



Background Guide

WSO MUN

GEMS Wellington Academy Model United Nations

March 22nd - 24th

COMMITTEE: UNHCR

Lead The Change...

Welcome Letter from the Secretary General

Distinguished delegates of the UNHCR committee,

It is my absolute honor to invite you to the second largest high school Model UN in the country; the first edition of the WSO Model United Nations conference held at the GEMS Wellington Academy - Dubai Silicon Oasis. I am beyond ecstatic and humbled to serve in the capacity of Secretary-General for this year's conference. In order to ensure that our conference's quality is of the highest caliber on an international scale, we have set up ideals and standards that orient us towards our goal while also providing us with the dedication necessary to make a difference. Our conference aims to engage and encourage the youth to participate and to share their ideas and beliefs about different and various global issues. The aim of our conference is to give students a unique experience where they are able to harbour their diplomatic skills and explore current affairs through a simulation of the United Nations. We strive to help students foster skills necessary for every day life, and provide education beyond the desk as practice is the best way to process theory.

Everything changes; but change itself is the only thing that doesn't. Remembering that nothing remains the same and even in the worst situation we face, we can and should rely on the fact that change is the constant. Throughout the conference, our aim is to develop solutions to issues which we currently face and widen our vision, while using the idea of change to our advantage. WSO Model united nations possesses an unique ability to bring forth students from diverse backgrounds to collectively work towards a cohesive and united goal. WSOMUN welcomes young leaders to portray onto a platform, values to be abided by, in order to create a change in the international community.

To this end, the members of the Secretariat have been working painstakingly, around the clock, to ensure that you enjoy every breath of this conference experience. I assure you that the final step of this journey will draw a higher academic and organizational line to satisfy all your expectations.

Looking forward to welcoming you this March!

With Best Regards,

Varsha Venkatraman

Secretary General

WSOMUN 2018

Welcome Letter from the Dias

Greetings delegates,

We extend our warmest welcome to you all and look forward to meeting you in upcoming committee sessions. The dias of UNHCR believes that your MUN career is a personal journey that is a combination of both sweet successes and bitter failures. Irrespective of winning awards, MUN should always represent a portal for personal growth and development. In the 21st century, soft skills are a crucial aspect of successful individuals and WSOMUN would aim to simulate the requirement of such skills.

The aim of MUN is for delegates to gain a wealth of transferable skills that mold their character into a well-rounded personality and make them better leaders. Debate and discourse are essential to expand your horizons, give rise to a new world view and to open yourself up to new perspectives—they push your boundaries by asking you to think out of the box and challenge your perceptions. Similarly, public speaking is a method of expression that helps individuals to form connections, influence decisions and motivate changes. Both of these skills play a significant role in preparing you for the challenges and trials that accompany the modern age.

The world we live in is constantly evolving and changing, with that also follow various problems that threaten the peace and stability of the world. As today's youth and tomorrows future it is vital for us to be empowered and tackle global issues head on. This year the UNHCR aims to tackle two dominant agendas that are entwined with the recent refugee crisis and have baffled the world. We hope that delegates will be able to gain an in-depth understanding of the issues administered to the UNHCR and will be able to come up with innovative solutions.

We hope to be the most effective facilitators of your MUN experience here at WSOMUN 2018 and look forward to meeting you in March!

Chair: Esha Sharma
Co - Chair: Michelle Rose
Co - Chair: Vignesh Nair

United Nations High Commissioner for Refugees



The UN refugee agency emerged in the wake of World War II to help Europeans displaced by that conflict. Optimistically, the Office of the United Nations High Commissioner for Refugees was established on December 14, 1950 by the United Nations General Assembly with a three-year mandate to complete its work and then disband. The following year, on July 28, the United Nations Convention relating to the Status of Refugees - the legal foundation of helping refugees and the basic statute guiding UNHCR's work - was adopted.

