2024

PILMUN VIII

WHO

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WELCOMING LETTER

Dear Delegates,

On behalf of the **WHO Commission** and the staff of the Model United Nations PILMUN 2024, we welcome you to its eighth edition. We are excited to have an opportunity to spread knowledge, clarify your different thoughts, and form critical, analytical, or empathetic beings to contribute to society. On the other hand, it is exciting to be part of a space where you will be able to identify or reinforce your different communicative, methodical and/or discursive skills, in order to know, understand plus give a viable solution to the problems to be dealt with in this committee.

To begin with, it is key to understand that the **WHO** is an international commission belonging to the **UN** (United Nations Organization) which is responsible for managing, disseminating, and governing the different policies or preventions related solely or exclusively to health issues such as diseases, pandemics, medicines, among others, throughout the world. Therefore, the **WHO** sets different goals so that countries always have as a priority to manage a decent, effective, and fair health system, always thinking about the welfare of the population.

WELCOMING LETTER

In this eighth edition, we will have for the first time the **WHO** committee in English, so we understand the challenge they will face throughout the model. You will be stepping out of your comfort zone which we do not often dare to do. However, we want to let you know that you will have our full support and attention when you need it. We hope that this committee can provide you with a space where you can express yourselves freely and at the same time enrich your knowledge of the different problems faced by countries around the world. We have as a fundamental basis respect, empathy, and freedom of opinion inside and outside the debate spaces.

We hope that we can have a pleasant atmosphere throughout the training, build constant communication with a good disposition, but above all that you feel confident to raise your voice when you wish to intervene in the different moments that we will have for it.

WELCOMING LETTER

Finally, we wish you the best of luck, you will count on our accompaniment and support throughout the model. We hope to achieve a good result in the commission and that you will feel proud of yourselves before, during, and after the model.

Sincerely yours,

Your presidents: Nicole Sofía Borrás and Salomé Guerrero.

COMMISSION HISTORY

It all began "In April 1945, when representatives of Brazil and China at the founding conference of the United Nations in San Francisco, USA, proposed the creation of an international health organization and held a meeting to draft its charter. On February 15, 1946, the Economic and Social Council of the United Nations instructed the Secretary-General to convene such a meeting. From March 18 to April 5 of the same year, the Preparatory Technical Committee met in Paris to prepare a constitutional proposal for submission to the International Health Conference held in New York from June 19 to July 22 of the same year. Based on these recommendations, the conference drafted and adopted the Charter of the World Health Organization (WHO), which was signed on July 22, 1946, by 51 UN member states and representatives of 10 other countries."

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COMMISSION HISTORY

In addition, "the meeting established an interim committee responsible for carrying out certain activities in existing health facilities until the aforementioned constitution enters into force. The Preamble and Article 69 of the Constitution state that the World Health Organization is a specialized agency of the United Nations, while Article 80 states that the Constitution will enter into force after ratification by 26 Member States of the United Nations. The constitution did not come into force until April 7, 1948, when the government that signed it was ratified by 26 governments. The First Health Assembly, which opened in Geneva on June 24, 1948, and was attended by 53 delegations from 55 Member States, decided to close the Interim Committee at midnight on August 31, 1948, to be replaced immediately by the Interim Committee. WHO."

COMMISSION HISTORY

Today, "its goal is to create a better and healthier future for people around the world. To help mothers and children survive and get ahead in life so they can stay healthy in old age. Ensuring the health of the air people breathe, the food they eat and the water they drink, and the medicines and vaccines they need." (Improving Health For All, Everywhere, n.d.)

MISSION

"The mission of the Alliance is to promote and catalyze global and country-level interventions aimed at addressing the human resources for health crisis in support of the achievement of the health-related Millennium Development Goals and the goal of health for all." (WHO, 2013)

VISION

"All people, wherever they live, will have access to a skilled, motivated and adequately supported health worker, within a strong health system." (WHO, 2013)

ROLE OF THE COMMISSION

Leadership on global health issues, shaping the health research agenda, setting standards, articulating evidence-based policy options, providing technical support to countries, and monitoring global health trends. Viewed another way **WHO** accomplishes its objectives through the following core functions:

- Providing leadership on critical health issues and participating in partnerships when joint actions are required.
- Determining lines of research and stimulating the production, dissemination, and application of valuable knowledge.
- Establish standards and promote and monitor their application in practice.
- Formulate policy options that combine ethical and science-based principles.

