Letter By Executive Board

Welcome to the United Nations High Commissioner for Refugees being simulated at BHIS Model United Nations conference 2021, where we shall be discussing the agenda 'Ensuring refugees get the right to health and access to social and health services.'

The success of the United Nations High Commissioner for Refugees as a committee will depend on each delegate. A council is defined by its delegates more than by its executive board. It is you, the participating delegates, which shape the outcome. You must therefore be prepared to participate in a truly rewarding experience. Apart from the research on the agenda, Delegates should be aware of their country's historical background and current situation in global politics and international relations. Delegates should come into the committee with a clear foreign policy and the representatives of the governments of their countries.

We are unaware of your individual credentials/experience with Model United Nations however, no matter what that may amount to, it is a given that there can be no productive simulation in the absence of substantial research. There are multiple approaches to preparing for a simulation such as this and we shall not dictate to you which of these you must adopt, that is upon you to decide, however, we can assert with confidence that the commonality among all these approaches is that research constitutes their first step.

So once the research process is initiated it needs to be coupled with proactive attempts to understand. Application of the information acquired through research always requires understanding. There is no particular point at which research concludes and analysis thereof begins, these are two intermittent processes that may continue till the last minute of the simulation.

Besides research, both on the agenda and the mandate of the committee the participants are required to have a firm grasp on diplomatic conduct. Diplomatic conduct can be general and country-specific, what constitutes general diplomatic conduct (which includes language, gestures, and any other kind of expression) can be gauged from the definition of the term diplomacy. There is no precise definition of the term but an appraisal of various definitions shall help formulate a reasonably accurate notion thereof.

Country-specific diplomatic conduct can be determined by a study of past actions of your country (country allotted which a participant is called the delegate of) in the international fora. Speeches, statements, voting records, instances of walk-outs, boycotting of meetings et cetera can contribute to building an understanding of the same, apart from these sources, video graphic recordings of these sessions and meetings can greatly help this understanding. It is expected of all participants to conduct themselves impeccably, the concept of MUN's wasn't created simply to get to students to talk about things diplomats would usually talk about, but to also hone their conduct, their reasoning, logic, negotiation, and lobbying skills, all of which can be referred to as 'soft skills. Diplomatic conduct harmoniously links speech and body language, it is a bridge between verbal and nonverbal communication thereby making it an important criterion for us to assess your performance and effectiveness. Manipulation of procedure of the committee to gain extra floor time or to stall the statement/ comment/speech of another delegate or to cause disruption therein shall not be tolerated. In order to ensure that procedure is not misused, it is necessary for delegates to be aware of the procedure of the UNHCR.

Having stated the above, it is now prudent to explain the purpose and nature of the background guide summarily. The background guide is a preliminary research brief pertaining to the committee and the agenda. It is NOT meant to provide participants with exhaustive information. The primary purpose of a background guide is to ensure that all participants are at a level playing field, thus it ensures that every participant possesses a modicum of information from which further information can be drawn. It serves as a base upon which the research is built. Nothing in the background guide has any evidentiary value, it can never be used as conclusive proof in the committee. It is necessary for delegates to dig deeper from where the background guide leaves them.

Research may commence well before the background guide is released, delegates are free to read up on the agenda which has been made public and formulate a structure of research. It is not important for your structure to match the one that the background guide presents as long as you have a solid understanding of what you are going to be discussing in the committee.

That being said, we wish you the best of preparations and hope that this simulation shall mutually benefit all those involved in it. We hope we can learn from you and impart our knowledge to you in the process. For any doubts that you may have, you may contact any member of the executive board. The email address of your committee president will be given in this guide.

Looking forward to seeing you all.