The UN refugee agency is governed by the UN General Assembly and the Economic and Social Council (ECOSOC). The UNHCR Executive Committee approves the agency's biennial programmes and the corresponding budget. These are presented by the High Commissioner (currently António Guterres), who is appointed by the UN General Assembly. The UN refugee agency's mandate is defined by the 1950 UNHCR Statute. In 2003, the General Assembly extended the organization's mandate "until the refugee problem is solved." The High Commissioner reports annually to ECOSOC and the General Assembly on the work of UNHCR.

As head of the organization, the High Commissioner is responsible for the direction and control of UNHCR. He/she directs the work of UNHCR with the assistance of a Deputy High Commissioner and Assistant High Commissioners for Protection and Operations.

The agency has a national and international staff of more than 9,300 working in 123 countries.

Source: <http://www.unhcr.org/pages/49c3646c80.html>

AGENDA 1

Addressing the Needs of Children and the Disabled in the Resettlement Process



Introduction to the topic

The globe is witnessing the most distressing of conflicts at the moment and a direct consequence of that is the resettlement of children and the disabled. According to the UNHCR, children made 51% of the world's refugees in 2015, with many of them being unaccompanied minors separated from their families. The World Health Organization estimates that around 15% of the world's population experiences some form of disability and thus are vulnerable to exploitation and discrimination, these problems are heightened for disabled refugees that often are denied necessities in their resettlement process.

Refugee settlement involves the selection and transfer of refugees to host countries that offer them permanent settlement. Resettlement ensures the protection of the civil, political, social and economic rights of refugees and may lead to refugees becoming naturalized citizens of the host nations. Recently resettlement programs have expanded from 14 programs in 2005 to 37 programs in 2016, however there remains a shortage of resettlement opportunities when compared to the ever-increasing number of refugees. Often refugee children are unaccompanied minors that have been separated from their families, thus family reunification within resettlement programs must be treated as a matter of urgency.

The family represents an important institution within society and provides children with the emotional support system to combat post-conflict stresses.

However, family reunification may not be the most viable solution in situations where the quality of the relationship between children and their parents is questionable and must be assessed on a case-by-case basis. Furthermore, the psychological wellbeing of children is an important factor in the resettlement process. The emotional wellbeing of children is linked to the care and protection they receive from their family, refugee children remain particularly vulnerable in this aspect as they remain isolated from their family.

Hence, resettlement programs must aim to provide the necessary care to treat the post-conflict trauma children experience. It is vital for refugee children to be granted access to quality education to fully socially and economically integrate into their host societies. The denial of such education facilities is a violation of their rights and proves to be a lifelong handicap that hampers their ability to obtain upward social mobility.

In addition, disabled refugees experience some of the most diverse set of challenges when reintegrating into society, including being excluded from society. Disabled persons are often perceived as a burden to society and have to face social stigma, which proves to be highly demanding if there is no social support available. The ability of disabled refugees to contribute to society is hardly ever recognized and with traditional coping mechanisms such as family and caregivers no longer present, it can leave them exposed. Hence, the rehabilitation of refugees with physical disabilities must be of the highest importance when planning their resettlement. Refugees with mental disabilities tend to be hidden from public view and they are often not identified to receive the proper care they require—their rehabilitation is often not given priority and needs to be approached differently to refugees with physical disabilities.

Key Definitions

Disability

The UN Convention on the Rights of Persons with Disabilities states that disabled persons are “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

Rehabilitation.

It is the process of removing the factors that limit the participation of a disabled person in society so that he/she can highest possible level of independence and quality of life physically, psychologically, socially and economically.

Resettlement

As defined by the UNHCR, ‘resettlement is the transfer of refugees from an asylum country to another State that has agreed to admit them and ultimately grant them permanent settlement.’”

Child

According to the Convention on the Rights of the Child, a child is ‘‘ a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger.’’

History of the topic

The Convention on the Rights of the Child (CRC) is a U.N treaty that sets comprehensive standards for the rights of refugee children. The CRC is nearly universally ratified with 155 state parties by 1994. The wide-spread ratification of the treaty has led to it being the primary basis on which refugee children are protected on and has held national governments accountable. Similarly, the Declarations of the Rights of the Child promotes child rights and principle 5 states ‘The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.’ The declaration is plays a fundamental role in ensuring strict guidelines for national governments to follow when addressing child refugees. In 2016, the General Assembly adopted resolution 71/711 which reaffirmed the international community’s commitment to the CRC and further strengths the protection of child refugees and their rights.

