primary to public health in developed and developing regions. This Web site explains the means by which these drugs come to be included on the list. It also will discuss the background behind the issue of essential medicines.

World Health Organization. (2004). *About 3 by 5 Strategy*. Retrieved August 20, 2006, from <http://www.who.int/3by5/about/strategy/en/index.html>
The 3 by 5 strategy is the foremost prevention campaign of WHO. It attempts to provide guidelines for assisting 3 million AIDS afflicted individuals by 2005. This strategy should be deemed the proper guideline for this committee.

II. Combating the Spread of the Avian Influenza

Association of Southeast Asian Nations. (2006, April). *ASEAN Response to Combat Avian Influenza*. Retrieved July 10, 2006, from <http://www.aseansec.org/18393.htm>
As rapid and concerted action is of utmost importance especially for Asian countries, the ASEAN secretariat gives detailed proposals for actions against avian influenza. The recommendations are related to animal and public health measures and include forms of collaboration and restructuring poultry sectors. Though locally restricted they may as well serve for other regions, which are not yet struck by H5N1.

Bonn, D. (2006, May). Wild Birds, Poultry, and Avian Influenza. *The Lancet*, 6(5), 262.
Wild birds are the suspected to be the root cause for widespread of H5N1. While Bonn gives an overview of the suspicions, she argues that trade routes are similarly contributing to transboundary transmission and further mentions illegal trade of animals and poultry products, thus presents a different approach to usual debates. As some of the key transmission routes are highlighted, the article holds for basic background information.

Brundage, J. F. (2006, May). Interactions between Influenza and Bacterial Respiratory Pathogens: Implications for Pandemic Preparedness. *The Lancet*, 6(5), 303-312.
All three influenza pandemics of the 20th century are outlined and combined with detailed information about different patterns of infection including secondary infections with certain bacteria, above all respiratory pathogens complicating the course of illness. This makes the article a valuable source for issues related to preparedness activity and treatment during pandemics. The text might therefore be a starting point for those interested in details about historic pandemics.

Butler, D., & Ruttimann, J. (2006, May). Avian Flu and the New World. *Nature*, 441(7090), 137-139.
Highlights of this text are the worries of not-yet-affected countries such as the United States or Brazil. For a better understanding, the authors included graphics describing the main routes of transmission and simultaneously explain possible precautions that could be helpful. Good for understanding concerns of specific regions in the world and incorporating proposals for prevention, this article constitutes a helpful platform for the start of research.

Centers for Disease Control and Prevention. (2006). *Key Facts about Avian Influenza (Bird Flu) and Avian Influenza A (H5N1) Virus*. Retrieved July 8, 2006, from <http://www.cdc.gov/flu/avian/gen-info/facts.htm>
Constituting a perfect starting point for delegates' research, this Web site contains the most important aspects related to avian influenza. The key facts in particular provide background information about the nature of the virus, infections of animals and humans, an overview of the current situation, and a very detailed questions-and-answers section. Links to international Web sites like WHO and official documents alleviate further investigation.

- Centers for Disease Control and Prevention. (2006, January 20). *High Levels of Adamantane Resistance Among Influenza A (H3N2) Viruses and Interim Guidelines for Use of Antiviral Agents*. Retrieved July 8, 2006, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5502a7.htm>
In their periodically published reports and reviews, the CDC gives medical recommendations. In this context, cases of resistance against certain antiviral drugs are presented and guidelines for further procedures given. In general, the Web site is worth looking at regularly, as on top of reports and reviews news releases are published.
- Check, E. (2005, May). Is this Our Best Shot? *Nature*, 435(7041), 404-406.
As an essential part of the recommended issue of Nature, this article concentrates on vaccination methods and research. In it, Erika Check explains the function, production, and further perspectives in vaccination efforts. The detailed article moreover highlights the problems related to this issue, e.g. low manufacturing rates and unequal supply.
- Chretien, J.-P., Blazes, D. L., Gaydos, J. G., & Malone, J. L. (2006, March). Global Network Could Avert Pandemics. *Nature*, 440(7080), 25-26.
In the 1970s, US overseas laboratories were common in developing countries. Based on their success and advantages, the article develops ideas of new international laboratories and their management. Readers may use this as guidance for their own ideas concerning assistance for developing countries in the fight against new pandemics.
- Edberg, S. C. (2005, January). Global Infectious Diseases and Epidemiological Network (GIDEON): A World Wide Web-based Program for Diagnosis and Informatics in Infectious Diseases. *Clinical Infectious Diseases*, 40, 123-126.
As avian influenza and the threat of a pandemic development is related to manifold disciplines, clinicians, epidemiologists, and microbiologists need to be able to share information related to diseases and geographic medicine. Readers get a critical impression of how a global network for data sharing and further cooperation could be designed. Nevertheless, the article does not provide concrete proposals of how an implementation could be brought about.
- Farmer, P. (1999). *Infections and Inequalities - The Modern Plagues*. Berkeley: University of California Press.
In order to provide a holistic approach to the topic of modern plagues, this summary contains explanations of socioeconomic factors related to diseases. Both historical and modern plagues are included as are examples of HIV/AIDS in Haiti and case studies related to tuberculosis. Readers learn basic facts and their interrelations with social and economic circumstances that determine development, outbreak, and counterstrategies against infectious diseases.
- Fifty-Eight World Health Assembly. (2005, May 23). *Third Report of Committee A*. Retrieved July 10, 2006, from http://www.who.int/gb/ebwha/pdf_files/WHA58/A58_55-en.pdf
On the international level, International Health Regulations account for public and individual hygiene and health. Although only from 2005, there have been further addendums that are worth reading. All in all, the IHR are essential for containment and prevention during a pandemic phase.
- Food and Agricultural Organization, World Organisation for Animal Health, & World Health Organization. (2005, November). *A Global Strategy for the Progressive Control of Highly Pathogenic Avian Influenza (HPAI)*. Retrieved July 9, 2006, from <http://www.fao.org/AG/againfo/subjects/documents/ai/HPAIGlobalStrategy31Oct05.pdf>
In close cooperation, these three organizations published a joint strategy that constitutes an integrated approach to develop a global strategy in order to maintain animal and public health. Three interrelated fields – animal and public health as well as agricultural science – contributed to this attempt, thus providing a holistic perspective. As influenza pandemics are not restricted to one specific area of concern, such integrations and collaborations of different organization are essential for any successful solution; delegates may take this approach as reference for own ideas and proposals.
- Fouchier, R., Kuiken, T., Rimmelzwaan, G., & Osterhaus, A. (2005, May). Global Task Force for Influenza. *Nature*, 435(7041), 419-420.

Both origins of the disease and solutions for this global challenge are incorporated in this article. Criticizing the lack of international harmony and coordinated action, the authors point to the major obstacles blocking efficient measures. They argue for integration of different fields of research and policies, which makes the article an initial point for considering a global strategy.

- Gürtler, L. (2006). Virology of Human Influenza. In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report 2006* (pp. 87-91). Paris: Flying Publisher.
Comprehensible graphics and good explanations of structure, mode of functioning, and important interrelations of influenza viruses make this chapter useful for a better understanding of medical articles written by and for medical experts. Although medical details might not be the main point during the conference, understanding of the matter is essential for evaluating challenges and proposals concerning medication. Cross-reading the chapter while working with scientific resources might be helpful.
- Kaiser, J. (2006, April). A One-size-fits-all Flu Vaccine? *Science*, 312(5772), 380-382.
Jocelyn Kaiser sums up the major points of available vaccines and methods. She furthermore outlines perspectives for research and development of new medication and inherent problems. As part of the special section of this Science issue, this article is a very enlightening text readers should not miss.
- Kamps, B. S., & Reyes-Terán, G. (2006). Influenza. In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report* (pp. 17-47). Paris: Flying Publisher.
All major aspects of influenza diseases are outlined in this introduction of the Influenza Report. The authors provide readers of the Influenza Report with basic facts of history and development of influenza epidemics and pandemics. Additionally, the chapter outlines pandemic management on individual and global levels and therefore constitutes a platform for further reading and investigation beyond the Report itself.
- Knobler, S., Mahmoud, A., & Lemon, S. (Eds.). (2006). *The Impact of Globalization on Infectious Disease Emergence and Control - Exploring the Consequences and Opportunities*. Washington, DC: The National Academies Press.
Experts from multiple disciplines attended an international meeting dealing with globalization impacts on infectious diseases. Their results and contributions to the workshop have been published in a summary that mirrors development and spread of infectious diseases, among them influenza, and gives valuable background information. Among other topics, socioeconomic impacts of globalization, especially in the context of the development of epidemics and pandemics, are highlighted and explained in detail.
- Korsman, S. (2006). Vaccines. In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report 2006* (pp. 127-149). Paris: Flying Publisher.
Korsman presents the basics of vaccines, their production and use and gives details beyond. As the chapter concentrates on the medical details, economic or social aspects are cut out. Nevertheless the text is recommended for the start of investigation or for those who do not want to read complicated articles in medical journals, but rather gain solid knowledge.
- Kuiken, T., Osterhaus, A., & Roeder, P. (2006, April 6). Feline Friend or Potential Foe? *Nature*, 440(7085), 741-742.
Focusing on domestic cats, the occurrence of infections in felines and the respective routes of transmission are outlined. Written in a comprehensible manner, the content complements considerations about risks of transmission and prospective development of H5N1's spread. Delegates should nonetheless consider rapid developments of the actual influenza situation and check for updated details.
- Moscona, A. (2005, December). Oseltamivir Resistance - Disabling Our Influenza Defenses. *New England Journal of Medicine*, 353(25), 2633-2635.
All those interested in microbiological details of influenza viruses and antiviral drugs are recommended this medical article. Although focusing especially on one form of medication, the description of how resistance could be promoted by irresponsible application of medication could

give ideas for further research related to preparedness planning and pandemic phase activity.

On a Wing and on a Prayer [Editorial]. (2005, May). *Nature*, 435(7041), 385-286.

In a short but holistic editorial of this highly recommended issue of Nature, all major issues of avian influenza are presented. Therefore, the editorial itself constitutes a perfect entrance into the topic, as the text adumbrates the major elements of the problem and presents timeline, history, efforts, and first introduction into actions useful for sustainable solutions. Readers get a first idea of the whole and are equipped for further details.

Osterholm, M. T. (2005, May). Preparing for the Next Pandemic. *New England Journal of Medicine*, 352(18), 1839-1842.

Based on an interview with this medical expert, the article demonstrates the suboptimal level of preparedness, even in industrialized countries. Besides explaining ways and challenges of vaccine and drug production, Osterholm describes prospective and critically comments on them. Therefore, the text is both evidence-based and full of well-founded background information about the challenges related to pandemics.

Osterholm, M. T. (2005, May). A Weapon the World Needs. *Nature*, 435(7041), 417-418.