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ROLE OF THE COMMISSION

- Provide technical support, catalyze change, and build lasting institutional capacity.
- Monitor health status and identify health trends.

  (WHO: World Health Organization, n.d.)

METHODOLOGY

MOTION, POINT, RIGHT OR ACTION	FUNCTION	UNINTERRUPTIBLE?	SECONDARY?	HOW IS IT DECIDED?
Motion to open session	Motion to open the commission session	No	Si	Qualified majority
Motion to proceed to the reading of the opening speeches	Used for delegates to read their opening speeches.	No	Si	Simple majority

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METHODOLOGY

Motion to open agenda	This motion is used to choose which topic will be discussed by the committee.	No	Si	Simple majority
Motion to suspend Session	Allows to suspend the session executed during the committee.	No	si	Simple majority
Motion to Resume Session	This is exercised to resume the session, which has been previously suspended.	No	Si	Simple majority
Motion to establish a Lobby time	It is established to provide a period of time to be used for various purposes.	No	Si	Simple majority

METHODOLOGY

Motion to establish an informal debate	It is used to initiate a dynamic debate in which the delegate may present his or her arguments on a voluntary way.	No	Si	Simple majority
Motion to establish a formal debate	Establishes a formal debate where a list of speakers is opened.	No	Si	Simple majority
Motion to extend time	It is managed in order to increase the time initially proposed in the Informal Debate.	No	Si	Table

METHODOLOGY

Motion to close the debate	This motion is proposed when the delegate wishes to change the type of debate, or change the dynamics that are handled	No	Si	Simple majority
Motion to introduce a working paper	Used to provide opening of writing and preparation of the working paper.	No	Si	Simple majority
Motion to close agenda	It is executed to conclude the debate on the topics previously discussed.	No	Si	Simple majority

METHODOLOGY

Motion to close Session	Used to close the commission session.	No	Si	Simple majority
Point of Order	It is designed to correct any misconduct or infraction of the parliamentary code.	No	No	Table
Personal Privilege Point	Used whenever an attendee within the commission suffers from any condition or discomfort that limits his or her full participation in the room.	No	No	Table

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METHODOLOGY

Information Point at the table	It is used to clarify any doubts regarding the procedure or dynamics being handled.	No	No	Table
Point of Relevance	It will be used when the delegate is deviating from the topic or does not provide information concerning the problematic.	Si	No	Table
Speaker Information Point	Used to clarify doubts regarding a previous intervention.	Si	No	Table

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Right of Reply	The right of any delegate or delegation to speak out against a speech or statement made by another delegate or delegation.	Si	No	Table

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METHODOLOGY

Model Opening Speech

The opening speech is the delegate's first contact with the committee, in which he/she will express the country's position and the proposals that a delegation offers on the topic to be discussed. The maximum time for the speech should be one minute and thirty seconds (1:30 sec).

The structure of the opening speech shall be as follows:

- **Header:** The header contains, at a minimum: Full name of the country, name of the delegate.

- **Opening or Greeting:** It refers to the commission, delegations and observers or others present with a cordial greeting.

- **Development:** In this part the delegate expresses his/her country's position on the topic.

- **Conclusion:** The delegate presents any proposals he/she may have for the solution of the problem or conflict.

- **Closing:** The delegate may close the speech by thanking for the attention or by using some pertinent discursive element.

METHODOLOGY

Model Position Paper

The position paper is the official document that establishes the diplomatic position of the delegation in relation to the conflict. It is a guide for the delegates during the debate in which the most relevant information is consigned, and also seeks to clarify the position on the issue, provide ideas for negotiation, examine all aspects of the issue and practice written diplomacy.

The structure of the Position Paper will be as follows:

- The heading of the paper should include the official name of the country, the name of the delegate representing the country, and the institution to which the delegate belongs.
- The introduction of the document may be a sketch of the country represented or the subject matter.
- The development should include the theme, and is usually divided into three (3) parts:

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METHODOLOGY

1.History and information on the topic.

- Brief introduction of the topic.

- Documents and resolutions regarding the topic.

- Chronology and evolution of the conflict.

- Concludes with the basic position of the country with respect to the topic.

2. Argued position of the country:

- Position established in diplomatic terms and with solid arguments.

- Arguments of the country's position.

- Country's previous efforts to resolve the issue.

- Analysis of previous efforts to find out where it has failed and to overcome the difficulties.

3. Action plans:

- Evaluation of the progress that has been made on this issue.

- Propose viable solutions.

- Argument and explanation of the proposed solutions.

- Conclusion.