Regards

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UNHCR(Introduction and Mandate)

The United Nations High Commissioner for Refugees (UNHCR) is a UN agency mandated to help and protect refugees, forcibly displaced communities, and stateless people, and to assist in their voluntary repatriation, local integration, or resettlement to a third country. It is headquartered in Geneva, Switzerland, with over 17,300 staff working in 135 countries. On 14 December 1950, GA approved the first Statute of the Office of the United Nations High Commissioner for Refugees that contains the mandate, functions, rules, and obligations of UNHCR. Originally, UNHCR was intended to be a temporary body with a three-year period in which it would address refugee concerns from 1 January 1951 until 31 December 1953. Due to an increase in both the number of persons of concern and the scope of issues requiring further attention, UNHCR's mandate was extended for a five year period and renewed every five years until 22 December 2003 when GA adopted resolution 57/186; removing the requirement of the agency to renew its mandate. This new mandate, along with the Convention Relating to the Status of Refugees (1951), helped extend UNHCR's autonomy and jurisdiction over aid, activities, and financial support.15 UNHCR's main purpose is to address the needs of refugees worldwide by providing humanitarian aid along with protection and asylum processes. The Statute has two main areas of focus: the first area is to work along with the UN Member States and other UN agencies to ensure that refugees have access to international protection under the auspices of the UN. The second area of focus is to assist refugees in finding permanent solutions, whether they be reintegrated into their own country of origin or resettled into a host country.

Nature of Proves or Evidence to be accepted

The following kinds of documents (in the order of decreasing precedence) can be admitted as proof in council: 1. UN Bodies: SC (http://www.un.org/Docs/sc/);

GA (http://www.un.org/en/ga/);

HRC (http://www.ohchr.org/EN/HRBodies/HRC/Pages/HRCIndex.aspx) etc.

WHO (http://www.who.int/en/)

2. UN Affiliated Bodies: International Atomic Energy Agency (http://www.iaea.org/);

World Bank (http://www.worldbank.org/);

International Monetary Fund (http://www.imf.org/external/index.htm);

International Committee of the Red Cross (http://www.icrc.org/eng/index.jsp); etc.

3. Treaty Based Bodies: Antarctic Treaty System (http://www.ats.aq/e/ats.htm);

International Criminal Court (http://www.icccpi.int/Menus/ICC) etc.

3.1. State Reports- Any State's Report from their government portals or State-owned media

State Department of the United States of America (http://www.state.gov/index.htm);

Ministry of Defence of the Russian Federation (http://www.eng.mil.ru/en/index.htm);

Ministry of Foreign Affairs of various nations like India (http://www.mea.gov.in/);

France (http://www.diplomatie.gouv.fr/en/);

Russian Federation (http://www.mid.ru/brp_4.nsf/main_eng), etc.

3.2. Permanent Representatives to the United Nations Reports http://www.un.org/en/members/ (Click on any country to get the website of the Office of its Permanent Representative).

3.3. Multilateral Organizations NATO (http://www.nato.int/cps/en/natolive/index.htm);

ASEAN (http://www.aseansec.org/); OPEC (http://www.opec.org/opec_web/en/), etc.

4. Reuters reports on incidents: http://www.reuters.com/

NB: Reports from media houses like the ones mentioned below shall not be taken into consideration as substantive proof but only as supportive/persuasive proof:

RIA Novosti (Russia) http://en.rian.ru/

IRNA (Iran) http://www.irna.ir/ENIndex.htm

BBC (United Kingdom) http://www.bbc.co.uk/

Xinhua News Agency and CCTV (P.R. Of China) http://cctvnews.cntv.cn/

Unacceptable Sources

Wikipedia (http://www.wikipedia.org/);

Amnesty International (http://www.amnesty.org/);

Or newspapers like The Guardian (http://www.guardian.co.uk/) ; Times of India (http://timesofindia.indiatimes.com/); etc

Introduction to the Agenda

Improving public health systems for displaced persons is a principal responsibility of the United Nations High Commissioner for Refugees (UNHCR). However, refugees are facing considerable challenges in access to these public health systems. Although they possess the right to receive the same level of medical treatment as citizens, many refugees around the world still face a wide range of obstacles, which prevent them from receiving medical treatment. While UNHCR is working together with other international relief organizations in order to improve the situation, public health systems for refugees are still hindered by an overall void of structure including information on and in public health systems, and the consequences of widespread diseases which threaten the development of public health services for refugees and other forcibly displaced persons.

