

**Code:** Resolution 1-1

**Committee:** World Health Organization

**Topic:** Preventing Vector Borne Diseases in Developing Countries

1 *Bearing in mind* that the Constitution of the World Health Organization (WHO) advocates for the health of all  
 2 peoples as a fundamental component to the attainment of peace and security and is dependent upon the fullest co-  
 3 operation of individuals and Member States,

4  
 5 *Recalling* Resolution A/68/L.60, *Consolidating Gains and Accelerating Efforts to Control and Eliminate Malaria in*  
 6 *Developing Countries*, particularly in Africa, by 2015, which encourages transparency of information sharing –  
 7 especially regarding Africa, the Asia-Pacific, Middle East countries, and Latin America,

8  
 9 *Reaffirming* the collective desire, mentioned in A/RES/55/2, to improve health standards across all Member States  
 10 through an established multilateral framework of support and access to information through the correlation of all the  
 11 main points of the *Millennium Development Goals* (MDGs),

12  
 13 *Recognizing* A/RES/63/234, which highlights Roll Back Malaria and their global strategy of sustained control,  
 14 elimination, and the impacts of government research on the effort to decrease malaria and all other vector borne  
 15 diseases (VBDs),

16  
 17 *Referring* to resolution WHA60.25 which recognizes the need to integrate gender in the health sector through policy,  
 18 planning, and healthcare worker training,

19  
 20 *Aware of* A/RES/58/179, which emphasizes access to medicine in the context of pandemics, and that VBDs have the  
 21 possibility to be a reoccurring issue due to the fact that VBDs are becoming increasingly resistant to available drugs,

22  
 23 *Recalling* the WHO and United Nations Children’s Fund’s *Joint Monitoring Programme for Water Supply and*  
 24 *Sanitation* which affirms and identifies the direct relation of sanitary practices and cleaner environments as  
 25 indisputable factors in enhancing prevention efforts concerning VBDs,

26  
 27 *Acknowledging* the work of *The 31<sup>st</sup> International Conference of the Red Cross and Red Crescent*, combating VBDs  
 28 cannot be attained without addressing healthcare inequalities through international collaboration focusing on the  
 29 expansion of good governance, financial commitment, and emphasis on the protection of state sovereignty,

30  
 31 *Realizing* the challenges of sustainable development between science, social, economic, and environmental  
 32 practices, outlined in the *Crucial Role of Science for Sustainable Development* and the Post-2015 Development  
 33 Agenda;

34  
 35 *The World Health Organization,*

36  
 37 1) *Encourages* affected Member States to establish national offices to administrate multilateral  
 38 cooperative directives to promote developmental strategies concerning the status and measurement of VBD  
 39 levels by:

- 40  
 41 a) Assigning international oversight to the WHO, assessing accountability of Member States on accurate  
 42 and sound scientific research analysis,  
 43  
 44 b) Suggesting the implementation of regional offices to conduct coordinated research on issues related to,  
 45 but not limited to, VBDs and to notify national offices with strategic action plans targeting the  
 46 respective agendas,  
 47  
 48 c) Drawing upon voluntary financial support from accredited NGOs and formulating economic incentives  
 49 for committed individual Member States to contribute and participate in conducting scientific research  
 50 and follow through on strategic action plans;

- 52 2) *Considers* all endeavors made toward educational awareness through special allotments for basic  
53 research, science education, and the promotion of science literacy as values of science and educational  
54 research and by framing a sustainable development program by:  
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- 56 a) Outlining target directives toward improving factors of promoting educational resources through  
57 accessibility and efficiency of market products,  
58
  - 59 b) Referencing databases and international organization for the purpose of promoting healthy living  
60 standards and practices, safe environmental protocols, and an amicable shared communiqué of  
61 successful programs and projects,  
62
  - 63 c) Providing a framework of guidelines and successful procedures with regional international  
64 organization as cooperative actors to promote implementation of multilateral cooperation;  
65
- 66 3) *Suggests* that Member States create national and regional emergency action plans to allow for rapid and  
67 efficient reactions in the event of pandemic resurgences of VBDs through strategies such as:  
68
- 69 a) Seeking ongoing observation of VBDs in Member States, regardless of the level of awareness and its  
70 presence in society and the close monitoring of nearly eliminated illnesses to combat their  
71 reemergence,  
72
  - 73 b) Reiterating the importance of international stockpiles of vaccines and their relevance to providing a  
74 sustainable amount of readily available resources in the event of a pandemic resurgence of VBDs,  
75
  - 76 c) Increasing the use of artemisinin-based combination-therapies that are commonly used in the world  
77 today, due to the increasing occurrence of mono-artemisinin resistant strains of malaria prevalent in  
78 many regions of the world;  
79
- 80 4) *Recommends* the expansion and implementation of regional research centers focused on VBD  
81 transmission and vaccination as well as quality control measures to:  
82
- 83 a) Support the WHO in developing continued research on current vaccinations to be used in conjunction  
84 with other preventative measures,  
85
  - 86 b) Further implement A/RES/66/289, aiming to combat and eliminate malaria in developing countries,  
87
- 88 5) *Endorses* the creation of training programs modeled after the United Nations Population Fund in order  
89 to:  
90
- 91 a) Mainstream women, as well as men, and local communities through vocational training programs and  
92 various educational outlets,  
93
  - 94 b) Instill women in leadership roles to establish and manage health centers in their specific regions,  
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  - 96 c) Enable a safe environment for the flourishing of skills, leadership, participation, and education;  
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- 98 6) *Appreciates* practical multilateral cooperation among regional Member States, such as the example of  
99 the 1887 Sanitary Convention, specifically targeting and restructuring the:  
100
- 101 a) Health standard when importing foreign food and other products that may pose threats to the already  
102 established ecosystem,  
103
  - 104 b) Sanitary compartmentalization of shipping trade imports and exports in respect to national protocols  
105 and international guidelines,  
106

- 107 c) Drug and pharmaceutical products and the implications for medicinal uses in relation to development  
108 and living health standards;  
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- 110 7) *Encourages* Member States to participate in joint regional cooperation like the European Union and  
111 Mercado Común del Sur's establishment of a bilateral Sanitation Project, which extends sanitary  
112 cooperation in agriculture and livestock areas;  
113
- 114 8) *Suggests* a bilateral project among regional blocks with the initiation of the Montevideo Sanitation  
115 Project, which improves sanitary efficiency and expand sewage networks, improves drinking water quality,  
116 and broadens service coverage for the draining systems;  
117
- 118 9) *Calls upon* Member States to strive for the elimination of VBDs, taking the example of the Pan  
119 American Health Organization certificate of eradication of Chagas disease for Uruguay, and the positive  
120 impact programs have in relation to educational awareness and healthy practices;  
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- 122 10) *Endorses* the cultivation of the new strategies such as, the WHO's Test, Treat, Track initiative and  
123 encourages the expansion and development of these programs which will aid in eradicating VBDs with the  
124 potential usage of vaccinations as well as other methods;  
125
- 126 11) *Urges* Member States to adopt Integrated Vector Management through decreasing the wasteful use of  
127 water in agriculture through managing the amounts of water in the cultivation of crops as well as the  
128 relocation of standing water and redesign of water reservoirs;  
129
- 130 12) *Encourages* Member States to adopt The Roll Back Malaria Global Action Plan to facilitate country  
131 planning, financing, communication, and monitoring as essential themes to ensure the termination of VBDs  
132
- 133 13) *Promotes* cooperative initiatives, such as the Agreement on Sanitary and Phytosanitary Measures  
134 which easily identify acceptable measures in trade imports, exports, and educational awareness in order to  
135 address increasing concern for trade limitation and its hindrance to economic development;  
136
- 137 14) *Advocates for* voluntary donations by Member States and non-state actors to create a fund for  
138 developing countries to support VBD management.  
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**Code:** Resolution 1-2

**Committee:** World Health Organization

**Topic:** Preventing Vector-Borne Diseases in Developing Countries

1 *Citing* A66/20, which labels the 17 neglected tropical diseases (NTD) and vector-borne-diseases (VBD) covered by  
 2 the WHO, as a list of the most prevalent VBDs throughout the world,

3  
 4 *Bearing in mind* the generally high costs of medical education, a program needed to become a practicing physician,

5  
 6 *Welcoming* the commitment by Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah, Amir of the State of Kuwait, through  
 7 the Kuwaiti Declaration to grant concessionary loans to African countries to the tune of one (1) Billion US Dollars  
 8 spread over the next five years with accountability in the spending being essential,

9  
 10 *Recognizing*, based on the 2004 WHO World Health Report, that certain regions around the world, such as Africa  
 11 and Southeast Asia, are more highly affected by and contain more deaths from vector-borne diseases than other  
 12 regions and that the data may have slightly changed since its publication,

13  
 14 *Understanding* the cultural difficulties for doctors moving to foreign nations affected by VBDs,

15  
 16 *Guided by* the Bulletin of the World Health Organization Volume 86, Number 12 from December, 2008, which  
 17 discusses the Chinese barefoot doctors, a group of people minimally trained to be doctors in their local areas, and  
 18 their improvements to rural community health care,

19  
 20 *Fully aware* that not all States have the capabilities or locations to house physicians for their practices,

21  
 22 *Emphasizing* the need for accessible essential anti-malarial medications described in the WHO Model Lists of  
 23 Essential Medicines to combat VBDs,