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METHODOLOGY

- The length of the document should range from one and a half to two pages.

- It should be written in 3rd person and keep the proportions of parliamentary language.

METHODOLOGY

Model Working Paper

The working paper is the document prepared by each committee to propose solutions and establish conclusions on what was discussed within the committee. Each draft resolution should deal only with the subject under discussion:

- Each draft resolution should deal only with the topic under discussion.
- It must be led by a maximum of two (2) heads of bloc and five (5) reacting countries and the signatory countries.
- It shall be indispensable that every document of this type contain at least six preambulatory sentences and six resolutive sentences.

METHODOLOGY

- **It must have the support of 40% of the delegates of the committee for the project to be read -it does not imply that the delegations are in favor or against-. The sheet with these signatures must bear "Name of Delegate-Country-Signature", and must be delivered to the board of directors before the motion is made to read the working papers.**

- The working paper is composed of:

    1. Header: Includes the name of the committee, the topic to be discussed, and the delegations that are participating.

    2. Preambulatory sentences: These are sentences that describe the problem; they are very important since they give strength to the working paper and argue the reasons for it. They may include statistics, data or documents. These sentences are not listed.

METHODOLOGY

3. Resolutive Sentences: They state the measures or solutions proposed by the block. These sentences establish, propose, give opinions, and request aspects from the delegations. They always begin with a verb, which must be in the present indicative tense, and end with a semicolon (;).

- The position paper may also include quotes and citations using APA standards.

- The delegate proposing the motion to read the project may choose which of the approved projects on the table will be read first.

- After the reading, the speakers may submit to points of information, subject to the approval of the board, or the board shall determine the number of points and the time for responding to them. The officers shall provide advice regarding the development of this document.

COMMITTEE TOPIC

Assistive Technology

COMMITTEE TOPIC

THEME: ASSISTIVE TECHNOLOGY

Assistive technology (also called assistive technology) enables and promotes inclusion and participation, especially for people with disabilities, the elderly, and individuals with non-communicable diseases. The main purpose of these products is to preserve or improve people's functions and autonomy and thus promote their well-being. These aids enable people to lead a dignified, healthy, productive, and autonomous life, as well as to study, work, or participate in social life.

Today, 1 billion people need assistive products and it is expected that by 2030 more than 2 billion people worldwide will require at least one assistive product. While anyone may need an assistive product at some point in life, they are most often required by adults and children with disabilities, the elderly, and people with chronic diseases such as diabetes and dementia.

COMMITTEE TOPIC

Examples of assistive or support products include hearing aids, wheelchairs, eyeglasses, prostheses, and memory aids, among many others. In addition to promoting autonomy and well-being, these products also help prevent or lessen the effects of secondary conditions, such as lower limb amputation in diabetic patients. They can also reduce the need for and effects of dependence on caregivers and medical and support services. In addition, access to appropriate assistive products can have great benefits for community development and economic growth.

Despite the global need for and recognized benefits of assistive or supportive products, access to them remains limited. Addressing this unmet need is essential to progress towards the achievement of the Sustainable Development Goals and the implementation of the Convention on the Rights of Persons with Disabilities.

APROACHES

Inclusion of people with disabilities in labor, administrative, or academic environments

Throughout the years, people with disabilities have faced different situations where they are isolated, discriminated or humiliated in academic and work environments, due to different prejudices that have been strengthening in society, damaging the quality of life of these people who have a higher risk of living in a condition of poverty due to the limited access to education, employment, and the lack of social programs which support them. On the other hand, companies argue that they do not hire people with disabilities due to their low performance, limitations in task assignments, or higher cost, which makes it difficult to hire them. Therefore, in this approach, the levels of inclusion of people with disabilities in labor or academic environments by the delegations involved will be known, understanding that they are part of society. Together with the guarantee by the health institutions of each country so that people can access and fulfill their right to decent health care products.

APROACHES

Inclusion of people with disabilities in labor, administrative, or academic environments

For this reason, it is important to know the different types of existing disabilities which can be:

- Motor disability is related to a body alteration that makes it difficult to move or perform certain tasks.
- Visual disability, which implies a vision impairment (difficulty or impossibility to see certain things).
- Hearing impairment reflects a hearing impairment (difficulty or inability to hear certain things).
- Mental disability is associated with an intellectual disability that hinders learning and, sometimes, comprehension.
- Psychological disability is related to psychological disorders that particularly affect the management of emotions and social relationships.
- Cognitive disability (cognitive disorders), which causes comprehension and memory problems.
(Disability In The Company: Myths And Realities, n.d.).