Once more, Osterholm outlines the difficulties at national and international levels in dealing with the threat of new pandemics. Written for a broader audience, the article holds a brief summary of current problems and ways to overcome them. Thereby, both economic and social and ethical aspects are outlined.

Regoes, R. R., & Bonhoeffer, S. (2006, April). Emergence of Drug-resistant Influenza Virus: Population Dynamical Considerations. *Science*, 312(5772), 389-391.

In this article, readers learn about the development of viral resistance. Although in medical context, the main content does not describe microbiological details but rather impacts of widespread and inadequate use of medication. This might be a good reference for considerations about how drugs should be stockpiled and distributed.

Reyes-Terán, G., & Gottschalk, R. (2006). Pandemic Preparedness. In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report 2006* (pp. 110-126). Paris: Flying Publisher.

As the issue of pandemic influenza not only contains challenges, but also calls for solutions, this is a very interesting chapter of the Influenza Report, as the authors thought about solutions for achieving preparedness at national levels. This could be the impetus for further research as it provides readers with well-founded guidance and gives ideas about what should be paid attention to and why. All in all, the chapter is an excellent entry into the field of finding solutions and taking actions.

Roche Group. (2005). *Roche Annual Report 2005 - Business Report*. Retrieved July 8, 2006, from <http://www.roche.com/gb05e.pdf>

Roche is the owner of the licence for Tamiflu. In their annual business report, split according to diseases and products, the pharmaceutical group presents new developments of their influenza medication. Apart from sales numbers, the subchapter concerning avian influenza and Tamiflu shows the manufacturers' point of view and gives some information about actions taken by the company in order to assist global endeavours related to stockpiling. Moreover, the section on avian influenza includes current and prospective numbers of production of Tamiflu.

Stephenson, I., Gust, I., Kieny, M. P., & Pervikov, Y. (2006, February). Development and Evaluation of Influenza Pandemic Vaccines. *The Lancet*, 6(2), 71-72.

For all those interested in the reasons for the long duration of vaccine and drug production, this article is highly recommended. Derived from these obstacles of pharmaceutical production, the text then concentrates on proposals meant to simplify constraints from property rights. As economic aspects play a pivotal role in development and distribution of medication, the ideas outlined in the article are worth further research.

The World Bank - East Asia and Pacific Region. (2005, November). *East Asia Update - Countering Global Shocks*. Retrieved July 6, 2006, from

<http://siteresources.worldbank.org/INTEAPHALFYEARLYUPDATE/Resources/EAP-Brief-final.pdf>

Economic and financial impacts of the current avian epidemics in different Asian countries are summed up in a detailed report. The East Asia Update furthermore presents and explains estimates and reference points for expected losses. In addition, the update provides the economic perspective essential for effectively dealing with the topic, as many obstacles are of economic nature. Thus, the report is a main source of information during the process of preparing for economic aspects of preventing and mitigating a new pandemic.

The Writing Committee of the World Health Organization (WHO) Consultation on Human Influenza A/H5. (2005, September). Avian Influenza A (H5N1) Infection in Humans. *New England Journal of Medicine*, 353(13), 1374-1385.

Although concentrating on medical facts, the authors inform beyond the limits of clinical features. Not only do they provide comprehensible details about different ways of transmission, but also explain case detection and management or effective means of prevention. In addition, they present several tables containing information about international characteristics of infections with Avian Influenza or about risk exposure and precautions.

Webster, R., & Hulse, D. (2005, May). Controlling Avian Flu at the Source. *Nature*, 435(7041), 415-416.

Webster and Hulse wrote another article in the recommended issue of Nature, which puts a focus on the challenges for effective containment of avian influenza. Not only major obstacles are presented, but the authors additionally elaborate on economic, medical, as well as region-specific inhibitors. Thus, the text could be recommended for the beginning of further research.

Webster, R. G. (1997, August). Predictions for Future Human Influenza Pandemics. *Journal of Infectious Diseases*, 176(Supplement 1), 14-19.

At the time, the Asian avian influenza epidemics were about to break out, the Journal of Infectious Diseases considered future human pandemics in their special supplement. Deriving facts from historical pandemics and animal epidemics, the author predicts possible impacts of a new pandemic on human populations. Considering the date of publication, this article might be read as a source for evaluating predictions given at the starting point of the current influenza menace.

Werner, O., & Harder, T. C. (2006). Avian Influenza. In B. S. Kamps, C. Hoffmann, & W. Preiser (Eds.), *Influenza Report 2006* (pp. 48-86). Paris: Flying Publisher.

One major problem related to pandemic threats is the detection of routes of transmission in order to implement appropriate monitoring and prevention. The second chapter of the Influenza Report concentrates on the disease among birds and possible routes of transmission. It outlines nature, transmission, as well as individual and global management during pandemics. Again, the text serves as basic information and entrance to the topic, but cannot substitute profound research in order to reach the level of generating own proposals.

World Health Organization. (2005). *Avian Influenza: Assessing the Pandemic Threat*. Retrieved July 4, 2006, from <http://www.who.int/csr/disease/influenza/H5N1-9reduit.pdf>

One of the most detailed reports about avian influenza, this summary, includes related research and risk assessment. The publication contains proposals and fact-based recommendations for solutions and may be used as a book of reference for developing own ideas concerning an appropriate approach towards global solutions. More details will be provided by regional and national risk assessments.

World Health Organization. (2005). *WHO Checklist for Influenza Pandemic Preparedness Planning*. Retrieved July 4, 2006, from <http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf>

Designed for national measures against pandemics this checklist is meant to enhance the national level of preparedness. It is a very compressed presentation of all current recommendations related to this topic and could as well serve as ideal checklist and preparation of global preparedness. Listed are concrete means of surveillance, maintenance of services, treatment, and containment.

World Health Organization. (2005). *WHO Outbreak Communication Guidelines*. Retrieved July 9, 2006, from <http://www.who.int/infectious-disease-news/IDdocs/whocds200528/whocds200528en.pdf>

Made for the use of governments, the guidelines highlight the major components of successful communication. Readers get an idea of why and how to restructure ways of communication. As the guidelines only constitute a summary of research, there might be further details beyond the given recommendations that are worth investigating.

World Health Organization. (2005, November). *Avian Influenza and Human Pandemic Influenza*. Retrieved July 9, 2006, from

http://www.who.int/mediacentre/events/2005/avian_influenza/summary_report_Nov_2005_meeting.pdf

Although published in late 2005, the report gives a very good overview of the then current situation related to the animal epidemics and their potential threat for human populations. Besides this overview, the report contains special sections about immediate needs, priority concerns, and guiding principles for action. It constitutes therefore an excellent point of reference for further research.

World Health Organization. (2005, November). *Current WHO Phase of Pandemic Alert*. Retrieved July 4, 2006, from http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

For a brief and a comprehensive presentation of the six pandemic phases and their respective indicator, this Web site is highly recommended. Included is a description of the current phase and the WHO furthermore holds recommendations for every phase which are worth examining. Links lead to more and detailed information about situation, actions taken, and new releases.

World Health Organization. (2006). *Global Agenda on Influenza Surveillance and Control*. Retrieved July 8, 2006, from <http://www.who.int/csr/disease/influenza/csrinfluenzaglobalagenda/en/index1.html>

Presenting the index of the current WHO program, this Web site highlights global endeavours to meet the challenges of assessing, monitoring, and controlling the threat posed by H5N1. Proposals are addressed in a very direct way and thus provide the opportunity to gain a quick overview of needs and realistic opportunities. Nevertheless, this could only be the starting point for further research, as there are no elaborated concepts for implementing the proposals.

World Health Organization. (2006). *Global Outbreak Alert & Response Network*. Retrieved July 10, 2006, from <http://www.who.int/csr/outbreaknetwork/en/>

In order to get to know the GOARN, delegates are recommended to get background information and video material provided online. The Web site links to relevant subdivisions worth visiting. As the network constitutes a major model for international cooperation in the field of influenza response, delegates should be familiar with its mode of functioning, challenges, and possible improvements.

World Health Organization. (2006). *Outbreak Alerts*. Retrieved July 9, 2006, from

<http://www.who.int/zoonoses/outbreaks/en/>

GLEWS and GOARN, two existing networks dealing with pandemics, are introduced on this Web site. Short explanations of function and working processes are given as well as a brief history and timeline. Delegates could use this as platform for their research endeavours and benefit from the links on the Web site.

World Health Organization. (2006). *Recommendations for Influenza Vaccines*. Retrieved July 10, 2006, from <http://www.who.int/csr/disease/influenza/vaccinerecommendations/en/>

There are annually reviewed recommendations concerning nature and production of influenza vaccines. This Web site is the entrance to these annual recommendations and furthers understanding of the usual procedures related to human influenza. Starting from this point of reference, the specific obstacles and challenges of a new pandemic become somewhat clearer as do proposals for solutions. As another good source for basic information and the Web site entails valuable links to more details.

World Health Organization. (2006). *WHO Global Influenza Preparedness Plan - the Role of WHO and Recommendations for National Measures before and during Pandemics*. Retrieved July 8, 2006, from http://www.who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdf

"The" point of reference for all delegations, as this source includes challenges and concrete recommendations for every pandemic phase that should be taken by all countries. As one of the

most recent publications, this preparedness plan includes details antecessors did not mention before. Split into sections according the pandemic phase, readers could use the plan as a reference when dealing with action plans for enhancing national and global preparedness or mitigate devastating impacts of such a pandemic, respectively.

World Health Organization. (2006). *WHO Global Influenza Surveillance Network*. Retrieved July 9, 2006, from <http://www.who.int/csr/disease/influenza/surveillance/en/index.html>

Delegates are suggested to read this introduction to the GISN, a network that serves for the coordination related to annual human influenza vaccination and recommendations. As this network is an essential part of already existing cooperation and research, its contents and actions should be basic knowledge in order to enhance understanding of avian influenza. From here links lead to national endeavours as well as to the four WHO collaborating centers.

World Health Organization. (2006, March 24). *Review of Latest Available Evidence on Risks to Human Health through Potential Transmission of Avian Influenza (H5N1) through Water and Sewage*. Retrieved July 10, 2006, from http://www.who.int/water_sanitation_health/emerging/h5n1background.pdf

Aimed at the speculations of environment-human transmission, the review includes details and data about persistence in water and sewage and the specific prerequisites. Easy to comprehend and written in an interesting manner, the review could serve as complementary information for delegates dealing with problems of the containment of influenza viruses. Although data may not account for increased alertness concerning transmission through water or sewage, readers get an impression of public concerns policy makers have to respond to.

World Health Organization. (2006, August 9). *Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO*. Retrieved August 09, 2006, from

http://www.who.int/csr/disease/avian_influenza/country/cases_table_2006_08_09/en/index.html

In addition to a list of numbers of cases and deaths for each affected country, this regularly updated site sums up the total amount for both each year and the time since 2003. Further details are provided for every country, presenting exact dates, locations, and affected species alike. This concise summary and its potential updates are therefore helpful to keep track of the current situation.