24  
 25 *Taking note* of the Medicines Transparency Alliance (MeTA) Initiative as a WHO supported process that improves  
 26 access to quality-assured essential medicines in low-income countries through a multi-stakeholder collaboration  
 27 involving representatives of the public sector, the private sector and civil society,

28  
 29 *Noting* WHO/CCO/13.01/Egypt and the Centers for Disease Control and Prevention (CDC) profile on Kuwait,  
 30 stating that Egypt and Kuwait, respectively, are two of the four countries in the Middle East and Northern African  
 31 regions that are major producers of vaccines,

32  
 33 *Taking into consideration* the CDC Pre-Travel Consultation, which describes general protective measures against  
 34 vectors,

35  
 36 *The World Health Organization*,

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 38 1. *Emphasizes* the international community's readiness to properly handle vector-borne diseases throughout the  
 39 world;

40  
 41 2. *Encourages* a scholarship be formed from the voluntary funds of Kuwait as well as the possible funds of the  
 42 Global Fund and voluntary donations from Member States to pay for the schooling needed to earn a doctorate  
 43 degree of worthy medical students decided and monitored by the funders of the voluntary reserve with the  
 44 requirements that the student must:

45  
 46 a. Make a two year commitment after completing his degree to work in a nation highly affected with  
 47 vector-borne diseases;

48  
 49 b. Take conversational courses in the language of the expected nation in which the student will live  
 50 in order to allow for a smoother integration into the culture;

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 52 c. Have a background on proper medical techniques for VBDs before earning his degree;

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- d. Properly train the doctor replacing them at the end of their term in the cultural knowledge and experience that comes from being a physician in the area;
  - e. Properly train any prospective barefoot doctors in the area, incorporating a community outreach system, by:
    - i. Proper evaluations and recognition of VBD and common disease symptoms;
    - ii. General sanitation procedures learned by the doctors during medical training;
  3. *Endorses* the use of barefoot doctors in VBD regions as an initial medical system for locals to talk to before being able to go to and take time from the fully trained doctors;
  4. *Further encourages* the previously described voluntary funds be used to fund the construction of standard locations by the local populace's builders for doctors to practice in the VBD regions without current medical locations as well as supply the doctors with the minimum required medical supplies;
  5. *Urges* all Member States not currently in the MeTA to join and give support to the initiative in order to further the accessibility of essential medicines to low-income areas;
  6. *Invites* the joint voluntary funding for VBD-stricken States to be additionally used to:
    - a. Increased production and research of VBD vaccines promoted by the current major vaccine producers;
    - b. Purchase for infected regions VBD preventative items mentioned in the CDC consultation, such as:
      - i. Insecticides and spatial repellents;
      - ii. Long-lasting insecticidal nets (LLIN);
      - iii. Long, appropriate clothing to reduce exposed skin;
  7. *Suggests* the separate use of indoor residue spray (IRS) and LLINs as no evidence has been shown that the combination of the measures significantly increases efficiency, as researched in the WHO/HTM/GMP/MPAC/2014.2 and the Benin research on the combination of malaria vector control interventions.

**Code:** Resolution 1-3

**Committee:** World Health Organization

**Topic:** Preventing Vector Borne Diseases in Developing Countries

1 *Recalling* Article XXV of the Universal Declaration of Human Rights,

2  
3 *Deeply conscious of* the lack of health care workers in certain developing nations,

4  
5 *Strongly disturbed by* the fact that 627,000 deaths occurred from malaria in 2012,

6  
7 *Taking into account* General Assembly Resolution A/RES/55/284 recognizing the crucial relationship between the  
8 betterment of sanitary practices and the effectiveness in the reduction of the occurrence of vector borne diseases,

9  
10 *Recognizing* Millennium Development Goal 6 which seeks to eliminate diseases such as malaria by 2015,

11  
12 *The World Health Organization,*

- 13  
14 1. *Encourages* development of programs similar to the Global Health Innovative Technology Fund in developed  
15 nations with hopes of the new medical technologies reaching developing countries that are afflicted by Vector  
16 Borne Disease through:
- 17  
18 a. The new program providing grants to international laboratories,
- 19  
20 b. Facilitate partnerships between Member State governments and Non-governmental Organizations  
21 to distribute the new medical technologies to developing nations,
- 22  
23 2. *Recommends* Member States create and expand upon programs already in existence in order to distribute  
24 medical aid via:
- 25  
26 a. Expanding upon the Rural Program currently used in Ecuador by State Universities as a basis for  
27 developing nations to deploy recently graduated medical students to rural areas for one year;
- 28  
29 b. Augmentation of the Women’s Political Coordinating Body of Ecuador and the Brigadista  
30 Training Program of Nicaragua to encompass more developing nations to lower children’s  
31 mortality rates from vector borne diseases through prenatal care;
- 32  
33 3. *Calling upon* the value of local leaders as agents of change in their communities, through investments and  
34 movements including but not limited to:
- 35  
36 a. The training of teachers by a combined team of volunteer local doctors and WHO-aligned  
37 scientists to thoroughly explain the definition, cause, and prevention methods of VBDs;
- 38  
39 b. The implementation of the Local Leaders Initiative, a curriculum set in schools and community  
40 centers meant to supply influential figures of the community with information on disease  
41 prevention and awareness, featuring instruction from the United States of America concerning  
42 media utilization;
- 43  
44 c. The continuation of the Local Leaders Initiative by its participation in media movements - from  
45 children’s TV shows to radio broadcasts - to inform the mass public of the value of regular disease  
46 screenings, preventive measures, and resources like volunteer doctors and donated supplies;
- 47  
48 d. The petition of local leaders by their governments to instate mandatory occupational sanitation  
49 training to enhance the workforce’s knowledge and impact in preventing VBDs;
- 50  
51 e. The instigation of a separate children’s initiative funded by organizations like UNICEF and the  
52 Bill and Melinda Gates Foundation, in order to allow health education as part of children’s

- 53 primary education, and involving the VICTORY campaign (Vector Initiative Concerning The  
54 Overall Responsibility to Youth) as part of a propaganda effort to engage children in VBD  
55 education;  
56
- 57 f. The invocation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria - the world's largest  
58 donor to resources that fight such diseases - as a major benefactor of the Local Leaders Initiative;  
59
- 60 4. *Calls upon* Member States to endorse and improve upon initiatives, such as the *Sanitation and Water for All*  
61 *Initiative* and *Community Water Initiative*, that recognize access to safe and clean drinking water and sanitation  
62 as a cornerstone of public health;  
63
- 64 5. *Strongly Supports* the allocation of financial resources for investments in sustainable participatory development  
65 programs, promoting multilateral cooperation through funding and advisement for developing countries  
66 considered off-track from achieving MDG targets;  
67
- 68 a. The commitment of individual member states through governmental donor agencies,  
69
- 70 b. The participation of individual member states in global development banks, such as the Water and  
71 Sanitation Bank at the World Bank.

**Code:** Resolution 1-4

**Committee:** World Health Organization

**Topic:** Preventing Vector-Borne Diseases in Developing Countries

1 *Concerned with* the prevalence and high death rates of Vector-Borne Diseases (VBDs),  
2

3 *Recalling* the Millennium Development Goals (MDGs), specifically Goal 6 which aims to combat malaria, Goal 7  
4 which aims to improve access to safe drinking water and basic sanitation, and Goal 8 which aims to address the  
5 needs of least developed countries (LDCs) and cooperate with pharmaceutical companies,  
6

7 *Recognizing* the logistical and organizational difficulties of managing VBDs, especially in developing countries in  
8 sub-Saharan Africa, the Middle East, Southeast Asia, and Latin America,  
9

10 *Reaffirming* A/RES/64/289 which calls for system-wide coherence and improving the funding system of operational  
11 activities,  
12

13 *Bearing in mind* A/RES/68/98 on foreign policy regarding global health, emphasizing the importance of  
14 coordination and partnerships for regulation of pharmaceuticals and funding,  
15

16 *Observing* A/RES/68/308 addressing the consolidation of efforts for malaria elimination by 2015 to coordinate  
17 multinational support in several malaria-reduction programs,  
18

19 *Realizing* that though great importance is placed on malaria, strategies are required that can be applied to many other  
20 VBDs, such as Lyme disease, dengue fever, and schistosomiasis, that also cause problems in many developing  
21 countries like Algeria,  
22

23 *Acknowledging* the success of the countries of sub-Saharan Africa, including the Republic of Rwanda, in creating a  
24 Community Health Worker (CHW) system to reduce the prevalence of VBDs in its rural population by engaging  
25 civil society,  
26

27 *Taking note* that the Republic of Rwanda's Science, Technology, and Innovation (STI) policy and Vision 2020  
28 development program have successfully created and executed long-term strategies for healthcare progress,  
29

30 *Referring to* the success of the Global Health Innovative Technology Fund in Japan in funding the research and  
31 development of medical technology for the prevention and elimination of VBDs,  
32

33 *Appreciating* Norway's Global Health Preparedness Project and commitment to helping developing countries build  
34 basic health infrastructure,  
35

36 *Emphasizing* the specific needs and unique conditions of every nation, and the regions within and across nations,  
37

38 *Fully aware* of the distinct national sovereignty held by each participating member state in the World Health  
39 Assembly (WHA),  
40