APROACHES

Psychosocial impact of people with disabilities in the countries

This approach would work on the impact and responsibility that companies and society have had concerning the hiring and inclusion of people with disabilities so that they can lead a stable and normal life by providing them with the necessary support or tools to carry it out. On the other hand, it would discuss about the support by the countries to people with some kind of affectation together with an accompaniment to understand their psychological condition when facing this kind of diagnosis, together with the social rejection towards this group of people when trying to rebuild their lives.

The psychosocial consequences of people with disabilities can vary considerably depending on the cultural, social, and economic context of each delegation. Despite this, there are multiple challenges for these people such as:

- Discrimination
- Difficult access to education

APROACHES

Psychosocial impact of people with disabilities in the countries

- Difficulties in obtaining employment or social participation.

It is important to emphasize that some countries have introduced measures and policies to address these issues and promote the inclusion of people with disabilities. However, on a global scale, much remains to be done to ensure that everyone has equal opportunities and a full life.

Nevertheless, according to UNICEF figures, children with disabilities are, compared to other children, 34% more likely to suffer from disabilities than other children:

- 34% more likely to be stunted.
- 49% more likely to have never attended school.
- 25% more likely to be wasted.
- 41% more likely to feel discriminated against.
- 51% more likely to be unhappy.

(UNICEF DISABILITY INCLUSION POLICY AND STRATEGY, n.d.)

DELEGATIONS INVOLVED

- Russian Federation

- Republic of Colombia

- United Mexican States

- People's Republic of China

- Republic of South Africa.

- Arab Republic of Egypt

- Kongeriget Danmark

- United Kingdom of Great Britain and Northern Ireland.

- Federative Republic of Brazil

- The Republic of India

- Kingdom of Spain

- Socialist Republic of Vietnam

- Federal Republic of Germany

- Islamic Republic of Afghanistan

- The United States of America

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CURRENT SITUATION

Assistive technology enables people to enjoy a healthy, productive, autonomous, and respectable life, actively participating in education, the workplace, or social life. This type of technology decreases dependence on formal health services, ongoing support, and chronic care, thus easing the burden on both health professionals and caregivers. In the absence of this technology, some people tend to experience psychosocial consequences which can vary significantly depending on the nature and severity of the disability, as well as the social and cultural environment in which the person lives. Here are some possible repercussions:

1. Stigma and discrimination: People with disabilities often face stigmatization and discrimination, which can negatively affect their self-esteem and emotional well-being.

CURRENT SITUATION

2. Social isolation: Disability can lead to social isolation, either due to physical barriers that make it difficult to participate in daily activities or negative attitudes toward others.
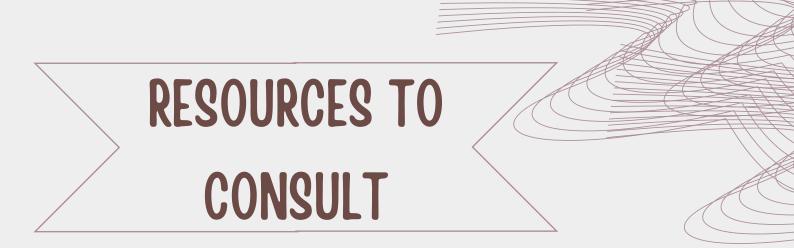
3. Dependency and loss of autonomy: In some cases, people with disabilities may depend on others to perform everyday tasks, which can affect their sense of autonomy and self-efficacy.

4. Stress and anxiety: Disability can generate worries and anxieties related to the future, social acceptance, and adaptation to new circumstances.

5. Emotional problems: Some people may experience sadness, depression, or anger related to the disability and the limitations it imposes on their lives.

6. Difficulties in interpersonal relationships: Family and social relationships may face challenges due to the additional demands and changes in roles that may arise from the disability.
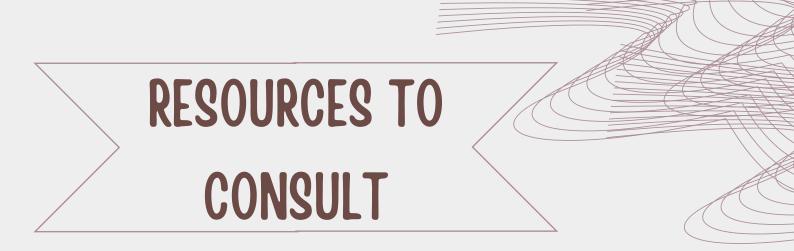
RESOURCES TO CONSULT