World Health Organization. (2006, June 30). *Epidemiology of WHO-confirmed Human Cases of Avian Influenza A(H5N1) Infection [Electronic version]*. *Weekly Epidemiological Record*, 81(26), 249-260.

The weekly epidemiological record has slightly changing foci of interest. Thus, it is a source for epidemiology, research methods and results, as well as the updated number of (human) infections in the world. Illustrated with graphs and maps, it furthermore is made very comprehensible even if dealing with scientific research.

World Health Organization. (2006, May 8). *H5N1 Avian Influenza: Timeline*. Retrieved July 7, 2006, from http://www.who.int/csr/disease/avian_influenza/timeline.pdf

All animal and human cases of infections since 1996 are listed on this detailed table provided by the WHO. Incremental information is included concerning location and date of infections, number of victims, or other new developments related to research or virus mutations. As a detailed summary of the timeline of avian influenza, the table helps to gain a first overview of the development and potential progress of the disease.

World Health Organization. (2006, May 30). *WHO Pandemic Influenza Draft Protocol for Rapid Response and Containment*. Retrieved July 10, 2006, from

http://www.who.int/csr/disease/avian_influenza/guidelines/protocolfinal30_05_06a.pdf

In March 2006, an international meeting resulted in an expert-based draft document. Contents are recommendations meant to contain a pandemic close to its emergence and include recognition and verification of threatening signals, means of containment, as well as deployment of medication stockpiles. The annex provides flowcharts and concise data related to available medication and stockpiles. This source is a "must" for delegates in order to get informed about WHO recommendations.

World Health Organization Regional Office for South-East Asia. (2006, January). *Regional Influenza Pandemic*

Preparedness Plan (2006-2008). Retrieved July 10, 2006, from http://www.searo.who.int/LinkFiles/Avian_Flu_SEA-CD-148_A4.pdf Designed for Southeast Asia, this plan provides special preparedness recommendations for a region that currently finds itself on another level than countries without cases of infections. Included are concrete actions and possibilities of cooperation that might have a modelling function for other regional preparedness plan. Explanations for the sections provide readers with an idea of what aspects should be respected in order to develop tailored plans for different circumstances.

World Health Organization Regional Office for the Western Pacific Region. (2006, January 16). *Asian Countries Commit to an Early Response to the Threat of an Influenza Pandemic.* Retrieved July 10, 2006, from http://www.wpro.who.int/media_centre/press_releases/pr_20060116.htm Regularly updated press releases and relevant news are available from the media centre of the WHO/WPR. This particular press release from January 2006 describes the outcome of the Japan-WHO Joint Meeting on Early Response to Potential Influenza Pandemic in Asia in Tokyo and gives the highlights of the action plan to be taken by Asian countries against the further spread of avian influenza. A link to more information provides the summary report.

World Health Organization Regional Office for the Western Pacific. (2006, May 2). *Japan-ASEAN Initiative to Fight Pandemic Influenza in Asia.* Retrieved July 10, 2006, from http://www.wpro.who.int/media_centre/press_releases/pr_20060503.htm With a main focus on the Japanese promise to donate medication and material to ASEAN, this press release outlines planned implementations. The report gives details about the donations and the further timeline of stockpiling drugs and health care material. Further research on this issue could be helpful for more ideas concerning international assistance.

Additional Sources

Avian Flu Working Group. (2006, February 28). *The Global Economic and Financial Impact of an Avian Flu Pandemic and the Role of the IMF.* Retrieved July 9, 2006, from <http://www.imf.org/external/pubs/ft/afp/2006/eng/022806.pdf> An expert working group concentrated on economic consequences for affected countries and their population and presents their results in a report to the IMF. The report specifies numbers for amounts of losses and gives perspectives for further impact. In addition, proposals for remedial intervention assisted by the IMF are outlined.

Clark, R. P. (2001). *Global Life Systems.* Lanham: Rowman & Littlefield Publishers, Inc. Although not exclusively about diseases and pandemics, Clark discusses the development of global interconnections and dependencies along with related chances and challenges. Among other topics, the author refers to epidemics that can easily evoke pandemics when spread in times of international transportation and trade. Thus, the book contributes to other sources of information by insights in the current global system and related outcomes.

Monto, A. (1997). Pandemic Influenza. *Journal of Infectious Diseases*, 176(5,6, Suppl. 1), 8-13. At a very early stage of the current avian influenza pandemic, the *Journal of Infectious Diseases* presented a special supplement concentrating on the threat of a pandemic influenza. The author of this particular article enters the topic with a broad approach, but also presents some interesting details. Given the date of publication, delegates should find more recent sources for their research.

World Health Organization Regional Office for the Western Pacific. (2005). *Avian Influenza.* Retrieved July 10, 2006, from http://www.wpro.who.int/health_topics/avian_influenza Research for countries in the Western Pacific Region could be started on this Web site, which covers the whole range of topics related to avian influenza. Included are links to global plans and recommendations, as well as to news and updates for the respective areas. Moreover, short texts account for quick updates with the latest information.

World Health Organization Regional Office for the Western Pacific. (2006, July 10). *WHO/WPRO-WHO Sets Up*

Advisory Committee on Emerging Infectious Diseases in the Asia Pacific Region. Retrieved July 11, 2006, from World Health Organization Web site:

http://www.wpro.who.int/media_centre/news/news_20060710.htm

Another press release from July 2006 outlines the agenda of a special meeting on task groups which meet in order to fine-tune an Asian action plan. The article in particular highlights the newly established Technical Advisory Group and its core challenges. A link to more information includes the agenda of the meeting and more detailed description of what could turn out to be a model for other regions in the world.

III. Developing Stockpiles & Distribution Strategies for Anti-Bioterrorism and Other Related Agents

Anderson, B., Friedman, H., & Bendinelli, M. (Eds.). (2006). *Microorganisms and Bioterrorism. Infectious Agents and Pathogenesis.* New York: Springer Science.

This book is a good technical resource. The author outlines all current possible threats and describes in detail the chemical functions of each disease. Additionally, the author has outlined important information related to training and knowledge for healthcare professionals as it relates to these agents.

Biological Weapons Convention Meetings Secretariat. (n.d.). *The Biological Weapons Convention: Background Information* [Brochure]. Geneva: United Nations Department for Disarmament. Retrieved August 2, 2006, from [http://www.unog.ch/80256EDD006B8954/\(httpAssets\)/699B3CA8C061D490C1257188003B9FEE/\\$file/BWC-Background_Inf.pdf](http://www.unog.ch/80256EDD006B8954/(httpAssets)/699B3CA8C061D490C1257188003B9FEE/$file/BWC-Background_Inf.pdf)

This brochure was put together by the United Nations Department for Defense as background information on the Biological Weapons Convention. The brochure gives very basic information regarding the text and purpose of the Convention. Additionally, you will find information discussed at each of the Review Conventions following the BWC.

Bioterrorism: Guidelines for Medical and Public Health Management. (D. A. Henderson, T. V. Inglesby, & T. O'Toole, Trans.). (2002). United States of America: JAMA, AMA Press.

The editors of this volume put together a series of essays regarding how the public health sector can implement processes during large-scale emergencies. There are sections referring to basic infrastructure, personnel needs, supply and medication requirements. The authors advocate communication, process improvement, and public education.

Center for Disease Control and Prevention. (2006, February 28). *Bioterrorism Overview.* In *Center for Disease Control and Prevention.* Retrieved August 2, 2006, from <http://www.bt.cdc.gov/bioterrorism/overview.asp>
The Center for Disease Control and Prevention has a large, detailed Web site with an abundance of information. This page gives a brief overview of the current situation regarding bioterrorism. This site also discusses the agent categories and the importance of research and development of novel vaccines.

Ghosh, T. K., Prelas, M. A., Viswanath, D. S., & Loyalka, S. K. (Eds.). (2002). *Science and Technology of Terrorism and Counterterrorism.* New York: Marcel Dekker.

This book is sponsored by the US Public Administration. It is an in depth review of terrorism and technology across the globe. You will find information about a number of different weapons used by terrorists and ways in which counterterrorism can be improved.

Immunization Safety Priority Project. (2000). *Immunization Safety: A Global Priority.* *WHO Bulletin*, 78(2), 153-231. Retrieved August 21, 2006, from <http://www.path.org/vaccineresources/files/Imm-sfty-WHO-bulletin-www517.pdf>

WHO publishes a bulletin regularly with detailed articles focusing on a number of issues. This reprint is the special theme article focusing on immunization safety. The article reviews safety through the development, production, and distribution processes.

Institute of Medicine National Research Council. (2002). *Countering Bioterrorism: The Role of Science and Technology.* Making the Nation Safer: The Role of Science and Technology. Washington, D.C.: National Academy Press.

Following the terrorist attacks on September 11, 2001 the United States National Academies assessed current capabilities and to advise the government on recommendations as to how to increase capabilities.

This edition of their recommendations focuses on biological weapons. It details eighteen recommendations to ensure preparedness and successful countering of a terrorist attack.

- Knobler, S. L., Mahmoud, A. A., & Pray, L. A. (Eds.). (2002). *Biological Threats and Terrorism: Assessing the Science and Response Capabilities*. In *Forum on Emerging Infections* (pp. 1-19). Washington, D.C.: National Academy Press.
The editors of this volume have assembled essays addressing the continued technology and how it relates to bioterrorism. These essays address both the positive impact of science and technology as well as the potential danger. Readers will find detailed information about resources available and suggestions to implement policies that ensure peaceful uses of technology.
- Medecins Sans Frontiers. (2006). About us. In MSF-USA. Retrieved August 22, 2006, from <http://www.doctorswithoutborders.org/aboutus/index.cfm>
Medecins San Frontiers specializes in bringing medical training, supplies, public education, and other assistance to rural areas across the globe. This Web site provides basic information about the organization and its goals. Additional links provide further specific information.
- Morrison, D., Milanovich, F., Ivnick, D., & Austin, T. R. (Eds.). (2005). *Defense Against Bioterror: Detection Technologies, Implementation Strategies and Commercial Opportunities*. NATO Security Through Science Series - B: Physics and Biophysics. The Netherlands: Springer Science.
This volume, supported by NATO, discusses counterterrorism methods for biological attacks from beginning to end. The editors included information regarding preparation, detection, and counter measures. This book gives basic recommendations that can be followed by any organization.
- PATH. (2003, April). *Protocol for Evaluating Freezing in the Vaccine Cold Chain*. Author. Retrieved August 22, 2006, from http://www.path.org/vaccineresources/files/Freeze_Prevention_Materials.zip
The materials located in the file describe the challenges associated with cold transport of vaccines. Readers will find information regarding cold transport, accessible technology, and vaccine specific information. This publication details the protocol for a study of the temperatures of vaccines through a cold transport system to the time of distribution to the individual.
- PATH. (2006). A Catalyst for Global Health. In PATH. Retrieved August 21, 2006, from <http://www.path.org/index.php>
PATH began as an organization specializing in women's contraceptives, but since 1980 has widened its focus to include a wide variety of global health issues. On the home page for this organization you will find numerous links to a variety of topics such as education, technology, infrastructure, and information related to specific health topics. Current information about ongoing PATH projects and objectives is also available on this site.
- Public Health Response to Biological and Chemical Weapons: WHO Guidance*. (2004). Geneva: World Health Organization . Retrieved July 14, 2006, from <http://http://www.who.int/csr/delibepidemics/chapter4.pdf>
Many Member States requested guidance from the WHO in regards to response to biological or chemical attacks. In response, WHO published this short brochure on public health response and preparation for these types of attacks. This document covers stockpile preparation and health system benchmarks for emergency situation.
- Public Health Response to Biological and Chemical Weapons: Legal Aspects*. (2004). Geneva: World Health Organization . Retrieved July 14, 2006, from <http://http://www.who.int/csr/delibepidemics/chapter5.pdf>
Similar to other chapters of this brochure, this was put out by the WHO to provide guidance for Member States in issues relating to Biological and Chemical Weapons. This particular chapter examines the legal framework that combats these weapons and each State's responsibility under them. For example, the dual use nature of many chemicals and toxic waste means that they must be monitored under international law.
- The Global Alliance for Vaccines and Immunization. (2006). GAVI. In *The Global Alliance for Vaccines and Immunization*. Retrieved August 21, 2006, from <http://www.gavialliance.org/index.php>
The GAVI Alliance is a non-profit organization that focuses on the need for children's vaccines. This Web site is the home page for the organization. You will find numerous links to other valuable information about GAVI and GAVI partners on this page.