41 *The World Health Organization,*  
42

- 43 1. *Suggests* the implementation of community-based outreach vector-borne disease (VBD) programs in  
44 developing countries through methods such as:  
45
  - 46 a. Creating or strengthening Community Health Worker (CHW) networks in rural areas consisting of  
47 rural health workers that are trained in basic medical practices, as a fundamental point of  
48 healthcare access for rural peoples suffering from VBDs by:  
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    - 50 i. Organizing programs with agencies of the WHO and other health institutions to train  
51 these professionals in performing primary diagnoses and administering initial  
52 medications;

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- ii. Involving civilians in the organization of such programs and the selection of CHWs to make this process more transparent and encourage relationships of trust between civilians and CHWs;
    - b. Focusing on community outreach tactics that specifically target urban regions through methods including but not limited to:
      - i. Advertising campaigns through various forms of media, including but not limited to posters, billboards, radio, TV, and social media, that educate citizens in basic VBD prevention strategies, targeting diseases like malaria, Lyme disease, dengue fever;
      - ii. Supporting community health leaders from specific neighborhoods of cities, where members of the community volunteer to educate their neighborhood on prevention methods and provide advice for seeking treatment;
      - iii. Establishing health information centers and hotlines where citizens can ask questions about prevention, obtain help to diagnose VBDs, and determine how to proceed in seeking treatment;
    - c. Inviting developed countries and non-governmental organizations (NGOs) to support these programs in the following ways:
      - i. Creating or building upon pre-existing coordination systems for foreign volunteers and health professionals to determine placements based on factors including but not limited to the workers' specialties and skills and the potential impact of their contributions;
      - ii. Assisting in the development and organization of these programs, especially in the initial stages of formation;
      - iii. Facilitating and streamlining the process of distribution of the medications and equipment necessary for treatment of infected patients in a timely fashion;
  - 2. *Encourages* strengthened partnerships between Member States and the private sector, public sector, NGOs, and multilateral organizations for the establishment of a United Nations Development Programme (UNDP) fund to specifically promote the research, development, and commercialization of new VBD-targeted medical products to be distributed in developing countries by requesting that:
    - a. Philanthropic organizations, NGOs, and pharmaceutical companies consolidate their own existing contributions to VBD-related funds, such as the Global Fund to Fight AIDS, Malaria, and Tuberculosis, into this UNDP fund and continue contributing capital;
    - b. Developed countries supply research and development support to the UNDP, so that they may assist pharmaceutical companies and research institutions for the development of cheaper, more effective, and more accessible VBD-targeted medical products;
    - c. Governmental agencies of developing countries, at the local, regional, and national levels, provide annual reports to increase transparency of fund;
    - d. Developing states generate a domestic long-term financial strategy to ensure continued support for previously outlined VBD programs and to sustain the infrastructure necessary for the control of VBDs domestically by:
      - i. Outlining at the start of the project five- and ten-year implementation plans and projected successfulness indicators, including but not limited to number of people served per given period of time (i.e. day, month, annually), expected revenue (where applicable), and reduction of infections/fatal cases;
      - ii. Creating a third party monitoring committee composed of non-partisan expert representatives appointed by the WHO will measure how the plans have stood up to projections, and recommend any changes in policy that could increase effectiveness as time goes on;

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- iii. Consolidating data collected by the third party committee into a new Vector-Borne Disease Management Database (VBD-MD) that will allow other Member States to share VBD prevention strategies and implementation plans and their effectiveness to better select policies for their own populations;
3. *Encourages* developed nations, specifically those in the Organisation for Economic Co-Operation and Development (OECD), to invest in basic health infrastructure particularly in developing countries that have not yet implemented International Health Regulations agreed upon by the United Nations in 2005 by:
- a. Building capacity in the health workforce by focusing on education, hands-on training, and skills-building programs between professional medical personnel experienced with VBD treatment methods and community members;
  - b. Partnering with NGOs and philanthropic organizations to encourage the development of pharmaceutical production companies and research companies that aim to provide medical drugs and supplies at affordable cost and easy accessibility for citizens, particularly low-income citizens living in isolated areas;
  - c. Improving access to health facilities such as health centers and clinics by:
    - i. Building these facilities in rural areas where few exist;
    - ii. Expansions of secondary facilities to help overburdened facilities;
    - iii. Improving affordability of preventative care by investing in private sector companies using subsidies or capital investment to increase productive capability and lower costs of production.

**Code:** Resolution 1-5

**Committee:** World Health Organization

**Topic:** Preventing Vector Borne Diseases in Developing Countries

1 *Deeply disturbed* that according to the WHO, over 2.5 billion people are at high risk of contracting vector borne  
2 diseases (VBD),  
3

4 *Bearing in mind* that the *Universal Declaration of Human Rights* Article 25 states, “everyone has the right to a  
5 standard of living adequate for the health and well-being of himself and of his family, including food, clothing,  
6 housing and medical care and necessary social services, and the right to security in the event of unemployment,  
7 sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control,”  
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9 *Recognizing* the lack of critical funding for developing Member States, taking into consideration that the Kuwait  
10 Declaration calls for African-Arab partnership to provide vital resource support,  
11

12 *Acknowledging* the Global Fund, an established NGO that is currently funded by developed Member States  
13 including, but not limited to: Germany, Sweden, and the European Commission, and that currently provides funding  
14 to Member States to create programs which specifically target the prevention of HIV/AIDS, Tuberculosis, and  
15 Malaria;  
16

17 *Endorsing* the development of financial and agricultural infrastructure with health capacity growth and stability,  
18

19 *Recognizing* the need to foster transparency and accountability in prevention, vector management and treatment  
20 systems as requisite for encouraging donations and financial support in promoting best practices in Member States,  
21

22 *Fully aware* that empowering local people as health workers is one of the most effective and sustainable ways to  
23 deal with local issues, as they are most familiar with those situations,  
24

25 *Noting* the necessity of access to metrics and data on pre-existing programs as a means of streamlining their  
26 operation and encouraging efficiency,  
27

28 *Recalling* that vector-borne diseases pose the threat of re-emergence even after instances of successful localized  
29 elimination and thus are a perpetual and systematic concern,  
30

31 *Noting* that education with regard to vector-borne diseases can be one of the most cost-effective prevention  
32 measures,  
33

34 *Reaffirming* relevant Millennium Development Goals (MDG), especially Goal 4: Reducing Child Mortality, Goal 5:  
35 Improving Maternal Health, and Goal 6: Combating HIV/AIDS, Malaria and other diseases,  
36

37 *The World Health Organization,*  
38

- 39 1. *Urges* Member States to focus efforts on areas that have been previously affected, as well as those in  
40 danger of exposure;  
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- 42 2. *Affirms* of the Integrated Vector Management (IVM) system as a framework for combating VBD, where  
43 the five key elements are:  
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  - 45 a. Advocacy, social awareness, public health regulation and community empowerment;
  - 46 b. Collaboration between the health sector and with other sectors in the areas of resource-allocation,  
47 planning, and decision-making processes;
  - 48 c. Integration of non-chemical and chemical vector control methods, and integration with other  
49 disease control measures;
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- d. Evidence-based decision making guided by both empirical research and entomological and epidemiological data-gathering and evaluation;
  - e. Development of adequate human resources, training and career structures at all levels of government so as to promote capacity building and manage IVM programmes;
3. *Advocates* utilizing existing microfinance strategies in combination with education strategies, such that:
- a. Individuals already enrolled in microfinance projects are specifically targeted for VBD education, since:
    - i. Prior studies have found that those involved in microfinance are more likely to be receptive to VBD education, and act as health leaders in their communities;
    - ii. International healthcare workers have a way of keeping in contact with those who have received education, for an extended period of time; as:
      - I. Microfinance institutions often have an extended relationship with individuals and maintain contact with the people for an extended period of time;
      - II. Health workers can go through microfinance institutions to check up on the health status of individuals;
  - b. Promote entrepreneurship and public private partnerships at the local level as a means of combating high levels of poverty, which can in turn lead to the production and proliferation of materials that can be utilized for preventative measures, including:
    - i. Mosquito traps, which are easily homemade and can be used to control the spread of virulent vectors and stymie the spread of diseases,;
    - ii. Mosquito nets; that can be disseminated and utilized at the local level so as to further halt the spread of VBD;
4. *Recommends* a focus on community-based health-care workers, such that:
- a. Individuals familiar to the local situation can respond to the situation, resulting in greater acceptance for both preventative measures and treatment measures;
  - b. Community leaders act as liaisons between international health workers and their own communities, given the fact that their knowledge is pertinent in analyzing and understanding topography, societal norms, and how these factors may affect the dissemination and implementation of medical research;
  - c. Local medical facilities that are in regions where disease outbreak is more evident - that are equipped to treat patients ailing from vector borne diseases, and are:
    - i. Staffed by community health leaders;
    - ii. Clinics for supportive care, including initial diagnosis of VBD and treatment of symptoms;
    - iii. Referral centers to send critical patients to higher-level institutions;
5. *Reminds* all Member States to prioritize fighting drug resistance, especially given the increased prevalence of resistant strains of VBD, through suggesting measures including, but not limited to:

- 109 a. Only providing medication once a diagnosis has been made, as prophylactic treatment is creating  
110 an environment that is conducive for drug resistance;  
111
- 112 b. Building more testing facilities to provide rapid confirmation of diagnoses;  
113
- 114 6. *Strongly recommends* that states establish control measures to ensure that aid materials are effectively  
115 utilized, with control measures such that:  
116
- 117 a. Advisory boards created by the individual national government, in which:  
118
- 119 i. The board will provide accountability in the distribution of resources, both monetary and  
120 material;  
121
- 122 ii. The advisory board consists of consisting of members of local government, NGO  
123 representatives, and donor nation representatives;  
124
- 125 iii. The board will meet annually to evaluate VBD-control methods, and provide  
126 accountability in distribution of resources, both monetary and material;  
127
- 128 b. The International Financial Review Standards (IFRS) are incorporated into control measures;  
129
- 130 c. Nations are highly encouraged to put these control measures in place in order to receive funding  
131 from sources such as the *Kuwait Fund for Economic Development*;  
132
- 133 7. *Further urges* expanding the body of case study material and empirical data systems that evaluate the  
134 effectiveness of actions against VBD through:  
135
- 136 a. The utilization of geographic information systems (GIS) by Member States, which analyze the  
137 topography of the area to determine the environmental stochasticity and spacio-temporal patterns  
138 of specific tropical areas, and how they help to influence vector density, as well as increase our  
139 knowledge of of where outbreaks are occurring in real-time;  
140
- 141 b. Utilization of Radio Frequency Identification Device (RFID) to track stocks of drugs, to prevent  
142 depletion of stocks of essential drugs, bearing in mind the negligible cost of RFID in comparison  
143 to the cost of medicines;  
144
- 145 c. Evaluating past VBD control efforts to determine best practices, as well as determining the  
146 effectiveness of existing drugs, to determine whether a need exists for change in control methods;  
147
- 148 8. *Emphasizes* evidence based decision making and collection of data before and during implementation of  
149 VBD control programs for the purpose of gleaning empirical data that can yield new advances in the  
150 development of more robust VBD control programs;  
151
- 152 9. *Recommends* that Member States incorporate safe practices in transporting cargo because of the high risk  
153 for transmitting VBD through pre- and post- decontamination of vessels that carry high risk cargo;  
154
- 155 10. *Recommends* utilization of data metric software provide by the Vector-Borne Disease Airport Importation  
156 Risk (VBD-Air) as a means of assessing travel risks associated with VBD;  
157
- 158 11. *Taking into consideration* the need for airport and hospital personnel to be trained in identification of  
159 symptoms such as:  
160
- 161 a. Malaria;  
162
- 163 b. Dengue Fever;  
164

- 165 c. Trypanosomiasis;  
166  
167 12. *Proposes* increased research on novel preventative measures and disease control methods, including:  
168  
169 a. Mosquito repellent soap made from natural ingredients, similar to Fasoap, currently being  
170 developed as a prevention tool for VBD, with included benefits being:  
171  
172 i. Safe for use by children and pregnant women;  
173  
174 ii. This soap is an environmentally-friendly, easy-to-use method to prevent mosquito bites;  
175  
176 iii. Soap runoff has the ability to decrease breeding rates of insect larvae in water sources;  
177  
178 iv. This product can easily be manufactured by individuals using ingredients that are  
179 inexpensive and can be easily grown;  
180  
181 v. The product could potentially be marketed by small or medium-sized businesses run by  
182 locals;  
183  
184 vi. Women, who are often responsible for the hygiene of their families, can be empowered to  
185 contribute to family health through making and using this soap;  
186  
187 b. Insecticides that are more effective and less harmful to health and the environment than DDT and  
188 DEET;  
189  
190 c. Biological remediation methods, such as *Larvivorous* fish, which effectively consumes mosquito  
191 larvae, drastically reducing the number of VBD carrying mosquitoes that are introduced into the  
192 environment, thereby reducing the spread of VBD, such as Malaria and Dengue Fever;  
193  
194 d. Genetically modified mosquitoes, specifically modifying those species that carry VBD, notably *P.*  
195 *vivax*, *P. ovale*, *P. malariae*, *P. knowlesi*, and *P. falciparum*, and sterilizing males, thereby  
196 reducing the number of vector organisms;  
197  
198 e. Advanced hydrogels to be used in place of water when shipping flora, especially for imports into  
199 or exports out of nations greatly affected by VBD, in order to eliminate the proliferation of  
200 mosquitoes during shipment;  
201  
202 13. *Calls upon* collaboration on a multitude of organizational levels, including:  
203  
204 a. Member States;  
205  
206 b. WHO's international partners, including intergovernmental, international and NGO;  
207  
208 c. Financing bodies;  
209  
210 d. Academic and research institutions;  
211  
212 e. Civil society;  
213  
214 f. The private sector;  
215  
216 14. *Recommends* that Member States work bilaterally to strengthen commitments to the Global Fund and its  
217 goals, including:  
218

- 219 a. Establishment of a Strategy, Investment, and Impact committee (SIIC) for the oversight of  
220 programmes and strategies for eliminating VBD, comprising public health specialists from WHO,  
221 affected states, and civil society charged with developing a technical metric framework;  
222
- 223 b. Provision of financial resources to Member States so that they may strengthen domestic  
224 organizations and practices to combat these diseases;  
225
- 226 c. Continued use of a system established by the Paris Declaration on Aid and Effectiveness which  
227 seeks to build upon existing nationally and globally agreed indicators which effectively monitor a  
228 state's effectiveness in implementing domestic programmes to combat Malaria, HIV/AIDS, and  
229 Tuberculosis;  
230
- 231 d. Inviting nations to improve and create new regional surveillance programs, such as the China  
232 Centers for Disease Control and Prevention, which has been implemented in 43 cities, decreasing  
233 the frequency of VBD outbreaks throughout the country through plotting and graphing outbreak  
234 occurrences of VBD on maps, in order to better ensure accurate reporting, tracking, and  
235 documentation of these diseases;  
236
- 237 e. Funds that are contingent upon a country's rating based on the effectiveness of its domestic VBD  
238 elimination;  
239
- 240 15. *Suggests* that funding be obtained from the following sources:  
241
- 242 a. The *Kuwaiti Fund for Economic Development*, to create infrastructure to reduce the spread of  
243 VBD;  
244
- 245 b. Arab states of the Gulf Cooperation Council (GCC) in allocating a percentage of annual gross  
246 domestic product (GDP) to the humanitarian aid of developing states through funding the creation,  
247 operation, and material procurement of regional supply centers;  
248
- 249 c. Continuation of funding from Sweden, such as those paid in to the World Bank Group through  
250 FY12-FY14 to the Global Fund to Fight, AIDS, Tuberculosis, and Malaria, which amount to 343.6  
251 million USD;  
252
- 253 d. High-volume exporting countries such as: the Russian Federation and the People's Republic of  
254 China in manufacturing and exporting the critical materials needed for aid, directed towards the  
255 awareness of Vector Borne Diseases;  
256
- 257 16. *Encourages* the cooperation of Member States with the Medicine Transparency Alliance Initiative (MeTA)  
258 to improve access to quality assured essential medicines in low income countries through Multi-Stake  
259 holder collaboration involving the public sector, the private sector, and civil society as well as adhere to the  
260 Good Governance for Medicine (GGM) Program which seeks to prevent corruption in the pharmaceutical  
261 sector through the promotion of good governance by increasing transparency and accountability in  
262 medicine regulatory and supply management systems;  
263
- 264 17. *Encourages* the implementation of water infrastructure and pipeline drainage systems in developing  
265 countries to similar to the one-piece Envirochannel in the United Kingdom;  
266
- 267 18. *Strongly encourages* collaboration with Water for Life( through the United Nations Department of  
268 Economic and Social Affairs (UNDESA) to expand access to potable water, sanitation systems, and water  
269 management infrastructure;  
270
- 271 19. *Suggests* educating and mobilizing the local community, covering subjects such as:  
272
- 273 a. Recognizing symptoms of various vector-borne diseases in the area;  
274

- 275                   b. Vectors that are the most common and prevalent in developing countries;  
276  
277                   c. Preventative measures, such as covering sources of stagnant water;  
278  
279                   d. Personal hygiene;  
280  
281                   e. Recommended plans of action for individuals who believe they or their family members have  
282                   fallen sick with a VBD;  
283
- 284                   20. *Encourages* global efforts to further educate populations on the dangers of VBD and the threat they pose to  
285                   public health, affecting:  
286
- 287                   a. Youth, because the youth are the leaders of the next generation and have the potential to enforce  
288                   vector-borne disease control with their local influence;  
289
- 290                   b. Women, especially mothers, since maternal health is a globally pertinent issue with economic and  
291                   social implications;  
292
- 293                   c. Community leaders, such as tribal heads, due to their influence in communities to encourage  
294                   beneficial collective behavior through cultural and social norms;  
295
- 296                   21. *Invites* the international community to provide technical and economic assistance in developing states by  
297                   providing sustainable and secure health infrastructure, through the sharing of effective practices among  
298                   both Lesser Economic Developed Countries (LEDC) and More Economically Developed Countries  
299                   (MEDC);  
300
- 301                   22. *Requests* the Secretary-General to continue to provide a comprehensive report on the range of VBD  
302                   control methods through:  
303
- 304                   a. Evaluating the effectiveness of specific treatment and treatment methods that are implemented in  
305                   areas most at risk to VBD exposure;  
306
- 307                   b. Assessing the resistance of vectors to insecticides and creating for more robust and streamlined  
308                   means of combating the aforementioned vectors.