International and Regional Framework

The basic rights of refugees are rooted in the Convention relating to the Status of Refugees (1951). With regard to public health systems for refugees and other forcibly displaced persons, the Convention states that refugees should enjoy access to health services equivalent to that of the host population. While the Convention Relating to the Status of Stateless Persons (1954) does not include a particular abstract on public health services for stateless persons, it still prescribes fundamental human rights like healthcare for people who are forced to leave their own country. Among others, the Convention discusses general provisions, the juridical status of stateless persons, and administrative measures. The Universal Declaration of Human Rights (UDHR), which was adopted by the General Assembly (GA) in resolution 217/A in 1948, emphasizes in Article 25, “everyone has a right to […] medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in

circumstances beyond his control." However, the Millennium Development Goals directly address the public health situation of refugees and other forcibly displaced persons. Goal l, which aims to eradicate extreme poverty and hunger, directly affects the health of persons of concern to UNHCR, since hunger can have severe influences on the health status of refugees. UNHCR is directly involved in the achievements of Goal 3, which seeks to reduce child mortality, by improving public health systems for refugees and other forcibly displaced persons by improving public healthcare of children. Goal 5, improving maternal health, and Goal 6, combating HIV/AIDS, malaria, Covid-19, and other diseases, are key components of UNHCR's work regarding the public health of displaced persons. In 2004, UNHCR introduced the Age, Gender, and Diversity (AGD) approach, which seeks to "ensure that all persons of concern enjoy their rights on an equal footing and are able to participate fully in the decisions that affect their lives and the lives of their family members and communities." The Global Analysis 2012-2013 - Accountability Frameworks for Age, Gender and Diversity Mainstreaming and Targeted Actions publication, written by an independent expert on behalf of UNHCR, briefly summarizes the basic principle of its Age Gender and Diversity Mainstreaming approach as "working together to end discrimination and ensure equal outcomes for all." UNHCR's Policy Development and Evaluation Service addresses policy changes, evaluation and research projects with specific AGD focus. These projects include work on refugees and asylum seekers with disabilities and UNHCR's role in the provision of mental health and psychosocial services. In 2012, UNHCR, in cooperation with the World Food Program (WFP), developed operational guidance on refugee access to health insurance, mental health and cash-based interventions. This guidance seeks to ensure that UNHCR staff and implementing partners have AGD competence through relevant training and other capacity building.151 Furthermore, the Division of Program of Support and Management (DPSM) section of UNHCR undertakes technical support missions in all areas of basic needs, which include among others HIV/AIDS, reproductive health, food security and nutrition, water and sanitation, shelter and settlements.

Role of United Nations System

Within the United Nations (UN) system, UNHCR and the World Health Organization (WHO) are primarily responsible for addressing the health needs of refugees and other forcibly displaced persons. UNHCR perceives its primary role in planning, coordinating, monitoring and evaluating the current health situation for displaced populations under its jurisdiction. The overall objective of UNHCR's programs is to minimize mortality and morbidity rates among displaced populations. WHO accounts for several achievements in improving public health systems, particularly when it comes to strategic planning of actions in refugee camps. For example, in the Health Cluster Guide it allows precise mapping of health resources and services through characterizing locations and modalities, independently,

in order to make a detailed analysis and monitoring of the health sector response. This approach has been successfully used to monitor the health situation in refugee camps and other settings in the Darfur region. Additionally, UNHCR serves an integral role in the multi-agency effort of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Under the UNAIDS division of labor, UNHCR is the lead agency for addressing HIV among refugees and internally displaced persons. The agency promotes and supports the development of comprehensive HIV programs in cooperation with UNAIDS to ensure universal access to HIV prevention services and AIDS treatment.

