





# TOR MODEL WHO


PRESENTS

THE OFFICIAL

# GH WHA WHO DELEGATE HANDBOOK

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# FOREWORD



The Toronto Model World Health Organization (Tor Model WHO) was founded with the mission to promote, unite, and build Model WHO Simulations in Canada. One of the most important aims of the Tor Model WHO is to bring the Model WHO structures to universities to provide global health training outside of a conventional classroom setting. In the context of public health, models are used to: understand the spread and impact of diseases, plan and respond to outbreaks, evaluate the impact of interventions and guide health policies. We strive to apply simplified representations of real-world situations that can be used to better understand complex phenomena, apply problem-solving and collaborative skills and make predictions about resolutions to current global health issues.

The inaugural Tor Model WHO World Health Assembly (WHA) simulation – WHO WHA Sim – will be held from April 30 – May 2, 2023, at York University on the theme of “Building Global Solidarity for Worldwide Health Security”. Tor Model WHO strives to foster a cooperative approach with the goal of creating simulations that are engaging, enjoyable, and as close to real-life experiences as possible. Additionally, it offers assistance and materials for individuals who wish to initiate their own Model WHO simulation within your community.

We are honoured that you chose to participate in one of the Tor Model WHO simulations whose purpose is to unite students and young professionals who come from diverse backgrounds but share a common interest in global health governance and diplomacy. The aim is to enhance your knowledge and comprehension and to enable them to build relationships with others who share the same interests. The goal of this guide is to offer you a thorough and succinct introduction that will help you prepare for the simulation in a systematic manner.

This document is designed to be user-friendly and understandable, regardless of whether or not you have prior experience in Model WHO simulations. Its objective is to provide you with a basic understanding of the rules of procedure for these simulations. In addition to this guide, you can also refer to the Tor Model WHO **Theme Guide** for additional support.

There will be five training sessions prior to the conference, but we hope this guide will serve as a roadmap to help you prepare. We request that you take the time to review this guide thoroughly in the days leading up to the simulation. Although participants of all levels of experience are welcome, it would be beneficial for you to have a grasp of the basic rules of procedure and the nature of the simulation before attending the training.

The Tor Model WHO strongly believes in promoting diversity and inclusivity, and endeavours to create an environment that is supportive and encouraging for all participants. The organization is dedicated to ensuring equal opportunities for everyone, taking into account any protected characteristics declared by participants. Consequently, if you require any reasonable adjustments to participate in our simulations, whether related to accessibility or educational materials, we are more than happy to accommodate and assist you in this regard.

Through reading this document, we hope that you are enthusiastic about implementing the concepts that have been described. Please do contact us via email at [gh\\_whoasim@yorku.ca](mailto:gh_whoasim@yorku.ca) should you have any questions.

We aspire that you will benefit greatly from this experience, and emerge from it feeling energized, and inspired.

**THE TOR MODEL WHO TEAM**

# LETTER FROM THE TOR MODEL WHO FOUNDER

Dear Friends,

I am excited to announce the development of the inaugural Model World Health Assembly Simulation in Toronto, Canada, aimed at fostering a cooperative approach in creating engaging, enjoyable, and as close to real-life experiences as possible.

The goal of this simulation is to provide a unique platform for students, academics, and professionals in the health and humanitarian sectors to come together, exchange ideas, and engage in informed discussions on pressing global health issues. Through the simulation, participants will have the opportunity to experience the complexities of international diplomacy, negotiation, and decision-making that are integral to shaping global health policy.

As the founder of this initiative, I believe that the Model World Health Assembly Simulation will help bridge the gap between academia and practice by providing a hands-on, experiential learning opportunity for participants. It will also serve as a valuable networking and collaboration platform, connecting individuals with a shared interest in global health.

In developing this simulation, we are committed to creating an inclusive and diverse community, representative of the global health landscape. We will prioritize working with individuals from a variety of backgrounds and perspectives to ensure that the simulation reflects the diversity of our world.

Our team is dedicated to providing a high-quality simulation that accurately reflects real-world scenarios, while also providing a fun and engaging experience. We will leverage the latest technologies and methodologies to create an immersive and interactive experience that will leave participants feeling energized and empowered.

Finally, I want to express my gratitude to our partners and sponsors, whose support has been critical in making this simulation a reality. We look forward to continuing to work with them and with all of you to create a successful and impactful Model World Health Assembly Simulation.

Sincerely,

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# INTRODUCTION

Model WHO conferences are simulations of the **World Health Assembly (WHA)**, the World Health Organization (WHO)'s supreme-decision-making body as held annually in Geneva, Switzerland.

The main goal of a Model WHO simulation is to create innovative and practical proposals in the form of resolutions related to the simulation theme, with the intention of submitting them to the WHO.

Participating in a Model WHO simulation is a great opportunity for delegates to gain knowledge about worldwide health matters and the global governance of health and its determinants, as well as enhance their abilities in various areas such as public speaking, debate, diplomacy and negotiation, policy formulation and writing, critical thinking and many more!