1. Article title: Assistive Technology.

Summary of content: This text tells us about assistive technology, intended for people with disabilities, the elderly, and those with non-communicable diseases, seeking to promote inclusion and participation. With products such as hearing aids, wheelchairs, or glasses, their main purpose is to preserve or improve functions and autonomy, allowing a dignified, healthy, and productive life. Although more than one billion people already need these products, more than two billion are expected to require them by 2030. In addition to promoting well-being and autonomy, assistive products prevent secondary complications and reduce dependence on caregivers and medical services. Despite their benefits, access to these products remains limited, and addressing this gap is essential to advance the Sustainable Development Goals and the Convention on the Rights of Persons with Disabilities.

Link: https://www.who.int/es/health-topics/assistive-technology#tab=tab_1/
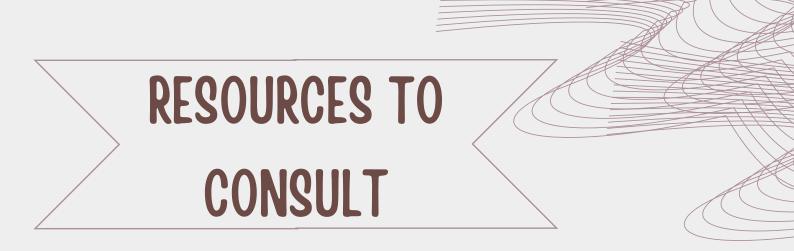
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RESOURCES TO CONSULT

2. Article Title: What is Assistive Technology?

Content Summary: Evonne Dunn's testimony highlights the positive impact of assistive technology in the life of her son, diagnosed with multiple learning challenges. Assistive technology ranges from low-tech tools such as checklists to electronic devices with alarms and reminders. In the classroom, help students with various difficulties to fully participate in learning. Examples include keyboards to facilitate typing and programs like Equatio to address mathematical challenges. Assistive technology is tailored to specific needs, benefiting children with complex difficulties, such as speech disorders.

Link: https://childmind.org/es/articulo/que-es-la-tecnologia-de-asistencia

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3. Article title: Global Report on Assistive Technology

Summary of content: Information about the statistics of assistive technology reports worldwide

Link: https://iris.who.int/handle/10665/354357

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RESOURCES TO CONSULT

4. Article title: Assistive Technology: a 'Life Changer' for those most in need

Content summary: **WHO** Director Tedros Adhanom Ghebreyesus highlights that assistive technology transforms lives by providing access to education, employment, and independent living for people with disabilities. Although more than 2.5 billion need assistive products, approximately one billion lack access. The gap is evident between low- and high-income countries, with a variation of three to 90 percent in admission, according to an analysis of 35 States. Affordability is a major barrier, with two-thirds of users paying out of pocket. The report identifies additional barriers, such as lack of awareness, inadequate services, and challenges in procurement and supply chain. Countries are called to fund and prioritize access to assistive technology. The number of people needing these products is projected to increase to 3.5 billion by 2050 due to an aging population and an increase in non-communicable diseases.

Link: https://news.un.org/en/story/2022/05/1118212

RESOURCES TO CONSULT

5. Article title: Inventions boom in 'assistive tech' offers wider benefits for all

Content Summary: The World Intellectual Property Organization (WIPO) reports that "assistive technologies" are experiencing significant growth and spreading to the mass consumer market. Currently, around one billion people around the world benefit from these technologies, and this number is expected to double by 2030 due to an aging population. In addition to improvements in established products such as wheelchairs and Braille devices, rapid growth is seen in emerging devices such as home assistive robots, wearable products for the visually impaired, advanced walking aids, advanced prosthetics, and suits. exoskeleton. Assistive technology, which originated in military applications, now finds applications in manufacturing and industry, improving people's strength and carrying ability.