The UN General Assembly has adopted several resolutions that address the public health of refugees and other forcibly displaced persons. Resolution 48/116 of 20 December 1993 supports the protection of refugees and programs, which are of particular importance in improving public health systems. Further, in resolution 49/169 of 23 December 1994, UNHCR is encouraged to continue to undertake initiatives for refugee women, particularly with regard to reproductive health. Report 96/1045 by the Executive Committee of the High Commissioner's Programme to the General Assembly of 2 October 2007 introduced new strategies on improving the health and nutrition for refugees and other people of concern to UNHCR. These strategies include additional funds made available by the High Commissioner for projects on health, nutrition and the prevention of sexual and gender-based violence and the establishment of the Health Information System (HIS). The system has been set up as "a standardized tool to design, monitor and evaluate refugee public health and HIV programs." It seeks to improve the health status of persons of concern through evidence-based policy formulation, improved management of health programs and direct actions that improve the health situation of refugees." HIS includes a large database, which has been created in cooperation with the Centers for Disease Control and Prevention and the Information Management and Mine Action Program (iMAPP), which has evolved from an organization focused on land mines to one focused more broadly on humanitarian management organization.

Public Health Systems

According to the World Health Organization, a health system "consists of all the organizations, institutions, resources and people whose primary purpose is to improve health." It requires staff, funds, information, supplies, transport, communications as well as general guidance and direction. WHO describes a functioning health system as a structure, which responds in a balanced way to a population's needs and expectations by improving the health status of individuals, families and communities and defending the population against what threatens its health. A well-functioning health system protects people against the financial consequences of ill-health, provides equitable access to people-centered care and makes it possible for people to participate in decisions affecting their health and health systems. With regard to WHO's categories, health systems for refugees and other forcibly displaced persons around the world

cannot be called well-functioning. Many people are still threatened by a number of diseases such as HIV/AIDS, malaria or tuberculosis. A considerable number of refugees, particularly in urban settings are not protected from the financial consequences of ill-health, due to lack of insurance or access to welfare programs. Due to their social and civil status, most refugees are not involved in decisions affecting their access to healthcare. Although UNHCR's budget reached a record level in 2011, receiving over US$2 billion in voluntary contributions, the agency requires more financial capabilities, since the voluntary contributions covered less than 60 % of needs identified by the agency. Despite these issues, UNHCR accounts for a remarkable number of achievements in improving public health systems. The agency developed HIS in order to protect the health of refugees and to evaluate the actual health state of persons of concern. UNHCR worked on guides and policy recommendations for a wide range of issues concerning public health systems for refugees. Its work on improving laboratory services in primary health care facilities, for example, has the objective to assure and control the quality of laboratory services through tests, laboratory guidelines and standard operating procedures.

Challenges of Public Health Systems for Refugees and Other Persons of Concern

HIV/AIDS and Malaria Control

UNHCR works to ensure access to AIDS treatment, care, prevention and support programs for the displaced populations. UNHCR's work in this area is based on control programs, which include rapid diagnostic tests, as well as early detection and prevention with culturally appropriate HIV information-education-communication materials. Its programs further incorporate prevention of mother-to-child transmission, antiretroviral therapy and post-exposure prophylaxis programs. The agency recognizes the necessity of improving laboratory services in UNHCR-supported primary health care facilities, which is pivotal in assessment of the current rate of infection. UNHCR's Essential Medicines and Medical Supplies: Policy and Guidance lists criteria for medicine selection and distinguishes which essential medicine should be administered in emergency kits and general medication. The key objectives of UNHCR's Strategic Plan for HIV and AIDS 2008 - 2012, included: protection; coordination and integration; prevention; care, support and treatment; durable solutions; capacity building; and assessments, surveillance, monitoring, evaluation and operational research. UNHCR has committed itself to support and promote malaria policies and control programs and seeks to reduce morbidity and mortality among refugees and other persons of concern. In UNHCR's Strategic Plan for Malaria Control, the agency summarized its key goals and objectives to control malaria as well as strategies to achieve those goals. These goals include the protection of the rights of persons of concern with specific reference to malaria, access to early diagnosis, prompt and effective treatment and prevention. The agency further aims to effectively coordinate, advocate for and integrate malaria control policies and programs in a multi-sectorial approach for persons of concern. Although new

tools for effective treatment and prevention have been developed, Malaria continues to be the number one cause of illness and death among various refugee populations.