Our utmost effort is dedicated to offering comprehensive preparatory materials to maximize the benefits of the simulation. We aim to ensure that every participant is equally prepared before the simulation begins, regardless of their prior experience with simulations. By carefully analyzing this handbook, your role guide, and the theme guide, you will set yourself up for success within this simulation. We strongly believe that the delegates who enjoy their experience are often the ones who are the most prepared!

You may find yourself coming across terms you are unfamiliar with. However, to better prepare you for understanding Model WHO-specific terminology, we have coloured those terms where they are first defined.

## THE SIMULATION THEME

Each Model WHO simulation revolves around a core theme, enabling participants to engage in detailed conversations and deliberations concerning a subject that is highly pertinent to the present global health politics and policy agendas.

It is imperative that all discussions during the conference are directly related to the chosen theme, and the proposed resolutions presented during the plenary should concentrate on a particular aspect of the theme, such as one of its sub-themes. One common mistake made by delegates is attempting to create extensive working documents that cover every aspect of the theme. However, this is not the intended purpose of a draft resolution, which should instead focus on **tackling a specific issue** within the theme of the simulation. This provides you with the dual benefit of being able to find tangible propositions/clauses (*see the section on "resolution writing"*) compared to something very broad and potentially vague, resulting in little to no application. This will instead also ensure the resolutions that are adopted support each other so that the assembly in its entirety is able to address various aspects of the theme.

A **theme guide** has been developed by the organizing committee to assist you in identifying pressing issues surrounding the theme and will support you in conducting research pertaining to the simulation.



# WHO'S IN THE MODEL WHO?

Most of our WHA assembly representatives have little to no prior experience in the role they will be fulfilling. Therefore, there is no need for you to be concerned about this. However, it is a necessity to familiarize yourself with the varying delegate roles: Member State Representatives, Non-State Actors (NGO Representatives and Industry Representatives), and Media Representatives. The following will introduce you to the various delegate roles.

## MEMBER STATE DELEGATES

As a specialized agency of the United Nations (UN), the World Health Organization (WHO) extends its membership to all member states of the UN.

**Member State Representatives** are ambassadors of WHO Member States to the WHO. Their duties include representing their country at the yearly World Health Assembly (WHA). During Model WHO simulations, delegates holding the Member State Representative role are tasked with representing the Member State they have been assigned.

Member State delegates make decisions and act on behalf and in the best interest of the country they are representing.

They will:

- Share their countries' position on the current global health issues discussed through the **statements** and during **debates**.
- Share national and local best practice case studies with other Member State Representatives.
- **Form alliances** and work with other Member States Representatives that have similar interests in order to draft resolutions.
- It is also essential for Member State Representatives to work with and get the support of Non-Governmental Organizations (NGOs) and Industry Representatives to get their **seals of approval**, which are essential to present resolutions in the Plenary.

Member State Representatives are initially divided into two **Committees** (Committee A & Committee B – refer to the section that addresses the “Committee Sessions”) with the purpose of debate and formation of draft resolution papers on specific aspects of the theme: Building Global Solidarity for Worldwide Health Security. Once these have been successfully drafted, they are brought forward at the **Plenary** (refer to the section below on “Plenary”), which is when all Member State Representatives come together to debate and vote on each draft resolution which is put forward.

Member States Representatives can vote in favour of or against proposed resolution papers and amendments and use this voting authority to form alliances with other Member State Representatives during Committee and Plenary sessions.

# NON-STATE ACTOR DELEGATES

In view of their significant role in the advancement and promotion of public and global health, the WHO regularly engages with **Non-State Actors (NSAs)** and encourages them to use their own activities to protect and promote population-level health.

In Model WHO conferences, there are two types of NSAs:

1. **Non-Governmental Organizations (NGOs)** are non-profit organizations that operate independently of any government, typically with the purpose of addressing a social or political issue.
2. **Private Sector Organizations** are operated and owned by private individuals or companies. Private sector businesses are generally run on a for-profit basis – to earn returns for the business owners (e.g., shareholders). At the WHA and in Model WHO, Industry Representatives are mostly pharmaceutical companies.

NSAs have an “**observer**” status, which means that they do not have voting rights. However, they are able to lobby and speak their mind (using the appropriate parliamentary procedures). It is the NGO and Industry Representatives’ prerogative to engage in discussions with Member State Representatives to help further global health discourse and their organizations’ particular goals and ideals on the theme. NSAs are able to move between Committee rooms as they wish and use diverse modes of communication throughout the assembly/simulation.

NSAs act on behalf and in the best interest of the organization they represent. Their role is to:

- Separate their organization’s stance on the health issues discussed through **statements**.
- Present their work to promote their brand as well as share advice and best practice case studies with Member State Representatives through their side events (*see the section on “side events”*).
- Lobby Member State Representatives so they include some of their priorities in their draft resolutions in exchange for their **seal of approval**.
- They can be interviewed by the Media Correspondents and can be asked to provide opinions about the resolution-drafting process as a whole.