**Code:** Resolution 1-6

**Committee:** The World Health Organization.

**Topic:** Preventing Vector Borne Diseases in Developing Countries.

1 *Recognizing* article 3 of the Universal Declaration of Human Rights (UDHR) the risk of the spread of Vector Borne  
2 Diseases in developing countries,

3  
4 *Fully aware* of the World Health Assembly Resolution WHA63.20 which states the importance of synchronizing  
5 data collection for Vector Borne Disease research,

6  
7 *Recalling* World Health Assembly Resolution WHA63,

8  
9 *The World Health Organization,*

10  
11 1. *Further Invites* to create a Vector Borne Disease Network (VBDN) to facilitate communication between  
12 existing research institutions and databases to create a more cohesive data collection system by:

13  
14 a. Developing current specialized research institutions and promote focus on under researched vector  
15 borne diseases through institutions such as, Institute for Tropical Medicine (ITM).

16  
17 b. Identifying the predominant issues with the potency and efficiency of current obsolete pesticides and  
18 vaccinations for vector borne diseases including neglected tropical diseases.

19  
20 c. Funded by governmental institutions, non-governmental organizations and the United Nations.

21  
22 d. Managed by the United Nations' World Health Organization;

23  
24 2. *Encourages* pharmaceutical companies to create and formulate vaccines for VBD with new extended focus on  
25 neglected tropical diseases by using the guidelines implemented by CIPLA and Galex.

26  
27 a. Isolating and qualitatively evaluating Active Pharmaceutical Ingredients (API) for the creation of  
28 vaccines,

29  
30 b. Embolden efforts to research novel techniques of drug production by involving both pharmaceutical  
31 companies and local communities into the process,

32  
33 c. Examine current quality control protocols to identify prevailing issues with the pharmaceutical  
34 production practices.

35  
36 3. *Recommends* non-governmental organizations (NGO) and/or donor states to implement monitoring instruments  
37 to ensure accountability and transparency through existing programs such as OMIDYAR Network and  
38 Transparency International.

39  
40 a. Establishing a World Health Organization (WHO) subcommittee for the oversight of the  
41 administration of funds in domestic programs addressing Vector Borne Diseases (VBD)

42  
43 b. Forming an effective system similar to that set forth by the Global Fund by which international  
44 financial support is contingent

45  
46 4. *Affirms* the importance of developing frameworks to monitor the effectiveness of domestic preventative and  
47 curative programs on the basis of protocols established by New Zealand and Cuban health ministries and  
48 overlooked by WHO, towards the goals of:

49  
50 a. Creating target indicators expressing the goal of VBD control for specific states

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- b. Emphasizing the necessity for an open door policy to NGO and donor investigators to further transparency
  - 5. *Calls upon* developed member states to encourage the sharing of skills among the VBD affected states through the exchange of public health personnel that promotes intersectoral collaboration Cuban health exchange program (CHEP).
    - a. Training of upcoming healthcare professionals that include but are not limited to nurses, physicians, medical students, lab technicians
    - b. Sponsoring exchange programs and scholarships for medical students of developed and underdeveloped countries by providing subsidies
  - 6. *Urges* Member States to assist intergovernmental organizations, non-governmental organizations, and other civil society actors by giving access to their ports for the purpose of trading, distributing of medical goods and educating the individuals affected by this epidemic;
  - 7. *Emphasizes* the role of women in the community and their importance in the healthcare system;
    - a. Recommending the implementation of programs similar to Nicaragua’s Brigadista Volunteer Program that is aimed towards women empowerment by implementing and emboldening the literacy campaign that straddles across the rural and the urban communities in similar economies such as Slovenia and Greece.
  - 8. *Further recommends* merging the market penetration capacity of the corporate sectors with delivery of pharmaceutical products to remote locations in developing countries;
    - a. Coupling with multi-national corporations delivery systems to remove the impediments in equitable access to medicines
    - b. Utilizing corporate foundations to supplement and implant mobile healthcare systems in underdeveloped regions by implementing Health On Wheels (HOW)
    - c. The HOW program works by using the distribution mechanisms currently in place to reach small towns and remote locations that have been penetrated by corporations.

**Code:** Resolution 1-7

**Committee:** World Health Organization

**Topic:** Preventing Vector Borne Diseases in Developing Countries

1 *Acknowledging* the threat of Vector Borne Diseases (VBDs) in the least developed countries,

2  
3 *Recognizing* the importance of long-term environmentally sustainable solutions regarding VBDs, knowing the  
4 harmful effects of Dichlorodiphenyltrichloroethane, or DDT, and other pesticide agents on the environment,

5  
6 *Recalling* WHA.66.12 which recognizes the threat of Vector Borne Diseases on tropical and subtropical  
7 environments and promotes prevention strategies and control of neglected tropical diseases,

8  
9 *Alarmed by* the disparity in healthcare between urban and rural populations in developing countries, considering that  
10 even rural counties in developed countries are four percent less likely to report fair health than those in urban  
11 counties, and such disparity is far greater in less developed states,

12  
13 *Reaffirming* A/RES/63/263 in which all citizens of the world deserve the right to health in their communities,

14  
15 *The World Health Organization,*

16  
17 1. *Emphasizes* the importance of continued implementation of Integrated Vector Management (IVM) techniques  
18 in controlling VBDs through the utilization of:

19  
20 a. Insecticide treated nets, which provide economically viable and effective long-term protection against  
21 vectors;

22  
23 b. Indoor residual spraying, which is one of the two prevention methods that comprise 60% of all global  
24 investment in combating malaria and results in a 62% disease risk reduction in high-risk domiciles;

25  
26 2. *Encourages* the employment of environmentally friendly tactics to combat VBDs, including but not limited to  
27 organic insecticides, biological insecticides such as entomopathogenic fungi or nematodes, and insect  
28 sterilization;

29  
30 3. *Promotes* the implementation of non-chemical strategies to combat vectors, with emphasis on reducing the size  
31 of mosquito populations via:

32  
33 a. Dredging slow-flowing rivers and removing debris and foreign objects from bodies of water;

34  
35 b. Filling in unused water depositories with refuse to both provide locations for dumping grounds  
36 and reducing accumulation of standing water;

37  
38 c. Promoting community improvement projects such as installment of municipal sewage systems and  
39 digging ditches to rid areas of standing water, which would also provide jobs and economic  
40 benefit, as discussed in the World Bank's workshop "Identifying Opportunities to Address Malaria  
41 Through Infrastructure Projects";

42  
43 4. *Recommends* the organization and continued development of community leadership initiatives by reaching out  
44 to established leaders, with particular attention paid to:

45  
46 a. Emphasizing the training of community leaders in global best health practices through NGOs  
47 including but not limited to ANZAME;

48  
49 b. Facilitating the dissemination of these practices in order to limit the spread of easily preventable  
50 diseases in rural areas;

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52 c. Circumventing supply chain constraints due to inefficient policies and rural-urban disconnect;

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5. *Advocates* for the creation of community improvement programs to provide jobs for active participation in the methods above, citing the success of:
  - a. The Republic of Rwanda, which has seen a three-quarters reduction in the prevalence of malaria since the inception of similar plans.
  - b. The Republic of the Philippines, where community leaders help in the mobilization of local resources for vector control.
6. *Further invites* operational research regarding technical and managerial aspects of IVM, seeking information regarding:
  - a. Reviews of ongoing research involving malaria including new vaccines and updated prevention methods and future applications to Dengue fever and other VBDs as they arise;
  - b. Analyzing past incidents and working to prevent future problems with insecticide resistance in vectors, such as fruit fly resistance to malathion and past mosquito resistance to DDT;
  - c. Common characteristics of all VBDs, such as symptoms, areas of highest prevalence, treatment, and vaccines.

**Code:** Resolution 1-8

**Committee:** World Health Organization

**Topic:** Preventing Vector Borne Diseases in Developing Countries

- 1 *Alarmed by* the fact Vector Borne Diseases (VBDs) account for 17% of the estimated global burden of causing more  
 2 than 1 million deaths annually, according to the World Health Organization (WHO),  
 3
- 4 *Recognizing* many of these diseases are preventable when a country has the knowledge and proper tools to help  
 5 combat the disease,  
 6
- 7 *Bearing in mind* that Millennium Development Goals 3, 5, and 6 are essential to the health of the global community  
 8 and aim to be completed by 2015;  
 9
- 10 *Recalling* A/RES/67/299 which recognizes that malaria-related ill health and deaths throughout the world can be  
 11 substantially reduced with political commitment and commensurate resources if the public is educated and  
 12 sensitized about malaria and appropriate health services are made available, particularly in countries where the  
 13 disease is endemic,  
 14
- 15 *Recognizing* the need for effective mainstreaming of gender equality and equity to empower women by creating  
 16 supportive structures, incentives, and accountability mechanisms,  
 17
- 18 *Noting with approval* the success of the Carter Center in eliminating the Guinea worm endemic in Ghana by  
 19 educating women and designating them as leaders in preventing disease within their rural areas,  
 20
- 21 *Further Recalling* the success that India has experienced in implementing policies that involve promoting the  
 22 leadership of women in their local community health systems, with a 50% increase in overall health in areas where it  
 23 has been properly implemented,  
 24
- 25 *Realizing* in some cultures women may not feel comfortable seeking out medical advice or attention from male  
 26 medical workers and may be more at ease being advised by a fellow female in the community,  
 27
- 28 *Reaffirming* A/66/454 in recognizing the importance of international cooperation to support national efforts in the  
 29 challenges posed towards public health due to these diseases,  
 30
- 31 *The World Health Organization,*  
 32
- 33 1. *Calls upon* fellow Member States to support education as an important solution to preventing and eradicating  
 34 vector borne diseases by adopting programs that encourage behavioral change such as World Health Day;  
 35
  - 36 2. *Encourages* Member States to adopt a human-rights based approach and gender mainstreaming to add value to  
 37 health strategies by reinforcing the need for accessibility to the right to basic health needs and providing  
 38 autonomy to women through increased knowledge of VBDs and easier access to care in an opportunity to  
 39 advance their status in society;  
 40
  - 41 3. *Approves* supporting transparent and accountable strategies to empower women – especially the most  
 42 marginalized – to participate in policy formulation, implementation, monitoring and evaluation such as the  
 43 program in Puerto Rico where women were nominated by their communities and trained to be leaders in their  
 44 health systems;  
 45
  - 46 4. *Endorses* funding from the Grand Duchy of Luxembourg and other supportive Member States as well as NGOs  
 47 such as the Clinton Foundation and Bill and Melinda Gates Foundation in addition to volunteer aid from the  
 48 Red Cross;  
 49
  - 50 5. *Endorses* the creation of a program within the World Health Organization focusing on women as educators of  
 51 the prevention and treatment of VBD in their local communities based on the work of the Carter Center in  
 52 Ghana and the success of policies from India which promote women as leaders of healthcare in their society;