- The Global Alliance for Vaccines and Immunizations. (2005, January). Vaccine-preventable Deaths. In *GAVI Alliance*. Retrieved August 22, 2006, from http://www.gavialliance.org/General_Information/Immunization_informa/Diseases_Vaccines/vaccine_preventable_deaths.php
This section of the GAVI Alliance Web site provides statistics about deaths related to vaccine-treatable diseases. Information is available by disease, country or region. Additionally, this Web site offers links to web pages with information regarding vaccine development for specific diseases.
- The Global Alliance for Vaccines and Immunizations. (2005, June 17). Open Letter to the Leaders of the G-8 Nations: Public-private Partnerships. In *GAVI Alliance*. Retrieved August 20, 2006, from http://www.gavialliance.org/Media_Center/Press_Releases/oped_ppletter_17June2005.php
This is an open letter to the leaders of the G-8 Nations from a number of sources including NGOs, IGOs, and public and private organizations. The letter addresses these countries as they begin a meeting in Gleneagles in 2005. The letter was written in hopes of encouraging a dialogue about public-private partnerships as they pertain to vaccine development.
- United Nations. (2006, February 1). Resolutions: General Assembly. In *United Nations*. Retrieved August 21, 2006, from <http://www.un.org/Depts/dhl/resguide/gares1.htm>
The United Nations General Assembly adopts hundreds of resolutions each session. This Web site lists resolutions adopted at each session and provides information as to the topic of the resolution. Additionally, this Web site provides resolutions and documents adopted at special and emergency sessions.
- United Nations Secretary-General Kofi Annan. (2004, December 2). *Note by the Secretary-General on the Follow-up to the Outcome of the Millennium Summit*. Retrieved August 2, 2006 from <http://www.un.org/Docs/journal/asp/ws.asp?m=A/59/565>
As part of the Millennium Summit, the Secretary-General has been charged with reviewing the progress of the Millennium Development Goals. In this note to the General Assembly in December 2004, Secretary-General Kofi Annan is discussing the actions he has taken in regards to monitoring the outcome of the Millennium Summit. The main actions discussed are in reference to the High-Level Panel on Threats, Challenges and Change.
- University of Pittsburgh Medical Center. (2005). Goals. In *Atlantic Storm - Center for Biosecurity of UPMC*. Retrieved July 10, 2006, from http://www.upmc-biosecurity.org/pages/events/atlantic_storm/
After the anthrax attacks in the United States, governments felt they were ill prepared for a serious attack of this nature. This Web site gives in depth information regarding the Atlantic Storm exercise conducted between countries on either side of the Atlantic Ocean. This section of the Web site describes the basic goals of the exercise, the contributors, and a basic overview of how the exercise was run.
- University of Pittsburgh Medical Center. (2005). Initial Conclusions. In *Atlantic Storm - Center for Biosecurity of UPMC*. Retrieved July 10, 2006, from http://www.upmc-biosecurity.org/pages/events/atlantic_storm/
This page of the Web site describing the Atlantic Storm project discusses the initial conclusions from the exercise. The site describes possible actions for countries participating in the project to implement. These solutions aim at bettering the overall reaction to dangerous biological in a global manner.
- Vaccination Strategy. (n.d.). *Baxter Vaccines*. Retrieved July 10, 2006, from http://www.baxtervaccines.com/?node_id=3569
Baxter Vaccines is a private institution that focuses on supporting continued research into novel vaccines and antivirals. This section of their Web site describes their contribution toward vaccine research and development. Information includes specific projects Baxter is involved in and the importance on vaccine stockpiles and development.
- World Health Organization. (2006). Epidemic and Pandemic Alert and Response. In *World Health Organization*. Retrieved August 21, 2006, from <http://www.who.int/csr/en/>
The World Health Organization provides research, policy recommendations, and infrastructure assistance for Member States. This page within the WHO Web site refers specifically to the Epidemic and Pandemic Alert and Response (EPR) System. It lists the core functions and links for additional information related to the EPR System.

Additional Sources

Bill & Melinda Gates Foundation. (2006). Vaccines: Vaccine-preventable Diseases Backgrounder. In *Bill & Melinda Gated Foundation*. Retrieved August 21, 2006, from http://www.gatesfoundation.org/GlobalHealth/Pri_Diseases/Vaccines/Vaccine_Backgrounder.htm

The Bill & Melinda Gates Foundation provides funds to organizations who fight various diseases. This section of the Foundation's Web site includes basic information about the importance of vaccinating against preventable diseases, especially for children. Additionally, this Web site provides links to additional online resources and those organizations that the Foundation works in cooperation with.

Biological warfare defense vaccine research and development program: Hearings before the Subcomm. on National Security, Veterans Affairs and International Relations of the Comm. on Government Reform, 107th Cong. (2002), http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_house_hearings&docid=f:81780.pdf

This is a transcript of a hearing before the 107th US Congress. The Subcommittee on National Security, Veterans Affairs and International Relations is responsible for reviewing infrastructure related to national security and veterans affairs such as healthcare and personnel reserves. This hearing focused on the current vaccine development available and research progress as it relates to Category A agents.

Merritt, G. (Ed.). (2005, July). Countering Bioterrorism: How can Europe and the U.S. Work Together? In *New Defense Agenda Bioterrorism Reporting Group*. Brussels: Author. Retrieved July 10, 2006, from http://www.forum-europe.com/publication/EUUS_CounteringBioterrorism_April25.pdf

Following the Atlantic Storm exercise, this report was issued to EU governments to address the recommendation that international cooperation be a focus on expanding counter-bioterrorism methods. This report discusses the ways in which countries on both side of the Atlantic Ocean could be affected by a wide scale bioterrorist attack and the importance of international systems. Additionally, the report makes suggestions toward policy implementation to prepare every EU country for possible attacks.

Plianbangchang, S. (2005). Strategies of Preparedness Against the Threat of Biological Warfare and Bioterrorism in the South-East Asia. *Asian Biotechnology and Development Review*, 8(1), 77-98. Retrieved August 21, 2006, from http://www.searo.who.int/LinkFiles/RD_Speeches_Article3_v8n.pdf

This document includes information from the Southeast Asian regional division of WHO. The document includes case studies and specific distribution tactics used in the region. Additionally, the document describes challenges yet to be overcome.

Supplemental Conference Information

Message from the Directors-General Regarding Position Papers for the 2007 NMUN Conference

Position papers are submitted for each committee in which a State/NGO participates at the NMUN Conference. Position papers should provide a concise review of each delegation's foreign policy regarding the topic areas under discussion and establish precise policies and recommendations in regard to the topics before the committee. International and regional conventions, treaties, declarations, resolutions, and programs of action of relevance to the policy of your State/NGO should be identified and addressed. Position papers also serve as a blueprint for individual delegates to remember their country's position throughout the course of the Conference.

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

An important component of the awards consideration process is the format of the position papers. Please refer to the sample paper on the following page for a visual example of what your work should look like at its completion. The following format specifications are **required** for all papers:

- All papers must be typed and formatted according to the example in the background guides
- Length must **not** exceed one double-sided page (two single-sided pages is **not** acceptable)
- Font **must** be Times New Roman sized between 10 pt. and 12 pt.
- Country/NGO name, School name and committee name clearly labeled on the first page
- Agenda topics clearly labeled in separate sections

To be considered timely for awards, please read and follow these directions:

1. A file of the position paper (.doc, .pdf or .rtf) for each assigned committee should be sent to the appropriate committee email address for the appropriate venue in which you are participating. Each address is also listed in individual background guides, which will be posted by November 15, 2006. These e-mail addresses will be active after November 15. Delegates should carbon copy (cc:) themselves as confirmation of receipt.
2. Each delegation should send one set of all position papers to: *positionpapers@nmun.org*. This set (held by the Director-General) will serve as a back-up copy in case individual committee directors cannot open attachments. *NOTE: This e-mail should only be used as a repository for position papers.*

Each of the above listed tasks needs to be completed no later than **February 22, 2007**. *E-mailed files should be in Microsoft Word (.doc), Rich Text (.rtf), or Adobe (.pdf) formats.*

PLEASE NOTE IN THE SUBJECT LINE OF THE E-MAIL/DOCUMENT THE NAME OF THE COUNTRY & COMMITTEE.

*A matrix of received papers will be posted online for delegations to check by March 1, 2007. If you need to make other arrangements for submission, please contact **Jacob Schanzenbach**, Director-General, Sheraton venue or **Tracy Kingsley**, Director-General, Marriott venue at dirgen@nmun.org.*

Additionally, each delegation should submit a copy of their position paper to the permanent mission of the country being represented, along with an explanation of the Conference. Those delegations representing NGOs do not have to send their position paper to their NGO headquarters, although it is encouraged. This will assist them in preparation for the mission briefing in New York.

Finally, please consider that over 1,000 papers will be handled and read by the Secretariat for the Conference. Your patience and cooperation in strictly adhering to the above guidelines will make this process more efficient and is greatly appreciated. Should you have any questions please feel free to contact the conference staff, though as we do not operate out of a central office or location your consideration for time zone differences is appreciated.