## Seals of Approval

NGO and Industry Representatives hold a special negotiating power, which is their ability to place seals of approval on resolutions. They can only grant a limited number of these seals of approval and are not required to give any to a draft resolution if they feel their objectives are not met. A draft resolution with more seals of approval indicates support from international organizations and therefore provides a higher likelihood of the resolutions passing in the Plenary. NSAs can also request edits to the text in order to give a seal.

# MEDIA REPRESENTATIVES

**Media Representatives** provide commentary throughout the simulation, through live tweets and posts on observations made of Committee and Plenary sessions. They can direct the attention of delegates by stimulating debate and discussion. Whilst they are unable to directly speak in simulation discussions, they can still have a great influence on the debate and final resolution papers as Member State Representatives respond to facts, rumours, and opinions as well as ideas shared through the lens of various media channels.



## THE DAIS

The **Dais** is composed of the Committee Chairs, Vice-Chairs, and Secretaries who oversee the debate and ensure that the rules of procedure are respected.

The **Chair** declares the opening and closing of each session and has control of proceedings during the simulation. They will act as a moderator of the discussion and enforce the rules of procedure.

The **Vice-Chair** assists the Chair with procedural matters. They may also assist delegates directly with drafting a resolution during committee sessions.

The **Secretary** keeps track of what is being said during debates by taking notes of delegates' interventions and supports the Chair by following the agenda.

The Dais approves all draft resolutions before they can be presented in the plenary (draft resolution approval process) and voted upon by eligible delegates. They may suggest that delegates alter or combine certain draft resolutions for greater impact or relevance before they are voted upon or move into Plenary.





# BRIEF GUIDE TO THE SIMULATION STRUCTURE

At the Model WHO WHA simulations, you will experience various different types of sessions, each with a different purpose. They are detailed below.

## COMMITTEE SESSIONS

The main purpose of Committee sessions is to debate technical and health matters centred around the theme.

At WHA, **Committee A** will discuss *Public Health Emergencies: Preparedness and Response*, while **Committee B** will discuss *Strengthening Infodemics Management* and **Committee C** will discuss *Universal Health Coverage: Reorienting Health Systems to Primary Health Care* which is then submitted to the Plenary meeting. In Model WHO simulations, for obvious reasons, both Committees discuss health issues rather than finance and management. Please refer to your conference guide to know what sub-themes each Committee will be discussing.

**Objective:** to draft **resolutions** that will be presented to the Plenary (*see the section on "Plenary" below*). Every Committee session is chaired by a Chair and a Vice-Chair who facilitate debate and ensure the proper rules of procedure are followed. There will be several Committee sessions – please refer to the **Agenda** for details about where and when these sessions will be taking place.

### What takes place during these Committee sessions?

1. **Opening Statements** by Member State Representatives to share their country's stance on the issue discussed. This aids other delegates in seeing points of agreement & overlap and points of opposition, an understanding which is vital for the process of putting together draft resolutions in small working groups.
2. Formally debate on the issue under the form of **moderated caucuses**, during which delegates move through formal debate by following the rules of procedure and remaining in assigned seating (*see the section on "rules of procedure"*).
3. Go around the room to form alliances and draft resolutions on the issue discussed during **unmoderated caucuses**, which allow delegates to break apart into smaller working groups and discuss freely (*see the section on "rules of procedure"*).

In Model WHO, the resolutions will be drafted during the simulation with the help of technical experts. ONLY NSAs are free to move between Committees as this ensures they can observe the resolution-writing process and negotiate how to allocate their seals of approval. Non-State Actors may also present their views and opinions within Committee sessions with the approval of the Dais.

## SIDE-EVENTS

**Side events** are an opportunity for NGO and Industry Representatives to put a spotlight on the issues their organizations care about and act upon, as well as demonstrate the good work they are doing around the simulation theme. During this time, they are also able to make suggestions around what commitments should be taken and calls made in the resolutions.

## MEDIA REPRESENTATIVES

By sitting in Committee sessions and side events, Media Representatives are encouraged to take notes on what is being said and interview key/controversial delegates (i.e., those who are highly involved in the debate, contributing significantly to working papers, or are highly controversial/are not following their foreign policy). The Media Representatives, who are responsible for bringing to light any issues that have come up during the conference in front of the international community, are tasked with creating social media posts to be shared on the official social media networks.

## SPEAKER SESSIONS

While there are no “speaker sessions” *per se* at the WHA, delegates regularly receive technical briefings. **Technical briefings** are organized for delegates on specific public and global health topics to present new developments in the area, provide a forum for debate, and allow for information sharing.

In Model WHO simulations, similarly to technical briefings, speakers are invited to share their work around specific aspects of the theme covered. Take advantage of this time to get some ideas about what to include in your resolution!

# PLENARY: DRAFT RESOLUTIONS PROCESS

Plenary sessions convene all delegates to discuss the resolutions drafted in Committees with a wider audience. In order for a draft resolution to pass to the plenary, it must have the following:

1. **A simple majority vote:** the highest number of votes cast for any resolution.

During Plenary sessions, delegates go through each draft resolution with a view of making compromises such that the Assembly can adopt it by a simple majority vote.