Link: https://news.un.org/en/story/2021/03/1088032
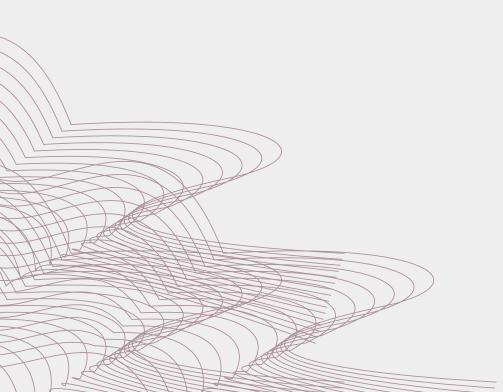
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RESOURCES TO CONSULT

6. Article title: Almost one billion children and adults with disabilities and older persons in need of assistive technology denied access, according to new report

Summary of content: The joint **WHO and UNICEF** report highlights that more than 2.5 billion people need assistive products such as wheelchairs and hearing aids, but almost one billion lack access, especially in low- and middle-income countries. Access in these countries can be as low as 3% of the need. The report highlights that assistive technology transforms lives by facilitating education, employment, and independent living for people with disabilities, as well as a dignified life for older people. The number of people in need of assistance is projected to increase to 3.5 billion by 2050 due to an aging population and an increase in non-communicable diseases.

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RESOURCES TO CONSULT

Access varies significantly between countries, from 3% in poorer nations to 90% in rich countries. The report calls on all countries to fund and prioritize access to assistive technology, highlighting that denying this access is not only a violation of human rights but also a lack of economic vision.

Link: https://www.who.int/news/item/16-05-2022-almost-one-billion-children-   and-adults-with-disabilities-and-older-persons-in-need-of-assistive-technology-denied-access--according-to-new-report

KEY CONCEPTS

1. Disability:

A physical or mental condition that limits a person's movements, senses, or activities refers to a situation in which an individual experiences restrictions in his or her physical or mental ability to perform certain normal actions or participate fully in various life activities. daily. These limitations can manifest in a variety of ways, such as mobility difficulties, sensory restrictions, or cognitive impairments, and may be the result of genetic factors, injuries, chronic illnesses, or any other factor that affects the person's physical or mental health. (WHO)

2. Headphones:

They are electronic devices designed to improve hearing in people with hearing loss. These small instruments use advanced technology to capture, amplify and transmit environmental sounds to the user's ear, with the aim of compensating for hearing deficiencies and facilitating a clearer and sharper listening experience. (national institute on deafness and other communication disorders)

3. Deaf:

Lack of hearing ability or the presence of hearing problems refers to a condition in which a person experiences limitations or difficulties in perceiving sounds in their environment. Hearing loss can vary in degrees and manifest in various ways, from a mild decrease in hearing ability to a complete loss. This condition can be congenital, acquired due to genetic factors, injuries, prolonged exposure to loud noises, ear infections or the natural aging process. ("Impact of Hearing Loss on Daily Life and the Workplace")

4. Wheelchair:

A wheelchair is a critical assistive device designed to provide mobility and facilitate transportation to people who, due to illness, injury or disability, face limitations in their ability to walk. These chairs are equipped with wheels, allowing the user to move more efficiently and autonomously, overcoming mobility barriers that could arise from various medical conditions.

KEY CONCEPTS

- Prosthetics:

An artificial body part, also known as a prosthesis, refers to a device designed to replace or supplement the function of a body part that has been lost or is not functioning properly due to illness, injury, or congenital malformation. Prostheses are designed to improve the mobility, functionality and aesthetics of the affected body part, allowing the person to carry out daily activities and improve their quality of life. (a stranger)

- Implant:

Inserting or fixing (tissue or an artificial object) into a person's body, especially by surgery, is a medical procedure known as implantation. This term is used to describe the strategic placement of materials or devices in the body for the purpose of treating specific medical conditions, restoring function, or improving the patient's quality of life. (national library of medicine)

7. **Walkers:**

A device used to help people who have difficulty walking on their own is known as a mobility aid or gait assist device. These devices are designed to provide support and stability to those facing limitations in mobility, whether due to age, disability, temporary or permanent injury. These devices play a crucial role in improving the independence and quality of life of people with walking difficulties. (national library of medicine (Physiopedia)

8. **Canes:**

A length of cane or thin stick, especially one used as a plant stand, cane, or punishment instrument, is a versatile tool that can play different roles in various situations. (national library of medicine)

9. Crutch:

A long stick with a crossbar on top, used as support under the armpit by a person with an injury or disability is commonly known as an axillary crutch or simply crutch. These are assistive tools that play a crucial role in providing support and stability to people who have difficulty walking due to temporary injuries, physical disabilities or rehabilitation processes. ("Axillary Crutches – Rehaid")

QARMAS

1. What assistive technology policies does your country have?

2. To what extent is your country actively involved in assistive technology issues?

3. What are the organizations in your delegation that support the improvement or assistive technology financing?

4. What relevance has your country given to the use of assistive technology?

5. Has any impact been generated in your delegation with the implementation and development of assistive technology? Justify your answer

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