Sample Position Paper

The following position paper is designed to be a sample of the standard format that an NMUN position paper should follow. While delegates are encouraged to use the front and back of a single page in order to fully address all topics before the committee, please remember that only a maximum of one double-sided page (or two pages total in an electronic file) will be accepted. Only the first double-sided page of any submissions (or two pages of an electronic file) will be considered for awards. Visit the download section at www.nmun.org to find an example of an award-winning position paper. When using these sources, please be mindful of the NMUN policy against plagiarism.

Delegation from (*Insert Member State/NGO Name*)

Represented by (*Insert Delegation Name Here*)

Position Paper for the General Assembly Plenary

The issues before the General Assembly Plenary are: The Situation in Sub-Saharan Africa; Racism and Racial Discrimination, and A Comprehensive Review of United Nations Peacekeeping Operations. The State of Tranquility a proud member of the Regional Alliance of Peaceful Countries and a fully supports other regional groups in their efforts to coordinated a regional plan for sustained and sustainable development. In that regard, the State of Tranquility recognizes the necessity of ensuring the full realization of the Right to Development as declared in the Declaration on the Right to Development and the Final Report of the Working Group on the Right to Development. Tranquility fully supports the implementation of national development plans with the cooperation of regional organizations, the United Nations, and the international community. Tranquility is firmly committed to addressing the underlying factors.

I. The Situation in Sub-Saharan Africa

The State of Tranquility believes that the principles of sovereignty, territorial integrity and economic security lend themselves to the pacific settlement of disputes in Sub-Saharan Africa, the most ethnically diverse region in the world. The lack of development in the region constitutes the root cause of political instability and conflict. The report of the Secretary-General, *An Agenda for Peace: Recommendations*, if implemented, could enhance the work of the Organization in its efforts to bring about sustainable development in Africa. Tranquility also believes that the use of preventive development in Africa could ensure that conflicts such as those in Liberia, Rwanda, Angola, Somalia and the Democratic Republic of the Congo can be avoided before they erupt. While obstacles to be overcome are many, international support for effective national programs to ensure the relief to rehabilitation to development continuum through post-conflict peace-building, can enable Sub-Saharan Africa and the entire developing world to achieve the sustainable development which alone will guarantee regional peace and stability. The State of Tranquility fully supports the increased cooperation between the United Nations and regional organizations in all aspects of dispute settlement and peace-keeping. Increased support for such regional efforts, when combined with measures to eliminate the root causes of regional conflict, serves to further enhance the prospects for lasting peace, security and development in Sub-Saharan Africa and throughout the entire international community.

II. Racism and Racial Discrimination

The State of Tranquility believes that the World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance offers the global community an opportunity to establish an updated plan of action to completely eradicate racism and racial discrimination throughout the world. The necessity for all Member States to sign, accede to and ratify the International Convention on the Elimination of All Forms of Racial Discrimination is

an integral part of this plan, as policies and practices based on racism and racial discrimination remain devastating to regional social, economic and infrastructure development. Tranquility encourage all States, international organizations and non-governmental organizations to increase their efforts to combat racism, racial discrimination and xenophobia and to provide assistance to those affected by such practices. The lack of financial resources that prevented the international community from realizing its objectives in the three previous United Nations Decades to Combat Racism and Racial Discrimination must not continue to hinder the international community in guaranteeing the fundamental human rights of all peoples.

III. A Comprehensive Review of United Nations Peacekeeping Operations

The State of Tranquility remains firmly committed in support of the continued role of the United Nations Security Council as the primary agent for the maintenance of international peace and security, as mandated under Chapters IV and V of the UN Charter. We strongly recommend the authorization, determination, composition and financing of peacekeeping operations should be determined by the Council, as authorized by Articles 24, 25 and 26 of the Charter and in conjunction with the recommendations of the Special Committee on Peacekeeping Operations. Additionally, the State of Tranquility endorses the current role of the Secretary-General as administrator of the Operations established by the Council. The State of Tranquility remains a central contributor for both financial and logistical support of the United Nations Peacekeeping forces and will continue to contribute to the United Nations Peacekeeping Budget throughout the duration of the current year. The State of Tranquility is firmly committed to addressing all threats to international peace and security through regional arrangements and multilateral forums. The international community must address the underlying causes of these conflicts and the destabilizing effects of such conflicts on entire regions. Tranquility is convinced that increased utilization of regional and sub-regional peacekeeping mechanisms can enhance the ability of peacekeeping missions to take into account historical, social, and cultural values and traditions within areas of conflict. As operation costs continue to escalate, however, our nation strongly urges all Member States and the Secretary-General to devote greater attention to the monetary and management aspects of peacekeeping operations and provide serious consideration for the establishment of operation termination dates. The State of Tranquility further supports the proposal endorsed within A/Res/44/49, calling for Member States to develop and maintain an inventory of supplies and equipment to be made available for Operations on short-notice. In addition, the State of Tranquility calls upon Member States to recognize the need to maintain voluntary contributions for United Nations Peacekeeping Operations to reduce the continuing problems incurred by funding deficits.

Resolution Writing and Report Writing at the NMUN Conference

Please refer to the Delegate Preparation Manual available at www.nmun.org for a detailed instruction on resolution and report writing.

The substantive work of committees at the NMUN conference generally takes the form of either resolutions or reports. At the 2007 NMUN Conference, the ICTY will adopt a variation on these forms. The ICTY will create judgments. Please refer to the chart below which designates whether delegates will be writing resolutions or reports in the committee they are participating in at the 2007 NMUN Conference:

Resolution Writing Committees

- GA Plenary, GA 4th, CD, SC
- CCPCJ, ECOSOC Plenary, CND
- ADB, ARF, CoE, OAS
- WFP, WHO

Report (or variation thereof) Writing Committees

- CEIRPP
- ICTY, IHP, UNWTO
- ECLAC, ESCWA, OPEC-IEA

Resolutions

A resolution is the most appropriate means of applying political pressure on Member States, expressing an opinion on an important issue, or recommending action to be taken by the United Nations or some other agency. Most UN resolutions are not binding “law”; the only body which may produce resolutions that are binding upon the Member States of the United Nations is the Security Council. Under UN rules of procedure, unlike other more generalized rules of procedure, the topic on the floor is debated in its entirety. This means that during debate, delegates should discuss the whole issue and all of the resolutions regarding that issue. When debate is exhausted, or is ended, the body then votes on each resolution and amendment and the issue are considered closed. The National Model United Nations does not allow pre-written resolutions on any agenda topic. The NMUN process of writing resolutions during committee sessions is designed to teach delegates the concepts of negotiation and concession; pre-written resolutions hinder that learning process.

The goal of formal debate and caucusing is to persuade enough countries in the committee to support a particular solution to the topic under discussion. Resolutions formally state the agreed-upon solution by outlining the relevant precedents and describing the proposed actions. The committee is not limited to one resolution per topic; often the committee will pass multiple resolutions dealing with different aspects of a topic.

Please reference the Delegate Preparation Manual available at <http://www.nmun.org> for an example of the style used at NMUN, as well as other helpful information necessary to draft appropriately a resolution.

Report Writing

Some committees at the conference will draft reports during the course of negotiations, instead of resolutions. These reports represent the full work of the committee in question. These reports should not be confused with the summary reports of a committee’s work which are presented at the Saturday Plenary Sessions of either the General Assembly or ECOSOC. Directors of report writing committees will elaborate on the process used in reporting writing committees on opening night. Prior to the NMUN Conference in March 2007, a handout with a lengthier sample report for delegates, to use as a model will be posted on the NMUN Conference website at www.nmun.org.

Reports are similar in nature to resolutions, with only a few key differences. Reports represent the formal recommendation and/or decision of the committee on the agenda topics at hand, in the same manner as resolutions, but in the form of one document. Committees that write resolutions typically produce a number of draft resolutions for each topic, and each one is subject to a substantive vote by the body. In a similar manner, committees that write reports produce several draft report segments and then vote on each one. The final report of these committees will combine the adopted draft reports into one comprehensive report at the end of the simulation.

Another key difference is the format of reports. While resolutions consist of one long sentence, reports are a series of complete sentences. Thus, where the clauses of a resolution each contain one whole concept, a report is composed of paragraphs, each constituted by a sentence or a few sentences which contain one whole concept.

Please also reference the Delegate Preparation Manual available at <http://www.nmun.org> for an example of the style used at NMUN, as well as other helpful information necessary to draft appropriately a report.

What to Expect at the Simulation of Your Committee

Opening session: After a brief introduction of the dais and some announcements, delegates will discuss the order in which the committee will address agenda topics while in formal and caucus sessions. The committee will then vote on a motion from the floor to set the agenda in a proposed order, and will continue to vote on such motions until one passes by a majority vote. If the committee fails to reach agreement on the agenda order by the conclusion of the first evening, the director and assistant director reserve the right to set the agenda. After the agenda has been set, the chair will entertain motions for the opening of the speakers’ list to address the first agenda topic.

It should be noted due to the special procedures used by the International Criminal Tribunal for the Former Yugoslavia [ICTY] a variation of this process will be used. Delegates participating in the ICTY should carefully follow the delegate preparation manual for the ICTY, the various sections of the Background Guide of the ICTY, and refer to the ICTY portion of the NMUN website for a separate copy for perpetration.

Rules of Procedure

The simulation is conducted through the use of the committee rules of procedure, which are included in this background guide. The rules of procedure for this committee, located in the middle of this background guide, are the rules of procedure that are only accepted during the simulation of this committee. Interpretation of these rules is left to the sole discretion of the Directors-General or her/his designate. It is extremely important to develop a thorough working knowledge of the rules, including when they should be introduced, and in what capacity. The rules of procedure are enforced to facilitate the efficient workings of the committee, not to hinder them. Therefore, the Director, Assistant Director and chair (with the approval of the Director) reserve the right to rule motions out of order which may be considered dilatory or disruptive to the committee proceedings. In this respect, one of the quickest ways for a delegate to alienate him/herself within a committee is to be labeled as someone who attempts to disrupt committee proceedings with the introduction of redundant, inappropriate, or time-consuming motions.

Decorum

Decorum is a *de facto* rule throughout the week of the simulation. In both large and small committees, the ability to conduct normal business while in formal session is an arduous task when decorum is not maintained. Delegates will be asked for their assistance in this endeavor. Please see the Delegate Preparation Manual for a specific discussion of delegate decorum in committee and also, delegate behavior while at the Conference.

Caucusing

Caucusing is an important and logistically difficult component of the United Nations simulation. These informal meetings between voting blocs, as well as between States with positions that are diametrically opposed, often produce compromises acceptable to all parties. However, delegates are required to address issues within a week's time which, in many cases, the international community has failed resolve after years of debate and negotiation.

As a result, the bulk of informal negotiation and the construction of working papers will occur within, or in the close proximity of, the committee chambers. In consideration for the other Conference participants, delegates are asked to respect the formal proceedings occurring both within and between all committees participating at the Conference. Finally, given the importance of decorum within committee chambers, all caucusing should occur outside of the committee chambers while committee is in session.