This happens through deliberation and by making **amendments**. The **final resolutions** adopted by the Assembly are considered the end product of the simulation and will be sent to the WHO in Geneva.

Votes should be indicated by raising **Placards**.

# PROCESS GUIDE

The following is a day-to-day guide that will provide you with a timeline of the various events that you can expect to take part in on each day of the conference.

## DAY 1



- This day will be entirely virtual.
- 1 week prior to the first day of the conference, a series of videos will be sent out to you which will provide you with the necessary training to undergo a successful simulation.

## DAY 2



**Enjoy this day and form new friendships.**

- The **delegate training & role briefing** will go through the main rules of the procedure, but does not replace preparing in advance by going through this handbook & the theme guide as well as researching your country's position. Furthermore, it will be a great occasion to ask questions about aspects of the procedure you are unsure about.
- The purpose of the **speaker sessions** at the beginning of the conference is to introduce the event and give you a chance to listen to knowledgeable individuals in the field of the chosen topic. This is an excellent opportunity to gain a further understanding of the theme and gather inspiration for your discussions and writing.
- The **social** is an excellent opportunity to socialize with other delegates without the need to stay in character (although it is still an option!). The Model WHO simulations focus on connecting with like-minded students and young professionals who share a passion for global health, and this is the perfect time to learn more about them!
- The **Opening Plenary** session presents a chance for you to become familiar with the protocols and your fellow Committee members. It is crucial to pay attention to the Chair, who will guide you throughout the assembly and provide examples of appropriate motions and points to raise. During the assembly, delegates should refer to the Chair as "**Honorable Chair**" or "**Mister/Madam Chair**".
  - At the beginning of the session, the Chair will conduct a **roll call**. Member State Representatives should reply with "**Present and voting**," while observers only need to say "**Present**." If a delegate is not present during the roll call, they should send a note to the Chair once they arrive.

- Following the roll call, the Chair will inquire if there are any points or motions to be made. At this stage, you or another delegate can make a motion to begin the session by saying "**Motion to open debate.**"
- Next, the Chair will initiate the **Speakers' List**, which features Member State Representatives who want to deliver an **opening statement**. You will have around one minute to introduce yourself or your country's stance on the theme if you raise your placard to be included in the list. It is crucial to be ready to briefly present your country's position to the group, paying attention to other delegates who share similar interests. If you finish speaking before your allocated time has ended, you should **yield your time** (*refer to the section "rules of procedure" for more details*).
- In the first **Committee session**, you will primarily have the opportunity to listen to other Member States' viewpoints on the topics being discussed through moderated caucuses.
  - The agenda for the session will have been sent to you beforehand. Because the Committee can only discuss one agenda item at a time, you or another delegate should "**Motion to discuss agenda topic X**". Several motions can be raised, and the Chair will ask delegates to vote in favour of the agenda topic they wish to discuss at the time. Voting in favour of an agenda topic means that it will be the first discussed, but any of the other topics can be voted on and discussed later on.
  - If an agenda item does not pass, it can still be discussed later on. To move to another agenda topic, delegates need to raise another motion (*see Committee session 2*). However, the Chair can also suggest changing agenda topics when they feel like delegates have exhausted an agenda item.
  - The Chair will once again ask if there are any points or motions on the floor, at which point any Member State can "**Motion for a moderated caucus**", specifying the **total time** for the caucus, **time per speaker** and **topic** (*e.g., "motion for a 5-minute moderated caucus to discuss Public Health Preparedness and response with 30 seconds per speaker"*). The topic should be related to the agenda item being discussed.
  - The Chair will then consider the proposed motions in order of **most to least disruptive** and ask delegates in favour of the most disruptive motion to raise their hands. If this motion does not pass, the Chair will put the second most disruptive motion to voting, etc. The *level of disruptiveness* is determined by both the manner in which actions are carried out (unregulated caucuses are typically viewed as more disruptive compared to regulated caucuses) and the duration of the actions (a moderated caucus that lasts for 20 minutes is more disruptive than one that lasts for 15 minutes).
  - The Chair will then ask which Member States wish to speak in this moderated caucus. *Please raise your hand if you would like to speak*. The Chair will make a list of all Member State Representatives wishing to speak and call on them in turn. When 10 seconds are left, the Chair will hit a gavel on the table to indicate that the time is drawing to a close, and three times when **the time has elapsed**.
  - At any point, **NSA Representatives** can come into the Committee room and pass a note to the Dais to be recognized. The Dais can then allow them to deliver statements and ask questions to Member State Representatives.
  - During the session, all delegates have the possibility to **pass notes** to other delegates.
  - This can be done to ask them questions, invite them to share their thoughts on an issue, form an alliance, etc.
  - All sessions need a "**Motion to recess**" to end. If you are able to discuss several issues in a moderated caucus format, you have had a successful first committee session.