When addressing the needs of the disabled, the UNHCR has initiated the ‘Ten or More’ plan in 1973 to encourage countries to give priority to disabled refugees in the resettlement process. This plan was further extended in 1984 and renamed as the ‘Twenty or More’ plan and aims to find durable solutions for the resettlement of children with mental disabilities. In 1981, the UNHCR set up the Trust Fund for Handicapped Refugees which aims to cover the cost of the social, medical and rehabilitation needs of disabled refugees.

Discussion of the topic

Education and employment are key factors that contribute to the integration of disabled refugees, however disabled refugees often face double discrimination—their status as an outsider and refugee both combined mean that they face social stigma that makes finding employment difficult. Vocational training programs are essential to provide refugees the skills needed to enter the labor market however these programs have not been adapted to meet the skills and needs of disabled refugees. Such programs need to be amended to ensure that disabled refugees have a chance of finding employment in the open market. Moreover, it is vital to counter the effects of counter discrimination and stigmatization and break the isolation and exclusion that many persons with disabilities and their families experience, this can be done by community support networks. Community based rehabilitation (CBR) was initiated by the WHO and ensures the inclusion of disabled people. This relies on coordination between governments, NGO's and refugee communities and is one of the measures states can take to accommodate the needs of disabled refugees.

In accordance with the Convention on the Rights of the Child, states must follow the 'triangle of rights' when dealing with refugee children: the 'best interests' rule, non-discrimination, and the right to participate form the fundamental basis on which children are resettled. However, there is no international body that holds states accountable to the conformity of these rules thereby reducing their effectiveness. Disabled refugee children often do not get the support they need in terms of physical rehabilitation and specialized education. At times, health workers, teachers and families have not understood the importance of including disabled children in the normal patterns of activity. This is critical in preventing the social integration of refugee children.

Questions to consider

1. To what extent should unaccompanied minors be allowed to participate in their resettlement process?
2. How can disabled children be fully integrated into the societies of host nations?
3. How can community based rehabilitation be made more effective to address the physical and social needs of disabled persons?
4. What measures must states take to ensure the psychological well-being of people with mental disabilities?
5. What role does vocational training and education play in the resettlement process?
6. How can states take measures to prevent the discrimination of disabled refugees that are being resettled?
7. What policies must states undertake to ensure that resettlement does not hamper future family reunification of children?

Further Research

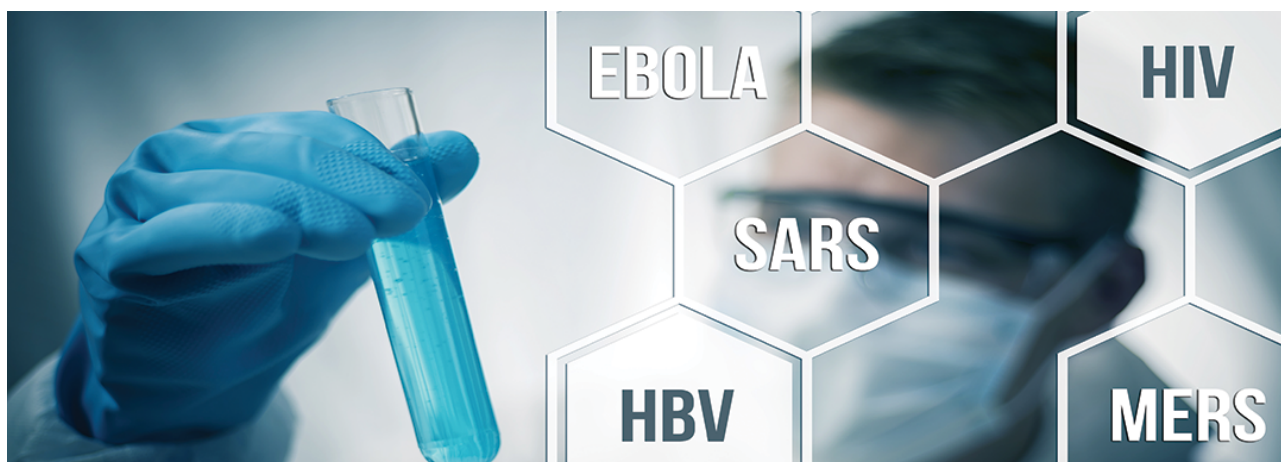
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AGENDA 2