Chairs and Rapporteurs

Delegates should also take note that the Director and Assistant Director (with the approval of the Directors-General) will select a committee chair and rapporteur (committee administrative assistant) following the conclusion of interviews on the first evening of the Conference. For those interested in the opportunity to serve the committee as a chairperson or rapporteur, an application will be available online at www.nmun.org after January 1, 2007. The application should be completed and submitted to the Director no later than the opening night of the Conference. The successful candidate for chair will demonstrate an excellent working knowledge of the rules of procedure through a series of situations presented to her or him and exhibit qualities of leadership, patience and humility. The rapporteur will assist the chair, the Director and the Assistant Director with the abundance of paperwork and record keeping required in the efficient workings of the committee, as well as provide logistical support for the chair while in voting procedures. Multiple years of attendance at the NMUN Conference is preferred in candidates for the committee chair and rapporteur, but it is not the only defining characteristic used by the Directors and Assistant Directors to select chairs and rapporteur for committees.

Delegates selected to serve in these positions must forfeit their rights to participate in substantive debate within the committee. Although the chair and rapporteur continue to serve as representatives of their assigned State, their primary duty is to assist the director and assistant director in facilitating the professional operation of the committee.

Additionally, delegates selected as committee chairs and rapporteurs do retain an equal eligibility for awards consideration. All delegates are encouraged to apply for these challenging and rewarding positions. Many individuals who serve as chairs and rapporteurs have in later years served as members of the NMUN Volunteer Staff.

Attire

In keeping with the spirit of the simulation, delegates are *required* to wear professional business attire. Further, national symbols of any kind are forbidden in committee chambers, in accordance with practices of the UN. Symbols associated specifically with the United Nations (e.g., the seal of the UN) are allowed in committee chambers.

Your Role as a Delegate at the 2007 NMUN Conference

Taking on the Role of a Diplomat

The most important aspect of participating as a delegate to the NMUN is your assumption of the role of a foreign diplomat. In this role, you are acting as a representative of the government and the peoples of the Member State or NGO to which you have been assigned. The only exception is those delegates who are serving as justices on the International Criminal Tribunal for the Former Yugoslavia (ICTY). In their capacities, those delegates serving as justices are serving as independent technical experts. While in preparation for and throughout the duration of the Conference, you may find personal disagreement with the foreign policy of the country you are representing or with the policy of the NGO you are representing. Your personal opinions are entirely inapplicable during the course of the simulation. Therefore, it is of the utmost importance for all delegates to arrive well-versed in the dynamics of their State's foreign policy or in that of their NGO, and anticipate possible obstacles their State or NGO may encounter during the simulation. The simulation's quality depends on the collective preparation of its participants.

As a delegate, you should be able to demonstrate thorough knowledge of your assigned country's policies, specific issues to be discussed, and the procedures, activities, and history of your committee. Delegates should also exhibit the ability to negotiate and compromise, demonstrate leadership, and the ability to influence by gaining the professional respect of fellow delegates. States and NGOs maintain specific and adaptive foreign policy methods and goals to allow delegates to function in the negotiation process. As a representative of the NGO or State to which you have been assigned, you will be expected to work within the historical confines of your NGO or country's foreign policy at the UN. Even though many Member States and Observer States do not assume strong leadership roles in the UN, the reality of the NMUN is that each delegation will be judged on its ability to provide leadership to other delegates throughout the Conference.

Delegates are reminded that professional diplomats conduct themselves, and regard one another, with the utmost dignity and respect, regardless of foreign policy affiliation or personal feelings. Even States and NGOs who observe severely conflicting ideological perspectives will work closely together within the UN on diplomatic matters of mutual concern. Likewise many delegates are forced to work together despite personal conflicts.

The Preparation and Introduction of Resolutions and Reports

Resolutions and reports adopted within respective committees represent Member States' decisions and recommended courses of action with respect to the topics under discussion. Clauses within the preamble of resolutions should provide a brief outline of historical and current perspectives and endeavors regarding the issues to be addressed within the operative clauses of the document. The operative clauses of resolutions provide the objectives and potential actions that Members designed to address the issues outlined within the preamble. More simply, the preamble states the problems before the committee in relation to the topic under deliberation and operative clauses outline the decisions of the committee for the solution of these problems.

Although delegates are encouraged to develop resolution and report writing skills, both in classroom scenarios and at regional MUN simulations, the NMUN will not accept any pre-written resolutions or reports, and which have not been developed by a plurality of the committee. This determination is at the sole discretion of the Secretariat. Due to the goal of creating an environment where the skill of compromise and conflict resolution skills can be learned,

delegates may be asked to merge working documents with other individuals working on the same issue in a committee. In addition, *any delegates found to be submitting plagiarized material within resolutions will be subject to dismissal from further participation within the Conference*. Although UN documents are within the public domain, the verbatim exploitation of these documents *will not be permitted* at the Conference.

Resolutions and reports are developed in three stages. In the initial stage, a resolution or report is referred to as a working paper (in resolution writing committees) or a working draft report segment (in report writing committees). It is generally developed by States or experts that share common perspectives on the issues to be addressed. The working paper/working draft report segment is shared with other delegates in the committee for their input and support. Once the working paper/working draft report segment gathers the required signatories, it is to be submitted to the committee director for approval. On the approval of the Director, the working paper/working draft report segment will be copied by Conference Services and introduced by the chair to the committee as a draft resolution or report.

Once the working paper/working draft report has been approved by the committee Director, it will be copied by a member of the dais. Delegates in the committee are not required to copy approved working paper/working draft report. Yet, a working paper/working draft report which has not been approved by the committee Director will not be copied by the dais. It is the responsibility of the delegates to copy their own working paper/working draft report if they choose to share copies of the document which has not been submitted for approval. Any questions concerning this issue should be directed to the committee director or the assistant director. Also, questions concerning this rule can be directed to members of the NMUN Conference Service Staff.

Once the working paper/working draft report has been introduced as a draft resolution or draft report segment, it becomes the property of the committee and all references to sponsorship, with the exception of identifying the status of amendments while in voting procedure, are formally removed. The central contributors to the contents of the draft resolution or report will continue to enlist the advice and support of as many States or experts as possible to expand upon the substance of the draft and, thereby, gain as much input and support as possible prior to the closure of debate. Once the committee moves to closure on a given topic, all draft resolutions and draft report segment will be voted upon and when adopted, it will thereafter be recognized as formal resolutions or reports. Adopted resolutions and reports represent recommendations for States and the international community.

It is highly recommended that delegates introduce their ideas to the committee in the form of working papers/working draft report segments as soon as possible in order to contribute to the potential development and adoption of resolutions and reports which characterize the united representative strength and will of regional blocs or, ultimately, the committee as a whole. Typically, a number of working papers/working draft segments before any committee will overlap in content, style, and substance. In this event, the Director will request delegates to integrate their individual endeavors into a single and, thus, more comprehensive and internationally representative document.

The Executive Bureau, the General Committee and Plenary Sessions

By the conclusion of the first night session, the Economic and Social Council Plenary will select four vice presidents to assist the president (chair) as members of the Council Executive Bureau. Likewise, the General Assembly will select 21 of its Members to the General Committee by the conclusion of the first evening meeting. The members of the Bureau and the General Committee are to be selected with regard for equitable geographic representation from: African States, Asian and Pacific States, Eastern European States, Latin American States and Western European and other States. The Bureau will meet on the evening prior to the Plenary session, following the conclusion of the regular session. The General Committee will be composed somewhat differently than the Bureau. It will be comprised of each committee chair from the General Assembly department. They will also meet at the end of regular sessions on the same evening.

The night before the Plenary session,, the Bureau and General Committee will be briefed by a representative from each relevant committee regarding the work accomplished by their body throughout the week. After reviewing the reports and resolutions submitted by the committee representatives, the Bureau and General Committee will set the agenda for the Plenary sessions to deliberate upon each committee's recommendations to the Plenary.

ECOSOC Executive Bureau

The ECOSOC Plenary Session will deliberate upon the work of all the committees within the ECOSOC Department, as well as other relevant bodies, including most of the specialized agencies. During the prior evening's meeting, the Bureau will set an agenda order for the review of these reports for deliberation and potential adoption during Plenary sessions. Additionally, the ECOSOC Plenary session will deliberate upon a fourth topic to be prepared and introduced by the Director and Assistant Director.

This topic will encompass a broad theme that relates, as much as is possible, to issues discussed by each of the committees within ECOSOC and the Specialized Agencies.

GA General Committee

The General Assembly Plenary will deliberate upon the work submitted by each of the committees in the GA and Security Council department, as well as relevant non-governmental organizations and other bodies. Following the conclusion of regular sessions on the last evening of session, the General Committee will set the agenda order for the review of these reports and resolutions and for their potential adoption during the Plenary sessions.

Plenary Sessions

On the final day of the Conference, the ECOSOC Plenary, General Assembly Plenary, and Security Council will convene at United Nations Headquarters. Plenary deliberations will encompass the work of all Conference committees. All delegates are advised to participate in these sessions in order to assist Plenary representatives with their broad scope of work. Minimally, Member State representatives to the Plenary should be briefed in regard to the work of the committees that report to their respective departments. Ideally, the representatives of the committee whose work is being considered will sit with Plenary representatives as expert advisors to the State. The agenda for these sessions will be made available to all delegates.

The Role of Non-governmental Organizations in the Simulation

Non-governmental organizations (NGOs) are recognized in Article 71 of the *UN Charter* as consultative bodies in relationship to ECOSOC. These organizations also maintain a close working relationship with almost all ECOSOC funds and programs, Specialized Agencies, General Assembly committees, and regional organizations. In this role, NGOs are an invaluable resource to the UN system because they provide information on political, economic, social, humanitarian, and cultural developments in all parts of the world. Their recommendations may address potential solutions to global problems, speak to specific country or regional needs, or call attention to an emerging crisis. NGOs are a crucial link between policy-makers and the individuals directly affected by those policies. They represent civil society and its impact on the UN system. There are two primary advantages NGOs have over the UN in terms of information gathering and program implementation. First, NGOs are often locally based and have better knowledge of regional conditions, needs, and constraints. Second, NGOs may find it easier to gain the acceptance, trust and cooperation of the communities in which they work because they are more aware of the indigenous cultural climate than many intergovernmental organizations.

NGOs at the National Model United Nations Conference

Over the past several years, the NMUN has integrated the presence of NGOs into committees at the conference. This process improves the educational quality of the simulation and mirrors developments in the UN itself, where NGOs are gaining both visibility and respect as a resource for program design and implementation. A large number of delegates will take on the challenging task of representing NGO delegations this year.

NGO delegations maintain all of the privileges accorded to traditional country delegations, and are required to exhibit the same level of preparedness. NGO delegations are eligible for awards, based on the same criteria as country delegations, and may select head delegates to attend the Head Delegate Meetings. NGO representatives are also required to submit position papers reflecting the perspectives and priorities of their assigned NGO on the agenda topics at hand.