- During the first day, there will be **side events** happening along with the Committee sessions. These events will provide NSA Representatives with a chance to showcase the work that their organizations has done and promote the issues they want to see incorporated in the resolutions of Member States. Member State Representatives should actively listen to the presentations and ask questions! *Refer to the "side events" section above for more information.*
- During **Committee Session 2**, you will continue discussing agenda items in moderated caucus.
  - When you feel like an agenda item has been exhausted and wish to discuss another, you can "**Motion to discuss agenda topic Y**".
  - At any point, you can also raise a "**Motion for an unmoderated caucus**" and specify the total time. Unmoderated caucuses do not need a topic as they are a time for delegates to gather informally and start forming alliances and drafting resolutions. Breakout groups will be created and you will be able to move in between rooms as you wish to join different groups. You can end the day with a "**Motion to adjourn**".

## DAY 3



- By the end of the **third Committee session**, you should send your draft resolutions to the Chair for approval and formatting. They should have the minimum number of sponsors and signatories required and be in the standard resolution format (*see the section on "resolution writing"*).
- The **draft resolutions approval process** will be mostly dedicated to presenting your draft resolutions to and getting feedback from the Dais. Once your draft resolution has been approved for the Plenary, any edits will have to be submitted in the form of amendments during the plenary session.
- The rest of the day is dedicated to a **Plenary** debate with delegates from both Committees present. Roll call will take place and delegates can make opening speeches if they wish
  - The Chair will entertain a "**Motion to discuss draft resolution x**". Sponsors of resolutions will present a summary of their paper and should be prepared to answer questions from other delegates.
  - The Chair will then suggest a "**Motion to move to amendments**". Once this motion is adopted, you will be able to submit amendments through a form.
  - Each amendment will be read by the Chair and the draft resolution's sponsors will be asked whether it is **friendly** (i.e., does not go against the meaning and goals of the motion) or **unfriendly** (i.e., is not in line with the sponsors' original intent). If deemed friendly by the motion's proposer, the amendment will automatically be accepted. If deemed unfriendly, the delegate who submitted the amendment will have to speak in favour of the amendment and one of the motion sponsors will have to speak against the proposed amendment. It will then be voted upon and adopted if a simple majority of delegates vote in favour. REMEMBER: you are voting as a Member State Representative, not representing your own personal views. If the amendment does not align with the interests and objectives of your country, you should vote against it.
  - After all of the amendments have been voted upon, the Chair will suggest a "**Motion to move to vote**". All Member State Representatives will be asked to vote in favour or

- against the working paper as a whole. The working paper will need a two-thirds majority to be adopted.
- This process will start again for the next resolution and continue until all draft resolutions have been discussed. Once all working papers have been discussed and voted upon, then plenary can be drawn to a close with a “**Motion to close debate**”.

*Congratulations on the approval of the resolutions and the successful completion of the simulation!*

## RULES OF PROCEDURE

The Rules of Procedure help to maintain order and enable the debate to flow efficiently.

We understand that delegates have varying levels of experience within the fields of debating, health policy, and diplomacy. Some of you will have competed in Model WHO, Model UN, or Model Parliament-style debating competitions, but we ask you all to **review these Rules of Procedure** as they can vary. We will be reinforcing these rules during training, as well as Committee and Plenary sessions, to ensure delegates understand how they apply in practice. Please do not hesitate to ask your Chair for clarification if required.

Please note that **English** is the official working language of this assembly simulation and will be used during all Committee sessions.

**Please refer to the steps below (and the flow chart) on how to navigate a WHO simulation by correctly abiding by conference rules and procedures.**

1. **Placards:** A delegate’s placard states their role within the simulation and will be used for voting throughout both Committee and Plenary sessions. You should also use this placard to indicate when you wish to join a Speakers' List or raise the attention of the Dais.
2. **Speech:**
  - a) **Third person:** All delegates must speak in the third person, addressing him/herself/themselves, any member of the Dais, or any other delegates not by their name, but by their delegate role or Dais position, i.e., ‘Honorable/Mister/Madam Chair’; ‘The delegate/representative of The Bahamas...’; ‘The representative of Greenpeace...’.
  - b) **Yields:** A delegate must yield their remaining speaking time, if unused. They may yield:
    - i) **To the Chair:** Returns the floor to the Chair, discarding any remaining speaking time. This is the default yield and will be assumed if a delegate does not specify how they wish to yield their time.