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6. *Recommends* that women trained as local-level ambassadors will reach out to all community members as well as their own families to ensure information related to vector borne diseases, prevention, and treatment becomes integrated into society;
7. *Further recommends* the construction of health centers in rural communities aimed at educating women closer to home so they may share their knowledge about preventing and treating VBDs within their homes and villages through partnership with UN Women and its partners as well funding from Zonta International and building support through volunteers from the Polish Aid Volunteering Programme;
8. *Designates* the creation of a yearly community event focused on the education and awareness of VBDs and how to prevent them to be located in each Member State as part of international solidarity in preventing these types of diseases:
  - a. Bringing Member States in unity under a day of festivities to bring awareness of VBDs on a community level, to be called PAE Day in which the PAE is an acronym for prevention, awareness, and eradication ;
  - b. Creating booths and brochures from different medical centers and organizations, whether nonprofit or private, focused on VBDs to pass information to the general community, teaching the populace preventative measures and general information about local VBDs;
  - c. Allowing leaders trained in the knowledge of local VBDs to operate the booths and pass information and to their community.

**Code:** Resolution 1-9

**Committee:** World Health Organization

**Topic:** Preventing Vector Borne Diseases in Developing Countries

1 *Alarmed by* the devastating consequences arising from Vector Borne Diseases such as Malaria, Dengue Fever, Lyme  
 2 disease, and etc. which has been brought to the World Health Assembly's attention with resolutions WHA.57.12,  
 3 WH63.20, WHA42.31, WHA57.2, and WHA60.13 which reaffirms to member states the importance of the control  
 4 and elimination of Vector Borne Diseases,

5  
 6 *Aware of the fact that* Malaria has taken the lives of 600,000 men, women, and children just last year alone,

7  
 8 *Fully aware that* Vector Borne Diseases account for 17% of all world's diseases,

9  
 10 *Noting with deep concern that* states have implemented environmentally unfriendly methods of resolving the issue  
 11 without concern for the consequences of harming the environment which is shown by WHA63.26,

12  
 13 *Noting with satisfaction that* Venezuela has implemented with success in 1998 a policy of free and universal supply  
 14 of medicine to all citizens,

15  
 16 *Reiterating our common goal to reach the millennium development goals of* reducing child mortality (MDG4) and  
 17 combatting HIV/AIDS, Malaria, and other diseases (MDG6),

18  
 19 *Convinced that in order to reach our goals we need to address other millennium development goals such as*  
 20 eradicating extreme hunger and poverty (MDG1) and ensuring environmental sustainability (MDG7),

21  
 22 *The World Health Organization*

23  
 24 1. *Calls for* education efforts in the areas of sanitation, proper hygiene, and general awareness of vector's habitats

25  
 26 a. Community based education;

27  
 28 i. Emphasis on the adult population and the community as a whole through biweekly community  
 29 meetings;

30  
 31 ii. Provide experts from Venezuela, France, Iran, Kuwait, Somalia, and developing nations involved  
 32 to provide education on the prevention and control of Vector Borne Diseases through the use of  
 33 professionals in sanitation fields, scientists, and medical personnel. These experts will provide  
 34 education on a variety of subjects such as sanitation, proper hygiene, and understanding vector  
 35 habitats both outside and inside their own homes inside the local communities. This will be  
 36 funded through the Kuwait Fund of Economic Development, France, and through the use of non-  
 37 Governmental Organizations such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

38  
 39 b. Primary universal education;

40  
 41 i. Emphasis on the adolescent population in both the school systems and communities;

42  
 43 ii. Provide experts from the Venezuela, France, Iran, Kuwait, Somalia, developing states, and non-  
 44 Governmental Organizations such as UNICEF, and also using family health practitioners to help  
 45 teachers in developing nations teach adolescents proper hygiene skills;

46  
 47 c. Providing infrastructure to implement the education plans established

48  
 49 i. Using existing infrastructure such as school buildings, community centers, and health facilities as  
 50 meeting places to provide the education needed for the citizens;

51

- 52 ii. Venezuela, France, Iran, Kuwait, Somalia will collaborate with developing nations and NGOs  
53 such as Build Africa to improve/modify the existing infrastructure;  
54  
55  
56 iii. Funding will also be provided by the Kuwait Fund of Economic Development, France, and NGOs  
57 such as Build Africa;  
58
- 59 2. *Draws attention* to the fact that Malaria and Vector Borne Diseases affect the poor disproportionately;  
60  
61 a. Reduce the rate of poverty in countries affected by Vector Borne Diseases through the use of NGOs  
62 such as Innovations for Poverty Action and UNICEF;  
63  
64 b. By bringing in experts from Venezuela, France, Iran, Kuwait, Somalia, the developing nations  
65 themselves, and NGOs such as GFATM to teach citizens about proper sanitation, proper hygiene, and  
66 understanding vector habitats it is hoped that the citizens will be able to attain jobs in education,  
67 sanitation, and health which will reduce the poverty rates;  
68
- 69 3. *Calls* for the use of environmental friendly means to prevent the spread of Malaria and other Vector Borne  
70 Diseases;  
71  
72 a. We do not want to contribute to global climate change, which could increase the sizes of sub-tropical  
73 and tropical regions where Vector Borne Diseases are prevalent;  
74  
75 b. Establish map-making of the plants surrounding vector habitats through the use of Geographic  
76 Information Systems provided by Venezuela, France, Iran, Kuwait, Somalia, developing states, and  
77 NGOs such as Gapminder;  
78  
79 i. Plants with roots in water need to be flattened every year;  
80  
81 ii. Plants with roots in the ground need to be pruned every two years;  
82  
83 c. Clean water initiatives;  
84  
85 i. Purification of stagnant water so that it could be turned into drinking water;  
86  
87 1. Education on purification and implementation will be provided by NGOs such  
88 as Lifewater International and WaterAid;  
89  
90 d. Provide mosquito nets to communities suffering from Vector Borne Diseases;  
91  
92 i. Nets will be provided by NGOs such as Malaria No More and the Against Malaria Foundation;  
93
- 94 4. *Further invites* medical professionals and experts on Vector Borne Diseases to provide developing countries  
95 with the education and knowledge of controlling Vector Borne Diseases;  
96  
97 a. Medical professionals and experts from Venezuela, France, Iran, Kuwait, Somalia are encouraged to  
98 come to developing countries to help doctors and medical professionals in the developing nations with  
99 techniques and skills of combatting Vector Borne Diseases;  
100  
101 b. These medical professionals will also come from Doctors Without Borders, Global Alliance for Africa,  
102 African Medical and Research Foundation;  
103  
104  
105 c. These medical professionals will also be used in conferences such as the Ottawa Charter for Health  
106 Promotion, which held its first conference in 1986.  
107

**Code:** Resolution 1-10

**Committee:** World Health Organization

**Topic:** Preventing Vector Borne Diseases in Developing Countries

1 *Emphasizing* the Global Malaria Action Plan which encourages cross-border collaborations to eliminate malaria in  
2 the endemic borders of VBDs,

3  
4 *Recalling* Article 27 of the Universal Declaration of Human Rights which states that everyone has the right freely  
5 to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its  
6 benefits,

7  
8 *Keeping in mind* the Millennium Development Goals 6 (MDG) which works to combat HIV/AIDS, malaria and  
9 other diseases,

10  
11 *Noting* the UN Foundation's response to a call to action by Kofi Annan, former Secretary General of the United  
12 Nations, to mobilize resources in support of projects combating HIV/AIDS, tuberculosis, and malaria,

13  
14 *Bearing in mind* the NPI/NGO Conference Outcome Declaration stating the benefit of collaborating with NGOs to  
15 achieve the Millennium Development Goals,

16  
17 *Fulfilling* The Universal Declaration of Human Rights which states that everyone has the right to education,

18  
19 *Further recalling* the Universal Declaration of human Rights Article 26 stating that education shall be free, at least  
20 in the elementary and fundamental stages,

21  
22 *Recognizing* the vast impact of education on establishing and achieving a standard of quality global health,