Preventing Infectious Diseases in Syrian Refugee Communities



Introduction to the topic

Syria's ongoing seven-year civil war has internally displaced 7.6 million Syrians and as a result, the UNHCR now has over 5.5 Million registered Syrian refugees. This devastating war has left hundreds of thousands wounded or killed by violence and has wrecked chaos all over the region, affecting the infrastructures and state of the region which leads many to believe that recovery is not going to be an easy task. Beyond such devastation, the civil war has introduced epidemics of infections that have spread through vulnerable populations in Syria and neighboring countries.

When mentioning the transfer of such diseases, there remain two major methods of transmission of infectious diseases: direct and indirect contact. Direct contact diseases spread from the physical contact between an infected and healthy person, this may also include contact with blood and bodily fluids, and ingestion of fecal matter. Indirect contact relies on airborne transmission with pathogens being sneezed or coughed out of the respiratory system of the infected person. Food and water-borne diseases also play a significant role in promoting infectious diseases within refugee camps, which often are overcrowded with unsanitary conditions thus providing a breeding ground for outbreaks of diseases such as hepatitis A and cholera. Poor hygiene practices when dealing with the storage, preparation and serving of food also lead to the contamination of food by breeding pathogenic bacteria and encourage transferable diseases. Contaminated water is also likely to contain pathogens that may cause cholera, polio and typhoid and is a prevalent issue in refugee camps as they often lack adequate sources of drinking water.

Due to the intensification of conflict within Syria, many healthcare officials have begun to flee with country with the refugees. This creates a highly troubling dilemma, as individuals don't have access to appropriate care, thus enhancing the spread of communicable diseases. This is especially

problematic for host countries of Syrian refugee camps as these diseases may spread to the host population.

In addition, the collapse of the Syrian healthcare system is having a noticeable impact on nations that take in Syrian refugees. Due to the constant bombing within Syria, the national healthcare systems have been completely ravaged thereby leading to the proliferation of transferable diseases such as measles, tuberculosis, poliomyelitis and leishmaniasis .

Country	Total cases notified	MDR-TB cases among notified pulmonary TB cases		Incidence (rate per 100,000 population)
		<i>New</i>	<i>Retreatment</i>	
Egypt	7,467	160	89	15
Iraq	8,341	51	110	43
Jordan	405	14	7	5.5
Lebanon	683	5	16	5
Turkey	13,378	190	170	18

The table above shows the clear increase in the spread of tuberculosis within the region as a result of Syrian mass migration. Syrian mass migration is associated with the spread of infectious diseases, especially in neighboring nations that harbor the bulk of Syrian refugees. In 2014, the World Health Organization reported the existence of 37 cases of polio within Syria and confirmed the regional spread of polio to Iraq. Lebanon too has witnessed an increase in tuberculosis and cutaneous leishmaniasis rates as it has accepted Syrian refugees. Needless to say, the occupation of Syrian refugees has provided a genuine challenge to national governments and their respective ministries of health.

Key Definitions

Epidemic

An epidemic as defined by the World Health Organization is “The occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy. The community or region and the period in which the cases occur are specified precisely. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.”

Infectious disease

Infectious disease, also known as transmissible disease or communicable disease is an illness resulting from an infection with bacteria, viruses, fungi, parasites or protozoa and can be spread from one person to another through direct or indirect contact. An infectious disease is called contagious if it is easily transmitted from one person to another.

Pandemic

A pandemic is an epidemic of global proportions, as it covers a much wider geographical area, often worldwide. When the infection takes place in several countries at the same time and generally causes much higher numbers of deaths than an epidemic, then the outbreak starts turning into a pandemic.