- ii) To another delegate: Allows another Member State Representative (selected by the proposing delegate) to use the remaining time to further make a speech.
  - iii) To comments: Allows 1-2 delegates (selected by the Dais) to make comments on the speech just made.
  - iv) To questions: Allows 1-2 delegates (selected by the Dais) to ask a direct question.
- 3. **Roll Call**: Each session begins with a roll call initiated by the Chair. Delegates will respond “Present and Voting” (Member States) or “Present” (NSAs/Observers). Delegates MUST pass a note to the Chair, if they miss roll call, in order to participate or vote in a session.
- 4. **Quorum**: Quorum is the minimum number of voting members that must be present to make the proceedings of that meeting valid. This is established by the Chair before formal debate or voting begins. Quorum is defined as one-third of the voting members of the session, as determined by the roll call list. Any delegate, at any time, may request verification of quorum. The Chair will immediately rule on the motion, initiating a roll call if they deem it necessary. Quorum is assumed met unless it is shown otherwise. It also helps to establish the number needed for the simple majority (50%+1) and two-thirds majority (66%+1) of delegates required for voting procedures.
- 5. **Procedural Decisions/Motions**: All procedural decisions, except for motions to adopt/accept a draft resolution and for closure of debate, are made with a simple majority of present delegates (50+1%). Delegates cannot abstain on procedural motions (i.e., you must vote “Yes” or “No”). Procedural decisions include motions to open debate, enter/extend/close a caucus, and amendments/decisions on draft resolutions. Only Member State Representatives may cast votes for procedural motions.
- 6. **Motion to Open Debate**: After the roll call and quorum is identified by the Chair, a motion is made to open debate. Motions are essential to progress a Committee or Plenary session, as they help to change the flow, format, suspension, voting, or closure of debate.
- 7. **Speaker’s List**: The Chair asks all delegates wishing to speak to raise their placards, acknowledging their requests and creates a Speaker’s List at the beginning of the session. When a caucus has ended and if no other motion is presented, the Chair will revert to the Speakers’ List until a motion is raised. If you wish to be added to the speakers' list after it has been closed, you must send a note to the Dais. For learning purposes and to encourage all delegates to speak, the Chair can decide to add all delegates present to the Speakers' List by alphabetical order.
- 8. **Setting the Agenda**: Before suggesting caucuses, delegates should decide which agenda topic to discuss. All moderated discussions should refer to the current agenda topic discussed. Refer to "Day 1" for more information.
- 9. **Caucus – Moderated or Unmoderated**  
**Moderated caucus** ("Mod") allows more delegates to unpack a topic without the formality of a pre-assigned Speakers' List. These are useful for clarifying delegate positions and generating stimulating discussion. Delegates raise their placard to indicate that they wish to speak and must wait for the invitation to do so by the Chair, without interrupting others. A motion is required to enter moderated caucus. The delegate proposing the motion must state the length of the caucus time and total speaking time, as well as clarify a specific purpose for the caucus.



*Example of motion: “The Representative from Canada moves for a 10-minute moderated caucus with a 1- minute speaking time, for the purpose of [specific topic - i.e., addressing the topic of stigma to achieve reproductive and sexual health & rights].”*

Once the time for the moderated caucus has expired, delegates may motion for an extension of the moderated caucus or change to an unmoderated caucus, otherwise, the formal debate will automatically be returned to and a new Speakers' List will be called for.

**Unmoderated Caucus** ("Unmod") allows delegates to leave their seat, form groups, and support informal discussions. It is useful for refining draft resolutions or seeking out sponsors, signatories, and seals of approval. A motion is required to enter an unmoderated caucus. The delegate proposing the motion must state the length of caucus time, but does not need to clarify a specific purpose for the caucus.

*Example of motion: “The delegate from Brazil moves for a 20-minute unmoderated caucus.”*

Once the time for the unmoderated caucus has expired, delegates may either motion for an extension of the unmoderated caucus or the session will return to either a moderated caucus format or revert to the Speaker's List. If the allotted time is sufficient, a motion to end the Unmoderated Caucus can be proposed.

10. **Other Motions:** As has been demonstrated in the previous section on moderated & unmoderated caucuses, motions are essential to progress a session through each type of caucus. Motions may also be used to bring a session to voting or to end it.
  - a) **Motion to recess:** The motion to recess requires no debate and passes on a simple majority. The effect of the motion is to suspend the meeting of the session until the next regularly scheduled committee session.
  - b) **Motion to adjourn:** A motion for adjournment requires a simple majority to pass, and is in order only when, at least, one of the following conditions has been met:
    - i) The Committee has considered every topic on its agenda
    - ii) Less than 15 minutes remain in final last Committee session of the day
  - c) **Motion for closure of debate:** A motion to close debate requires a two-thirds majority. This should be used in Plenary sessions only when all draft resolutions have been presented, amended, and voted upon.
11. **Notes:** During moderated caucuses, Member State Representatives are not allowed to talk informally nor leave the room to visit the other Committee session. However, they can communicate with notes (in the form of private messages). They can be used to arrange later meetings or agree on positions.
12. **Amendments:** requests to clarify or change a draft resolution before it is voted upon and can be “friendly” or “unfriendly”.
  - a) **Friendly Amendments:** If all sponsors agree to the amendment, it is immediately applied to the draft resolution.
  - b) **Unfriendly Amendments:** If sponsors do not agree to the amendment, a debate will take place with speakers in favour and against the amendment and a simple majority vote conducted.

An **acceptable** amendment takes the form of: (i) the addition and/or deletion of a word or phrase to an operative clause, and/or (ii) the creation of a new operative clause. Amendments of preambulatory clauses and amendments that change the nature or intent of the entire resolution are deemed **unacceptable**.