All delegates should take the role of NGOs very seriously. NGO representatives must be prepared to fully participate in all committee activities, including formal debate, caucusing and drafting working papers. In turn, Member State delegates must be prepared to engage NGO delegates in these activities. Mutual recognition and respect between NGO and country delegates is necessary to a successful conference experience.

NGO delegates maintain the following privileges in each committee to which they are assigned:

1. the right to make any procedural motion;
2. the right to vote on all procedural motions;
3. the right to speak before all assigned committees; and
4. the right to act as a signatory on working papers.

NGO delegates do not have substantive voting rights, and may not sponsor working papers. In order to ensure a positive educational experience for all delegates, these rights and privileges may not exactly reflect those granted by ECOSOC. Any alterations made by the Directors-General gave due consideration to existing realities and the need to provide a learning environment that encourages active participation.

Country delegates are fully expected to work with NGO delegates in the spirit of collaboration upon which the UN was founded. The exclusion of NGOs from committee work simply because they do not have substantive voting rights is both unrealistic and unprofessional. In almost all cases, actions denigrating the participation of NGOs will be considered extraordinarily out of character and be noted in awards consideration. NGOs are expert organizations in their respective fields that possess specialized knowledge of the subject matter at hand. The recommendations of NGO delegates maintain the same validity as those of Member States, and it is incumbent upon country delegates to ensure that those perspectives are recognized.

How to Prepare as an NGO Delegation

As an NGO delegation, your preparation should be structured in the same way as a typical country delegation. The most basic pieces of this process include fundamental knowledge of the organization and of the agenda topics. Based on your research, you will decide how your assigned NGO will approach each topic, and the recommendations you will make for potential solutions. This includes identifying blocs of countries and other NGOs that may share the same perspectives and priorities and collaborate with you in committee sessions.

Doing Research

A large portion of your research will likely rely on Internet resources. Because most NGOs do not have expansive budgets that allow for the widespread reproduction and dissemination of their written materials and reports, they choose to publish such documents on their Web sites. If you have difficulty obtaining materials from these electronic sources, please contact your Director, Assistant Director, departmental USG, or the Directors-General for assistance. The UN Web site, as well as the sites for many of the Specialized Agencies, also contains valuable information about NGO activity. Finally, do not exclude traditional resources from your preparations. Newspapers, scholarly journals, and academic books will provide differing perspectives on your agenda topics, and may give interesting insight into the evolving role of NGOs. In particular, there is an increasing amount of sources on the issue of civil society and its role in the UN. It is recommended that this literature be consulted as needed for your preparation.

Position Papers

NGO position papers should be constructed in the same fashion as traditional position papers. Each topic should be addressed briefly in a succinct policy statement representing the relevant views of your assigned NGO. You should also include recommendations for action to be taken by your committee. It will be judged using the same criteria as all country position papers, and is held to the same standard of timeliness.

The most critical part of a successful NGO delegate experience at the NMUN Conference is active participation in committee sessions. This includes utilizing the rules of procedure, speaking in formal debate and contributing during caucus sessions. Although you may not sponsor working papers or vote on draft resolutions/draft report segments, you have both the right and the obligation to participate in their composition and refinement. You may act as a signatory to any working paper on the floor of your committee if you wish to illustrate your support for continued

development of the document. Getting involved in the simulation is the best way to enhance your own educational experience and that of your fellow delegates.

The Roles of State Delegates, Technical Experts, and Independent Technical Experts at the 2007 National Model United Nations (NMUN) Conference

The Variety of Roles That Delegates Simulate at the NMUN Conference

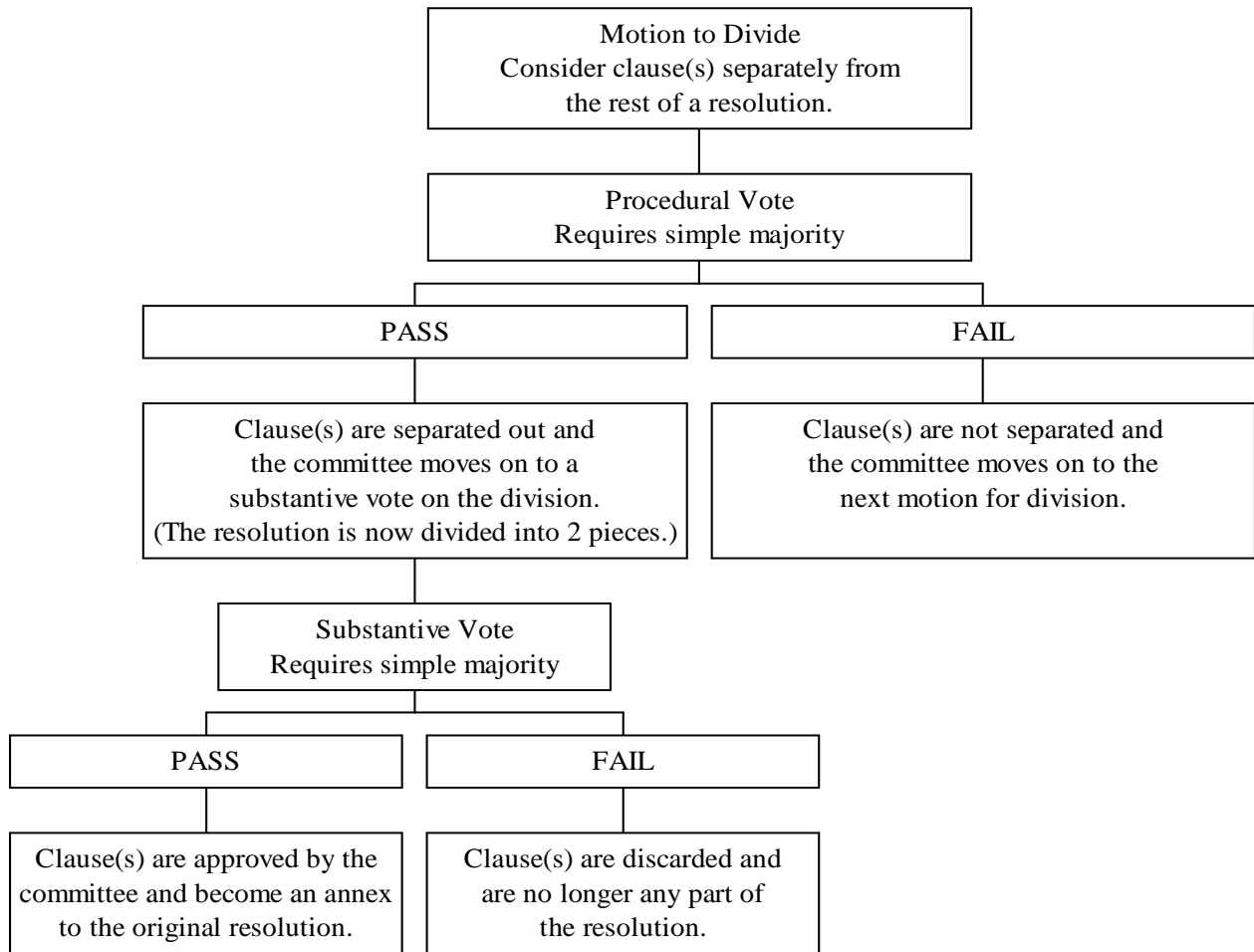
At the National Model United Nations (NMUN) Conference, delegates assume one of three roles when they participate in committee proceedings. They serve as a delegate representing the national interest of their state (state delegate), a technical expert, or an independent technical expert. At the 2007 NMUN Conference, only the justices of the International Court of Justice will serve in this capacity. Due to independent technical experts only serving in the ICTY, this role will specifically be addressed in the ICTY Background Guide. The United Nations, particularly the General Assembly, is essentially a political organization. However, there is also a significant role within the system for technical experts in many areas. Because the UN, its subsidiary bodies, related programs, and affiliated organizations speak to such a broad range of issues, experts are often needed to properly address complex problems and make informed recommendations to the General Assembly and Member States. Several ECOSOC committees and almost all of the Specialized Agencies consist of technical experts in the field, as opposed to political representatives. It is critical that delegates representing technical experts understand the complex nature of the expert role.

**NMUN RULES OF PROCEDURE - SHORT FORM
LISTED IN ORDER OF PRECEDENCE**

Please Note: This form is only for assistance in your preparation at the NMNU Conference. It however is not an exhaustive list of rules, nor is it the official list for your committee. The official rules are located at the end of the individual Committee Background Guide.

Motion	Purpose	Debate	Vote
Point of Order	Correct an error in procedure	None	None
Appeal of the Chair	Challenge a decision of the Chair	None	Majority
Suspension of the Meeting	Recess meeting	None	Majority
Adjournment of the Meeting	End meeting	None	Majority
Adjournment of Debate	End debate without a substantive vote	2 pro / 2 con	Majority
Decision of Competence	Declare committee unable to consider issue or resolution	None	Majority
Closure of Debate	Move to immediate vote	2 con	2/3
Declare an Important Question (applicable in GA Plen only)	Require all substantive actions to obtain a 2/3 majority to pass	2 pro / 2 Con	Majority
Amendments and 1 st Vote on Divisions of the Question	Vote on sections separately, prior to voting on the entire resolution	2 pro / 2 con	Majority
Roll Call Vote	Vote by roll call, rather than show of placards	None	None
Reconsideration	Re-open debate on an issue	2 con	2/3
Set the Speakers time	Set or change the speakers time limit	2 pro / 2 con	Majority
Close the Speakers list (also applies to re-opening list)	No additional speakers added to speakers list on topic	None	Majority
Adoption of the Agenda	Approval of agenda order	None	Majority

DIVISION OF THE QUESTION DIAGRAM



Committee Rules of Procedure

Rules of Procedure

The World Health Organization (WHO)

Introduction

1. These rules shall be the only rules, which apply to the World Health Organization (WHO) (hereinafter referred to as “the Council”) and shall be considered adopted by the Council prior to its first meeting.
2. For purposes of these rules, the Plenary Director, the Assistant Director(s), the Under-Secretaries-General, and the Assistant Secretaries-General, are designates and agents of the Secretary-General and Director-General, and are collectively referred to as the “Secretariat.”
3. Interpretation of the rules shall be reserved exclusively to the Director-General or her or his designate. Such interpretation shall be in accordance with the philosophy and principles of the National Model United Nations and in furtherance of the educational mission of that organization.
4. For the purposes of these rules, “President” shall refer to the chairperson or acting chairperson of the Council.

I. SESSIONS

Rule 1 - Dates of convening and adjournment

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

Rule 2 - Place of sessions

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

II. AGENDA

Rule 3 - Provisional agenda

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

Rule 4 - Adoption of the agenda

The agenda provided by the Secretary-General shall be considered adopted as of the beginning of the session. The order of the agenda items shall be determined by a majority vote of those present and voting. Items on the agenda may be amended or deleted by the Council by a two-thirds majority of the members present and voting.