Epidemiology

Epidemiology is the study of the occurrence of a disease in a population.

History of the topic

In 1903, the International Sanitary Convention was considered to be the first effective convention on infectious disease control and ensured the creation of the first international organization devoted to health, known as the World Health Organisation. In May 2005, the WHO adopted the International Health Regulations, which was a code of conduct designed to protect against the spread of diseases that have the potential to cross national borders and threaten global health. The WHO has also been instrumental in combating the spread of polio within the Middle East, leading several immunization campaigns alongside the national governments of Lebanon, with more than 421,000 children vaccinated and Jordan, with more than 370,000 children immunized.

Several NGO's remain prominent stakeholders when discussing disease and Syrian refugee camps. ACTED Jordan has worked consistently to improve hygiene and sanitation facilities with the host communities of Irbid and Mafraq. Most notably ACTED has worked upon a wastewater network within the Zaatari refugee camp.

Zaatari holds more than 100,000 inhabitants hence it is imperative that there remains safe sanitation conditions to prevent major health crises.

UNICEF's initiative of WASH (Water, Sanitation and Hygiene) is a crucial facilitator of water and sanitation services to millions of refugees in camps, outside urban settings. WASH has led to several initiatives in the Azraq refugee camp where they have implemented a sustainable refugee led solid waste collection site. This remains crucial in ensuring a sanitary and hygienic environment that counters the spread of disease.

Discussion of the topic

Middle Eastern countries remain the most affected by Syrian crisis and have seen an increase in the rates of infectious diseases in the region. The table below lists the increase in infectious diseases seen by countries.

	NUMBER OF COMMUNICABLE DISEASE CASES REPORTED PER YEAR													
	Syrian Arab Republic ^a				Lebanese Republic ^c				Syrian Refugees in Lebanon ^c		Hashemite Kingdom of Jordan ^d			
	2011	2012	2013	2014 ^Δ	2011	2012	2013	2014 [*]	2013	2014 [*]	2011	2012	2013	2014
Poliomyelitis	0	0	35 ^b	1 ^b	0	0	0	0	0	0	0	0	0	n/a
Measles	n/a	13	n/a	n/a	9	9	1760	219	232	92	30	24	205	n/a
Cutaneous Leishmaniasis	n/a	52,982	n/a	n/a	5	2	1033	381	998	364	136	103	146	n/a
Hepatitis A	n/a	2203	n/a	n/a	448	757	1551	738	220	127	418	509	1082	n/a
Typhoid Fever	n/a	1129	n/a	n/a	362	426	407	102	21	7	2	4	4	n/a

Furthermore, the damage of healthcare infrastructure, the brain-drain of trained healthcare workers, and poor sanitation, alongside poor antiseptic technique and overcrowding provides fertile ground for resistance to immunization to develop. Little is known about antimicrobial resistance in Syria pre-conflict; however the overuse of antibiotics, their availability without prescription, and interrupted treatment courses due to inadequate supply or inability of patients to pay for a full course, may all contribute to resistance. Hence immunization programs may face their challenges in achieving high success rates.

It is often said that prevention is better than cure; treating the spread of diseases presents its own set of challenges however infectious disease surveillance is an equally difficult task. There is a pressing need for greater coordination between surveillance systems of national governments as the issue at hand is a regional problem and affects multiple stakeholders. The prevention of the spread of infectious disease is only possible with the early identification of infected individuals and a surveillance system remains central to that.

Questions to consider

1. Does mass migration affect the health of the host population? If so, how?
2. To what extent is there an economic strain on national governments by providing healthcare to Syrian refugees?
3. How can careful and systematic monitoring of communicable diseases take place within Syrian refugee camps?
4. How can vaccination programs effectively reach the Syrian refugee population?
5. To what extent are the sanitary conditions in refugee camps a cause of the transmission of infectious diseases?
6. How may national governments reduce the possibility of transmission of contagious diseases in Syrian refugee camps?
7. How does education and raising awareness in refugee camps regarding hygiene standards play a role in combating the problem at hand?

Further Research

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