13. **Approval or rejection of resolutions:** Once the Chair has announced voting on draft resolutions, no delegates may enter or leave the room. Resolutions pass if they reach a two-thirds majority, by show of placards
14. **Points:** a delegate may raise their placard for any of the following Points throughout the simulation:
  - **Point of Personal Privilege:** a matter of comfort, safety, or well-being of the members of the Committee. This can interrupt a speaker and the Chair will immediately rule on the point.
  - **Point of Order:** a matter relating to rules of procedure or how the Chair is exercising its power. This can interrupt a speaker and the Chair will immediately rule on the point.
  - **Point of Parliamentary Inquiry:** a matter relating to procedure, which a delegate may raise if there is no discussion on the floor. This cannot interrupt a speaker; the Chair will rule on this point after the speaker has finished.

# RESOLUTION WRITING

**One of the main aims is to put together all your thoughts about a certain topic/discussion into a resolution. The following pages give you more details about the resolution-writing process.**

## RESOLUTIONS

For a draft resolution to be submitted to the Dais and accepted for plenary, it must have:

- **Minimum of 2 sponsors:** These are the Member States who are the main contributors to the creation of the resolution and will present it in Plenary. Sponsors must vote in favour of their resolution.
- **Minimum one signatory:** Signatories may or may not be involved in writing the resolution, but they may still wish to see it be debated in plenary. They should try to submit amendments during the plenary.
- **Seals of Approval:** Sponsors should seek to get stamps of approval from NSAs to demonstrate the feasibility and confirm the support of their draft Resolution.

**What are the two types of clauses in draft resolutions?**

1. **Preambulatory Clauses:** Included in the first section of your draft resolution, they are usually descriptive, contextual clauses that briefly describe and give background information to the issue being tackled and include acknowledgements and/or references to past UN or WHO agreements. These are less significant than operative clauses, cannot be amended, and hence usually brief.

*Example: “Recognizing that millions of women and children die needlessly every year from conditions that are easily prevented by the use of existing, inexpensive medical commodities”*

2. **Operative Clauses:** These are active clauses that can set policy, make decisions, and create agreements. These are more significant than preambulatory clauses and are the main component of a resolution. These are usually what gets discussed and debated and where amendments occur.

*Example: “URGES governing bodies to enforce price controlling mechanisms to ensure affordability of high-quality, essential drugs”*

Use the table below for a list of some commonly used preambulatory and operative phrases.

**Draft resolutions must include two types of clauses:**

- i) **Preambulatory Clauses:** Included in the first section of your draft resolution, they are usually descriptive, contextual clauses that briefly describe and give background information to the issue being tackled and include acknowledgements and/or references to past UN or WHO agreements. These are less significant than operative clauses, cannot be amended, and hence are usually brief.

*Example:* “Recognizing that millions of women and children die needlessly every year from conditions that are easily prevented by the use of existing, inexpensive medical commodities;”

- i) **Operative Clauses:** These are active clauses that can set policy, make decisions, and create agreements. These are more significant than preambulatory clauses and are the main component of a resolution. These are usually what gets discussed and debated and where amendments occur.

*Example:* “URGES governing bodies to enforce price controlling mechanisms to ensure affordability of quality drugs,”

### PREAMBULATORY CLAUSES

Acknowledging	Deeply conscious	Further noting	Pointing out
Affirming	Deeply convinced	Further recalling	Reaffirming
Alarmed by	Deeply disturbed	Guided by	Realizing
Approving	Deeply regretting	Having adopted	Recalling
Aware of	Deploring	Having considered	Recognizing
Believing	Desiring	Having examined	Referring
Bearing in mind	Emphasizing	Having studied	Reminding
Confident	Expecting	Noting with appreciation	Seeking
Congratulating	Fulfilling	Noting with approval	Taking into account
Contemplating	Fully alarmed	Noting with deep concern	Taking into consideration
Convinced	Fully aware	Noting with regret	Taking note
Declaring	Fully believing	Noting with satisfaction	Viewing with appreciation
Deeply concerned	Further developing	Observing	Welcoming

### OPERATIVE CLAUSES

Accepts	Declares accordingly	Further requests	Seeks
Affirms	Deplores	Further resolves	Strongly affirms
Approves	Designates	Hopes	Strongly condemns
Asks	Encourages	Invites	Strongly recommends
Authorizes	Endorses	Proposes	Strongly urges
Calls for	Expresses its appreciation	Proclaims	Suggests
Calls upon	Expresses its hope	Recommends	Supports
Condemns	Further invites	Regrets	Trusts
Congratulates	Further proclaims	Requests	Transmits
Confirms	Further recommends	Resolves	Urges

# EXAMPLE RESOLUTION

This is an example resolution to give you an idea of how to phrase and structure your working paper. **Please note this is meant to serve as a guide and not an exact template to copy.**

## Draft Resolution 4.2

**Topic:** Universal and equal access to vaccination, especially for children, pregnant women, the elderly and other vulnerable groups.

Acknowledging the reappearance of several previously eradicated communicable diseases.

*Reminding* that to this day almost 7.7 million unimmunized children live in fragile or humanitarian settings, including countries affected by conflict.

*Recalling* children living in conflict are often the most vulnerable to disease outbreaks like measles and poliomyelitis which can cause death or profound disability.