23  
24 *The World Health Organization,*

- 25  
26 1) *Calls upon* Member States to implement the Global Malaria Action Plan, particularly its recommendation  
27 to eliminate malaria at the endemic borders between neighboring Member States, and adds to this initiative  
28 with annual regional forums where neighboring Member States can discuss successes and failures of  
29 reducing transmission of VBDs, with WHO regional offices facilitating discussions;
- 30  
31 2) *Encourages* Member States to increase their efforts in mobilizing health for local communities through  
32 outreach programs and training;
- 33  
34 a) *Advocating* developed Member States to empower community volunteers, such as health professionals  
35 to aid their citizens regionally through strategies such as WHO's Primary Health Care (PHC) strategies  
36 which emphasize this;
- 37  
38 b) *Volunteer* health professionals would be able to recognize, diagnose, and treat VBDs to help accelerate  
39 and sustain VBD elimination regionally;
- 40  
41 3) *Recommends* the further strengthening of the Integrated Vector Management (IVM) as a solution for  
42 lessening VBD cases which could lead to eradication through;
- 43  
44 a) *The use of* long-lasting insecticide bed nets to further prevent the spread of VBDs specifically dengue  
45 and malaria which are the most prevalent cases that contributes to million cases per annum;
- 46  
47 b) *The distribution of* anti-malarial drugs such as the Artemisinin-based Combination Therapy (AST)  
48 specific top malaria prone areas;
- 49  
50 c) *The implementation of* IVM measures not only in VBD suffering areas but also to other areas around  
51 the globe such as but not limited to residual insecticides application, breeding sites treatment, personal

- 52 protection measures, fogging, environmental management, health promotion campaign, and aerial  
53 applications to prevent further occurrence of VBD cases;
- 54 d) The promotion of higher production of generic medicines specifically to least developed Member  
55 States to cater to the needs of vulnerable portions of the population through introducing the principle of  
56 Built, Operate, and Transfer (BOT) under public-private partnership. MNCs specifically  
57 pharmaceutical industries shall handle the financing of the infrastructure to be built and all necessary  
58 activities attached to it so that when the government assumes ownership, they can subsidize for  
59 cheaper medicines;
- 60 4) *Solemnly affirms* the use of Non-Governmental Organizations (NGOs) as an asset in treating Vector Borne  
61 diseases through clean water initiatives particularly in affected Member States by;  
62  
63 a) Encouraging Member States to conduct environmental sanitation programs such as WSP, a consulting  
64 business that provides methods for sustainability through community based approaches by providing  
65 seminars to raise awareness in rural districts and the population located near swamps, lakes and rivers;  
66  
67 b) Advocating for funding through NGOs such as ActionAid, Environmental Defense and Friends of  
68 Earth who have shown dedication through funding awareness;  
69
- 70 5) *Calls upon* related NGOs to create distance learning programs that will serve as satellite learning centers to  
71 host seminars and classes to educate on the prevention and eradication of VBDs which will;  
72  
73 a) Aim to expand the University of Nigeria’s Distance Learning Program by bridging the academic  
74 format to a program focused on international humanitarian education that can reach the indigenous and  
75 rural populations globally;  
76  
77 b) Aid in the endorsement of further partnerships with the Academy of Educational Development funded  
78 by the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria in putting together seminars and  
79 local outreach;  
80
- 81 6) *Encourages* information and forums discussing whether insecticides are environmentally friendly, with  
82 factors such as public health taken into consideration;  
83  
84 a) Implementing further collaboration with World Health Organization Pesticide Evaluation Scheme  
85 (WHOPES) in evaluating and classifying pesticides as they affect public health;  
86  
87 b) Also acting in accordance with WHOPES establishment of the Global Collaboration for Development  
88 of Pesticides for Public Health (GCDPP) which is funded under a WHO trust fund which provides  
89 collaboration among Member States and documentation regarding the use of public health friendly  
90 insecticides;  
91
- 92 7) *Calls upon* developed Member States, non-governmental organizations, and social programs, to voluntarily  
93 provide the tools and financial aid to already established programs in developing nations, reflecting on the  
94 joint European Center for Disease Prevention and Control (ECDC) and European Food Safety Authority  
95 (EFSA) project “Vector Net,”;  
96
- 97 8) *Encourages* the installation of women’s educational programs in developing Member States in order to  
98 inform citizens of the causes of vector borne diseases and prevention methods through;  
99  
100 a. Local level information sessions in malaria infected areas;  
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102 b. Implementation of services that provide prenatal medicine to pregnant women;

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c. Promotion of women’s leadership positions in medicine;

d. Encouraging public health communication, using applications such as WhatsApp, to be utilized as a forum for immediate and emergency response methods among the public, this method has proven to be successful through the British Broadcasting Corporation (BBC);

9) *Encourages* Member States to participate in establishing plans for urbanization projects, which would implement;

a. Environmental research by geographic information systems, to determine vector density on land planned on being used to develop metropolitan areas in the hopes of discovering the ecological balances in place and what water passages and masses are available;

b. Biodiversity and insect studies to see what species of insects are inhabited in the area in order to discover vector borne infected insects;

10) *Urges* the established sanitation initiatives to work closely with Member States within their communities to better accommodate the needs of communities through;

a. Using and promoting the use of sustainable technology similar to the United Nations Developing Partners (UNDP), to replace wood fuel methods of sanitation with low-carbon processes that are supported by MDG Carbon;

b. Educating women and children of the importance of sustainable sanitation technology and personal hygiene.

**Code:** Resolution 1-11

**Committee:** World Health Organization

**Topic:** Preventing Vector Borne Diseases in Developing Countries

1 | *Acknowledging* the Millennium Development Goal 6.C of combating malaria and other vector-borne diseases, which  
 2 | has led to a 42 per cent decline in malaria mortality and an increase in the distribution of insecticide-treated bed nets  
 3 | (ITN) for children,  
 4 |  
 5 | *Recognizing* Integrated Vector Management (IVM) as a solution, which seeks to improve the sustainability of vector  
 6 | control and prevent the transmission of vector borne diseases,  
 7 |  
 8 | *Reaffirming* its Resolution WHA64.17, which urges Member States to keep malaria high on the political and  
 9 | development agenda, and recommends vector control operations for all people at risk,  
 10 |  
 11 | *Recalling* its Resolution WHA66.12, which discusses strategies, such as financing and ownership of health  
 12 | programs, that will strengthen the Global Plan to Combat Neglected Tropical Diseases and ensure that Target C of  
 13 | Millennium Development Goal 6 is met in 2016,  
 14 |  
 15 | *Noting with deep concern* that there were still 207 million cases of malaria in 2013 according to the 2013 WHO  
 16 | World Malaria Report,  
 17 |  
 18 | *Fully Aware* of the volunteer efforts done by Member States and relevant non-governmental organizations as  
 19 | exemplified by Roll Back Malaria in engaging communities to participate in community cleanups that caters to  
 20 | vector breeding sites, such as but not limited to, swamps, lakes, rivers, and other stagnant waters,  
 21 |  
 22 | *Expressing its appreciation* of the full efforts of agencies such as the United Nations Children’s Fund (UNICEF) and  
 23 | non-profit organizations such as the Malaria No More (MNM) and Cameroon Coalition Against Malaria (CCAM) in  
 24 | the effectiveness of the universal distribution of long lasting insecticide nets (LLIN) through daily public reminders  
 25 | exemplified by K.O. Palu (Knock Out Malaria) short message service (SMS), television and radio programs,  
 26 |  
 27 | *Recognizing* that the National Health Management Information System of Nigeria is working at the local level to  
 28 | increase notification of suspected and confirmed cases of malaria, as well as monitoring the progress towards stated  
 29 | goals and targets of health systems in order to provide information for decision makers,  
 30 |  
 31 | *Observing* the United States of America’s position that funds donated to developing countries from the United States  
 32 | Agency for International Development (USAID) ought to be decentralized so that these funds reach the local level  
 33 | of developing countries,  
 34 |  
 35 | *Expressing appreciation* of China’s donations of over \$40 billion to several developing countries including the  
 36 | development of 31 hospital units and 145 smaller health care centers in the Democratic Republic of Congo in 2007,  
 37 |  
 38 | *Noting with concern* only 294 million mosquito nets were distributed in sub-Saharan Africa,  
 39 |  
 40 | *Affirming* the importance of modern solutions such as genetically modified mosquitoes, in the prevention vector  
 41 | borne diseases,  
 42 |  
 43 | *Appreciating* the potential life saving abilities that research groups, like Oxitec, based out of the United Kingdom,  
 44 | provide to the modern prevention of VBDs,  
 45 |  
 46 | *Mindful* of existing problems within Nigeria’s National Health Management Information System such as but not  
 47 | limited to finance, shortage of staff, shortage of materials, inadequate coordination of data flow, complexity and  
 48 | overlap of data collection instruments, lack of feedback to peripheral levels, and huge backlog of unprocessed,  
 49 |  
 50 | *Noting with deep concern* the maintenance as well as conservation of global ecology while lessening overall vector  
 51 | populations,