The vote described in this rule is a procedural vote and, as such, observers are permitted to cast a vote. For purposes of this rule, “those present and voting” means those delegates, including observers, in attendance at the meeting during which this motion comes to a vote.

Rule 5 - Revision of the agenda

During a session, the Council may revise the agenda by adding, deleting, deferring or amending items. Only important and urgent items shall be added to the agenda during a session. Permission to speak on a motion to revise the agenda shall be accorded only to three representatives in favor of, and three opposed to, the revision. Additional items of an important and urgent character, proposed for inclusion in the agenda less than thirty days before the opening of a session, may be placed on the agenda if the Council so decides by a two-thirds majority of the members present and voting. No additional item may, unless the General Council decides otherwise by a two-thirds majority of the members present and voting, be considered until a committee has reported on the question concerned.

Rule 6 - Explanatory memorandum

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

III. SECRETARIAT

Rule - Duties of the Secretary-General

1. The Secretary-General or her/his designate shall act in this capacity in all meetings of the Council.
2. The Secretary-General shall provide and direct the staff required by the Council and be responsible for all the arrangements that may be necessary for its meetings.

Rule 8 - Duties of the Secretariat

The Secretariat shall receive, print, and distribute documents, reports, and resolutions of the Council, and shall distribute documents of the Council to the Members of the United Nations, and generally perform all other work which the Council may require.

Rule 9 - Statements by the Secretariat

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

Rule 10 - Selection of the President

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

Rule 11 - Replacement of the President

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

IV. LANGUAGE

Rule 12 - Official and working language

English shall be the official and working language of the Council.

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

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

This rule does not affect the total speaking time allotted to those representatives wishing to address the body in a language other than English. As such, both the speech and the interpretation must be within the set time limit.

V. CONDUCT OF BUSINESS

Rule 14 - Quorum

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

For purposes of this rule, "members of the Council" means the total number of members (not including observers) in attendance at the Tuesday night meeting.

Rule 15 - General powers of the President

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

Included in these enumerated powers is the President's power to assign speaking times for all speeches incidental to motions and amendment. Further, the President is to use her/his discretion, upon the advice and at the consent of the Secretariat, to determine whether to entertain a particular motion based on the philosophy and principles of the NMUN. Such discretion should be used on a limited basis and only under circumstances where it is necessary to advance the educational mission of the Conference. For purposes of this rule, the President's power to "propose to the Council" entails her/his power to "entertain" motions, and not to move the body on his or her own motion.

Rule 16

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

Rule 17 - Points of order

During the discussion of any matter, a representative may rise to a point of order, which shall be decided immediately by the President. Any appeal of the decision of the President shall be immediately put to a vote, and the ruling of the President shall stand unless overruled by a majority of the members present and voting.

Such points of order should not under any circumstances interrupt the speech of a fellow representative. Any questions on order arising during a speech made by a representative should be raised at the conclusion of the speech, or can be addressed by the President, sua sponte, during the speech. For purposes of this rule, "the members present and voting" mean those members (not including observers) in attendance at the meeting during which this motion comes to vote.

Rule 18

A representative may not, in rising to a point of order, speak on the substance of the matter under discussion.

Rule 19 - Speeches

1. No one may address the Council without having previously obtained the permission of the President. The President shall call upon speakers in the order in which they signify their desire to speak.
2. Debate shall be confined to the question before the Council, and the President may call a speaker to order if her/his remarks are not relevant to the subject under discussion.
3. The Council may limit the time allowed to speakers and all representatives may speak on any question. Permission to speak on a motion to set such limits shall be accorded only to two representatives favoring and two opposing such limits, after which the motion shall be put to the vote immediately. When debate is limited and a speaker exceeds the allotted time, the President shall call her or him to order without delay.

In line with the philosophy and principles of the NMUN, in furtherance of its educational mission, and for the purpose of facilitating debate, if the President determines that the Council in large part does not want to deviate from the limits to the speaker's time as it is then set, and that any additional motions will not be well received by the body, the President, in her/his discretion, and on the advice and consent of the Secretariat, may rule as dilatory any additional motions to change the limits of the speaker's time.

Rule 20 - Closing of list of speakers

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

The decision to announce the list of speakers is within the discretion of the President and should not be the subject of a motion by the Council. A motion to close the speakers list is within the purview of the Council and the President should not act on her/his own motion.

Rule 21 - Right of reply

If a remark impugns the integrity of a representative's State, the President may permit that representative to exercise her/his right of reply following the conclusion of the controversial speech, and shall determine an appropriate time

limit for the reply. No ruling on this question shall be subject to appeal.

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

Rule 22 - Suspension of the meeting

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

Rule 23 - Adjournment of the meeting

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

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

Rule 24 - Adjournment of debate

A representative may at any time move the adjournment of debate on the topic under discussion. Permission to speak on the motion shall be accorded to two representatives favoring and two opposing adjournment, after which the motion shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass. If a motion for adjournment passes, the topic is considered dismissed and no action will be taken on it.

Rule 25 - Closure of debate

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

Rule 26 - Order of motions

Subject to rule 23, the motions indicated below shall have precedence in the following order over all proposals or other motions before the meeting:

- a) To suspend the meeting;
- b) To adjourn the meeting;
- c) To adjourn the debate on the item under discussion;
- d) To close the debate on the item under discussion.

Rule 27 - Proposals and amendments

Proposals and substantive amendments shall normally be submitted in writing to the Secretariat, with the names of twenty percent of the members of the Council who would like the Council to consider the proposal or amendment. The Secretariat may, at its discretion, approve the proposal or amendment for circulation among the delegations. As a general rule, no proposal shall be put to the vote at any meeting of the Council unless copies of it have been circulated to all delegations. The President may, however, permit the discussion and consideration of amendments or of motions as to procedure, even though such amendments and motions have not been circulated. If the sponsors agree to the adoption of a proposed amendment, the proposal shall be modified accordingly and no vote shall be taken on the proposed amendment. A document modified in this manner shall be considered as the proposal pending before the Council for all purposes, including subsequent amendments.

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

Rule 28 - Withdrawal of motions

A proposal or a motion may be withdrawn by its sponsor at any time before voting has commenced, provided that it has not been amended. A motion thus withdrawn may be reintroduced by any representative.

Rule 29 - Reconsideration of a topic

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

For purposes of this rule, “those present and voting” means those representatives, including observers, in attendance at the meeting during which this motion is voted upon by the body.

VI. VOTING

Rule 30 - Voting rights

Each member of the Council shall have one vote.

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

Rule 31 - Request for a vote

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

For purposes of this rule, “proposal” means any draft resolution, an amendment thereto, or a portion of a draft resolution divided out by motion. Just prior to a vote on a particular proposal or motion, the President may ask if there are any objections to passing the proposal or motion by acclamation, or a member may move to accept the proposal or motion by acclamation. If there are no objections to the proposal or motion, then it is adopted without a vote.

Rule 32 - Majority required

1. Unless specified otherwise in these rules, decisions of the Council shall be made by a majority of the members present and voting.
2. For the purpose of tabulation, the phrase “members present and voting” means members casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.

All members declaring their representative States as “present and voting” during the attendance role call for the meeting during which the substantive voting occurs, must cast an affirmative or negative vote, and cannot abstain.

Rule 33 – Omitted

Rule 34 - Method of voting

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

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

2. When the Council votes by mechanical means, a non-recorded vote shall replace a vote by show of placards and a recorded vote shall replace a roll-call vote. A representative may request a recorded vote. In the case of a recorded vote, the Council shall dispense with the procedure of calling out the names of the members.
3. The vote of each member participating in a roll call or a recorded vote shall be inserted in the record.

Rule 35 - Explanations of vote

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

All explanations of vote must be submitted to the President in writing before debate on the topic is closed, except where the representative is of a member sponsoring the proposal, as described in the second clause, in which case the explanation of vote must be submitted to the President in writing immediately after voting on the topic ends.

Rule 36 - Conduct during voting

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

Rule 37 - Division of proposals and amendments

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

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

Rule 38 - Amendments

An amendment is a proposal that does no more than add to, delete from, or revise part of another proposal.

An amendment can add, amend, or delete operative clauses, but cannot in any manner add, amend, delete, or otherwise affect perambulatory clauses.

Rule 39 - Order of voting on amendments

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

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

Rule 40 - Order of voting on proposals

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

Rule 41 - The President shall not vote

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

VII. CREDENTIALS

Rule 42 - Submission of credentials

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

Rule 43 - Credentials Committee

A Credentials Committee, consisting of nine members, shall be appointed by the Secretary-General at the beginning of each session. It shall examine the credentials of representatives and report without delay. The Main Committees shall be bound by the actions of the Plenary in all matters relating to credentials and shall take no action regarding the credentials of any Member State.

Rule 44 - Provisional admission to a session

Any representative to whose admission a member has made objection shall be seated provisionally with the same rights as other representatives until the Credentials Committee has reported and the Council has given its decision.

VIII. Ommitted

Rule 45 through Rule 48 - Ommitted

IX. MINUTE OF SILENT PRAYER OR MEDITATION

Rule 49 - Invitation to silent prayer or meditation

Immediately after the opening of the first plenary meeting of the Council, representatives may request to observe one minute of silence dedicated to prayer or meditation. This is the only time this motion will be entertained and its approval is at the discretion of the Secretariat.

X. SESSIONAL BODIES AND SUBSIDIARY ORGANS

Rule 50 - Establishment

The Council may establish and define the composition and the terms of reference of:

- a) Functional commissions and regional commissions;
- b) Sessional committees of the whole and other sessional bodies;
- c) Standing and ad hoc committees.

Rule 51 - Discussion of reports of sessional committees of the whole

Discussion of a report of a sessional committee of the whole in a plenary meeting of the Council shall take place if at least one third of the members present and voting at the plenary meeting consider such discussion to be necessary. A motion to this effect shall not be debated but shall be put to the vote immediately.

XII. PARTICIPATION OF NON-MEMBERS OF THE COUNCIL

Rule 52 - Participation of non-Member States

1. The Council shall invite any Member of the United Nations that is not a member of the Council and any other State, to participate in its deliberations on any matter of particular concern to that State.
2. A committee or sessional body of the Council shall invite any State that is not one of its own members to participate in its deliberations on any matter of particular concern to that State.
 - a) A State thus invited shall not have the right to vote, but may submit proposals which may be put to the vote on request of any member of the body concerned.

Rule 53 - Participation of national liberation movements

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

Rule 54 - Participation of and consultation with specialized agencies

With the approval of the Council or its committees, the specialized agencies shall be entitled to participate, without the right to vote, in deliberations with respect to items of concern to them and to submit proposals regarding such items which may be put to the vote at the request of any members of the Council or of the committee concerned.

Rule 55 - Participation of non-governmental organization and intergovernmental organizations

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