*Realizing* that globally, measles, diarrhea, respiratory infections and malnutrition are major causes of childhood illness and death. In conflict and emergencies, the effects of these maladies can worsen,

Aware of when children contract measles in non-conflict settings, fewer than 1 percent of them die. In areas where crowding and malnutrition are rife, such as refugee camps, children dying from measles can soar to up to 30 percent of cases,

*Convinced* that "Conflict centers an ideal environment for disease outbreaks." said UNICEF Chief of - Immunization Robin Nandy. "Children miss out on basic immunizations because of the breakdown - and sometimes deliberate destruction - of vital health services. Even when medical services are available, insecurity in the area often prevents them from reaching.

*Deeply Conscious* that refugees and asylum seekers are most vulnerable to vaccine-preventable diseases present in Europe to which they: have not been administered vaccines at birth, and have not received vaccine booster doses, therefore these vulnerable groups do not possess immunity.

*Recognizing* that there are different approaches to delivering health care to refugees and asylum seekers in European Countries. This also applies in the provision of vaccinations and treatment of communicable diseases. Six out of 32 European countries have special vaccination programs for refugees and asylum seekers. Nineteen European countries include refugees and asylum seekers into "their national vaccination schedules,

*Recognizing* the need to provide refugees with the appropriate treatment, if they were diagnosed with a communicable disease.

*Taking into account* that, even if refugees and asylum seekers are entitled to the national vaccination program, access does not equal coverage,

Again emphasizes the importance of children's, pregnant women's, the elderly's and other vulnerable groups' health needs:

Deeply disturbing the lack of safety of healthcare workers from local and international NGOs In 2018, according to the Safeguarding Health in Conflict Coalition. there were 167 deaths and 711 injuries globally:

### **How is the above example a good resolution?**

1. **Calls upon** Member States to increase access to vaccines in conflict zones and former war zones through:

- a. Funding the research for the creation of vaccine technology that allows easier transportation, storage and administration
- b. The creation of a Priority Vaccinations Package for Conflict Zones including Measle, Mumps, Rubella, Hepatitis B, Tuberculosis, Diphtheria, Tetanus

2. **Encourages** partnerships and collaborations among pharmaceutical companies and local and international NGOs to:

- a. Administer vaccines in conflict zones and former war zones to vulnerable populations including children, the elderly and refugees.
- b. Delivery of the appropriate vaccines in conflict zones to vulnerable populations.
- c. Set up databases for patients to improve vaccination follow-up.
- d. Impulse research through grants for innovative research on new data tracing and sharing technologies.

3. **Calls for** a comprehensive Europe-wide health monitoring system including:

- a. an initial health assessment in the first country they enter, including, among other things, a screening for important communicable diseases and assessing their vaccination status,
- b. a worldwide Refugee Health Database, that:
  - i. enables every country on a refugee's journey through the region to access her/his/their health data
  - ii. to provide the care needed
  - iii. would ensure that people are not only having access to vaccination but that they truly receive it
  - iv. would avoid problems like double vaccinations or lack of vaccination
  - v. would also enable Member States to identify regions with poorer access to and provision of vaccinations, like rural areas

c. Ensure Data protection in accordance with GDPR guidelines.

4. **Calls upon** the Member States not to discriminate against refugees and asylum seekers diagnosed with communicable diseases and to provide them with the best treatment available.

5. Further requests all Member states to do their best to provide displaced persons regardless of documentation with access to their public health care services.

# Preparation before the conference

## Checklist

### Researching a country

- Consider Geography
- Consider Economy
- Consider Natural Resources
- Consider Military Strength
- Consider views on world problems
- Consider History
- STICK TO YOUR COUNTRY'S POLICY
- Consider possible allies and friends

### Researching an issue

- Research all the issues in your committee.
- Take short notes of facts and details about the issues.
- Get in the shoes of each side.
- Read and evaluate sources.
- Which countries are most likely to be supportive of an issue and which not?
- Try to find out your possible allies for the issues

### **Position Papers**

- Outline your country's stance on all the issues in your committee
- Stay within the specified word limits
- Submit your position papers by the deadline set – **APRIL 21<sup>ST</sup>, 2023**

## Dress Code

As a simulation of the Model WHO, TorWHO has a strictly formal dress code for all participants. Delegates are expected to adhere to the following guidelines:

Girls

- Formal suit
- Smart separates such as a blazer or jacket with either skirt or trousers
- Dress

Boys

- Formal suit, shirt and tie
- Blazer or jacket, shirt and tie with formal trousers

*Clothing, jewellery, and accessories should not be inappropriate or offensive.*





# WE LOOK FORWARD TO THIS CONFERENCE ON APRIL 30 – MAY 2, 2023



DR. AHMAD  
FIRAS KHALID

Assistant Professor,  
School of Global  
Faculty of Health



DR. A.M. VIENS

Director,  
School of Global  
Faculty of Health



MEGAN GEORGE

Senior Research  
Assistant





SAMEEN ALI

Research Assistant

Content:  
Megan George

Design:  
Megan George

References: <https://medimun.net/wp-content/uploads/2022/09/Delegate-Handbook.pdf>

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