52  
53 *Further encouraging* the partnership of the World Health Organization and the United Nations Environmental  
54 Programme in organizing the Health and Environmental Linkages Initiative in consolidating actions addressing  
55 environmental threats to the health of the population,  
56  
57 *Noting with satisfaction* the efforts of the Member States, UN bodies, and non-governmental organizations for  
58 implementing programs to combat vector borne diseases,  
59  
60 *Deeply concerned* with the fact that vector-borne diseases (VBD) are most prolific in areas affected by poverty and  
61 improper sanitation, and disproportionately affect women and children,  
62  
63 *Aware* that vector-borne diseases result in millions of annual deaths,  
64  
65 *Recognizing* that previous efforts made by Member States to reduce vector-borne diseases through educational  
66 programs have made significant progress,  
67  
68 *Recalling* the principles of Article 25 of the Universal Declaration of Human Rights and the General Comment on  
69 the Right to Health of 2000,  
70  
71 *Acknowledging* the important and pivotal roles that community leaders play as conduits for communication,  
72 information, and education,  
73  
74 *Recognizing* the ineffectiveness of top-down programs or mandates and the previous success of programs that  
75 engaged community, cultural and religious leaders,  
76  
77 *Recognizing* the need to leverage non-traditional methods of training and education including distance-learning  
78 programs in order to reach larger populations living in remote areas that lack access to traditional public health  
79 infrastructure,  
80  
81 *Inviting* Member States to adopt programs that train and empower community health practitioners as the first line of  
82 defense for identifying and treating VBD's,  
83  
84 *Believing* that cooperation with other humanitarian organizations ensures that education is effectively applied within  
85 communities,  
86  
87 *Deeply convinced* that the education of health workers and of the populations of affected Member States is of great  
88 importance in the eradication of vector-borne diseases,  
89  
90 *Calling upon* Non-governmental organizations currently working to increase availability of education on efficient  
91 and economical methods of VBD prevention,  
92  
93 *Encouraging* Member States to promote public-private partnerships such as Multi-National Corporations (MNC)  
94 that have made resources available for combating VBD,  
95  
96 *Understanding* that in today's increasingly interconnected world, communication is of paramount importance to the  
97 education and prevention of VBDs the WHO stresses the use of traditional and new means of spreading information,  
98  
99 *The World Health Organization,*  
100  
101 1. *Suggests* the use and mass production of long lasting insecticide bed nets in order to combat vector borne  
102 diseases through the help of relevant organizations such as UNICEF;  
103  
104 2. *Approves* the use of the Integrated Vector Management (IVM) as a medium to eliminate the spread of vector  
105 borne diseases, that would encompass mobilization and surveillance of communities, train health workers who  
106 would be in charge of planning and monitoring IVM programs, and conduct research on vector control  
107 measures;

- 108  
109 3. *Recommends* the use and the research of environmental management strategies with the help of resource centers  
110 such as the IVM in order to provide chemical methods of vector control by the use of indoor residual sprays,  
111 space fogging, or larvicides, in cooperation with funding from UNDP and public-private partnerships to reduce  
112 disease transmission and shorten vectors' life spans;  
113
- 114 4. *Endorses* nations to include environmental management strategies and frameworks that will reduce or eliminate  
115 vector breeding grounds completely through:  
116
- 117 a. Improving the design and operation of water resources development projects by calling upon  
118 organizations such as the International Water Resources Association (IWRA) and Water and  
119 Environmental Research Systems Network (WATERS);  
120
- 121 b. Using biological controls that can target and eliminate vector larvae without creating the  
122 ecological impacts that chemicals cause;  
123
- 124 5. *Advocates* for improved designs for water irrigation, waste disposal, and water storage for alleviating vector  
125 borne diseases by following the UN Water's Securing Sustainable Water for All Global Goal on Water, which  
126 lays out framework that is amendable for specific countries' situations and offers clear sets of targets and  
127 indicators for Member States;  
128
- 129 6. *Campaigns* for the continued support for malaria endemic countries especially in the form of LLINs that greatly  
130 reduce the spread of vector borne diseases, as the current World Health Organization target of universal  
131 coverage of LLINs has not been met;  
132
- 133 7. *Encourages* Member States to partner with Oxitec, a research group out of the United Kingdom, to implement  
134 the distribution of sterile, male mosquitoes genetically modified to mate with female mosquitoes and infect the  
135 offspring in order to;  
136
- 137 a. Reduce the mosquito population in areas where vector borne diseases overwhelm the population;  
138
- 139 b. Create a more effective, safe, sustainable, and environmentally friendly tool in the fight against  
140 VBD and especially, dengue fever;  
141
- 142 8. *Proposes* the acceptance of voluntary donations provided by the United States Agency for International  
143 Development via the Global Health Initiative which will be explicitly used by the local government of Nigeria  
144 for the purposes of providing a local infrastructure by which suspected and confirmed cases of Malaria can be  
145 monitored;  
146
- 147 9. *Recommends* a multi-sectoral approach with the collaboration of the strategies implemented by national  
148 agencies of Member States such as Water and Sanitation, Education, and Public Health in;  
149
- 150 a. Implementing environmental sanitation and management (e.g. banning the production, sale, and  
151 utilization of non-biodegradable plastic bags) to prevent clogging of the drainage and pathways of  
152 water that generates flood and mosquito breeding sites;  
153
- 154 b. Promotion of health measures and good hygiene practices specifically on poorly urbanized  
155 districts and to the communities such as, but not limited to the location near swamp, lakes, and  
156 rivers through various forums, local seminars, and in the academe;  
157
- 158 10. *Endorses* the initiative of relevant international non- governmental organizations agencies such as UNICEF and  
159 non- profit organizations such as Malaria No More and Cameroon Coalition Against Malaria in raising  
160 awareness and utilization of anti-VBD interventions through:  
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- 162 a. Universal door-to-door distribution of LLINs in collaboration with the Ministries of Health of  
163 Member States;

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- b. Partnership with the private sector telecommunication and mass media companies, and community- based organizations in setting out daily public reminders for the utilization of anti-VBD commodities through Short Message Service (SMS), television, and radio programs;
  - 11. *Recommends* to conduct events in line with the World Health Day through:
    - a. A Drop-Off Day for the distribution of anti-VBD commodities such as LLINs;
    - b. Medical missions and health consultations specifically in vulnerable communities as organized by the Ministries of Health in partnership with the World Health Organization;
  - 12. *Further requests* for the active collaboration of all regional organizations in improving regional preparedness and capacity through integrated approaches such as surveillance and timely response during outbreaks;
  - 13. *Calls* the International Community to continue all effective existing efforts in the elimination of Vector Borne Diseases in developing countries and other parts of the world, and to maintain Vector-Borne Disease prevention as a primary concern in the global arena;
  - 14. *Encourages* increased cooperation among Member States and non-governmental organizations;
    - a. Calls upon international foundations such as Bill and Melinda Gates Foundation, Foundation for National Institute of Health (FNIH), United Nations Foundation (UNF), and the Wellcome Trust to concentrate valuable resources, tools and funding on high-risk areas;
      - i. These international foundations serve as vital instruments in world health, functioning chiefly to reiterate standards of contemporary medical science and ensuring the peace and security to citizens of the world;
  - 15. *Emphasizes* the use of mass media to increase channels of education;
    - a. Utilize radio broadcasts, text messages, advertising on social media and websites knowledge about the symptoms and treatment of VBDs may be brought by the WHO to large portions of nation's populations;
      - i. Follow the example of an community event called K.O. Palu, a day devoted to mosquito net awareness that utilizes trusted role-models and inspiring anthems to effectively spread knowledge to the masses;
  - 16. *Taking note of the effectiveness in utilizing* face to face communication to share knowledge among local communities about VBD:
    - a. Reach out to community leaders through initiatives such as the Extending Service Delivery program through USAID's Basic Health Service which encourage dialogue regarding community needs and what can better be done for prevention as well as diagnosis;
  - 17. *Encourages* the education of local communities in proper water management methods:
    - a. Draws attention to the importance of recognizing potential breeding grounds and the necessity of pouring out water before stagnation;
    - b. Further recommends developing a community plan for water storage, emphasizing the need to avoid open water storage tanks;
    - c. Promotes the education of communities on how to safely reduce blockages in their existing water transportation systems;

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- d. Emphasizes the importance of teaching proper water purification methods to affected populations, highlighting both the flaws in iodine treatments and the importance of boiling water for over a minute;
18. *Endorses* the education of proper waste disposal techniques;
- a. Condemns the practice of disposing waste in water removal systems, suggesting instead that waste be classified and disposed of accordingly, for example, through fertilizer;
  - b. Encourages clean-up of improperly disposed waste, endorsing the organization of weekly grassroots initiatives to remove waste blockages in the existing water transport systems and to indirectly empower communities;
19. *Implores* Member States to educate their local communities on practical behaviors that prevent or alleviate disease;
- a. The method of rubbing towels on rashes or itchy skin, which are symptoms of schistosomiasis, an infection caused by contact with contaminated freshwater snails;
20. *Further* calls for Member States to increase awareness of symptom recognition and the importance of treatment:
- a. Calling for further education of existing health providers in the area, making sure that these workers know exactly how best to utilize treatment;
  - b. Teaching communities how to access treatment by providing information about local healthcare centers, other outreach programs, or health-related charities currently working in the area;
  - c. Instructing on the process of medical recovery, emphasizing the need to finish the full course of treatment drugs as instructed even if symptoms begin to disappear;
21. *Promotes* a collaboration among Multinational Corporations to sponsor Vector Borne Disease Prevention:
- a. Especially pushes for funding from The Global Fund to Fight AIDS, Tuberculosis and Malaria, an international financing institution that invests the world's money to save lives;
  - b. Views with appreciation acts by The Global Fund and The World Bank in funding relief programs pertaining to the eradication of Vector Borne Diseases;
  - c. Calls for greater accountability and transparency in commitments made by Member States for capacity building and relief efforts;
  - d. Takes note of the impact of the current global economic downturn and the ability of Member States to continue honoring commitment of resources.