Nutrition and Food Security

In September 2005, the UN High Commissioner for Refugees, António Guterres, emphasized in a joint statement by UNHCR and the WFP that the health of all refugees strongly depends on their access to nutrition, because a lack of food security might lead them to desperate measures to feed themselves. According to the Food and Agriculture Organization of the United Nations (FAO), "Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life." According to UNHCR, communicable diseases brought on in part by malnutrition are responsible for millions of preventable deaths each year. FAO estimates that at least 870 million people in the world are suffering from hunger. Millennium Development Goal 1 sets the target to half the proportion of people who suffer from hunger from 1990 to 2015. UNHCR seeks to fulfill its role in improving access to food and nutrition by extending the capacity of UNHCR and its partners through training, standard guidelines, strategic plans, additional staffing, coordination and appropriate program practices. In its Strategic Plan for Nutrition and Food Security 2008 – 2012, UNHCR emphasized the importance of the protection of the right of persons of concern to sufficient food, the coordination and integration of existing food security programs, the prevention of malnutrition and food insecurity and evaluation and operational research on persons of concern's nutrition and food security status.

Water and Sanitation

Access to clean water and sanitation are fundamental human rights. According to UNHCR, this fundamental human right needs to be guaranteed for refugees and asylum seekers. Cooperation on water management programs has been promoted by the United Nations, particularly through actions in the International Year of Water Cooperation in 2013, declared by General Assembly Resolution 65/154. With its Water, Sanitation and Hygiene (WASH) program, UNHCR seeks to boost water and sanitation projects in operations around the world. The agency's initiatives include the rehabilitation and upgrading of existing water and sanitation facilities, enhancement of technical capacity to monitor and improve the quality of services, and implementation of hygiene promotion activities. UNHCR contributes to solving the issue by coordinating and ensuring the delivery of water and sanitation services to displaced persons and refugees in camp and urban settings. Despite UNHCR's and UN-Water's actions and policies, 783 million people are still without access to water. UNHCR estimates that more than half of the world's refugee camps are "not able to provide

the recommended minimum daily water requirement of 20 liters per person; while some 30% of camps do not have adequate waste disposal and latrine facilities."

Emotional Trauma

Several humanitarian emergencies, as for instance the humanitarian response to the crisis in Bosnia-Herzegovina and Croatia or the consequences of the 2004 tsunami in Indonesia and other countries in South-Asia and the Pacific, have shown that many refugees deal with emotional traumata. As a consequence, a great variety of humanitarian organizations have developed and supported activities to address mental health and psychosocial needs of refugees. As UNHCR works in multiple areas, which have high rates of refugees suffering from trauma as for example in camps with a large population of political refugees, the agency included several approaches and interventions into its policies in order to improve refugee's mental health situation. Through its Health Unit, UNHCR is supporting the development of operational guidelines for mental health and psychosocial services, which mirror existing guidelines in areas such as referral health care and health insurance schemes for urban refugees. UNHCR's work in dealing with emotional traumata and providing better mental health further focuses on the prevention and repercussions of sexual and gender-based violence, child protection and education. According to UNHCR, guidelines on assessing mental health and psychosocial and resource needs in humanitarian settings were developed and rolled out in cooperation with WHO in 2012.

The Recent Challenge(Covid-19)

The coronavirus pandemic (COVID-19) has spread across the world, infecting over 60 million people and taking the lives of more than one million. The world's 79.5 million people forced to flee their homes due to conflict and persecution constitute one of the most vulnerable population groups. Anyone can contract COVID-19 , but the pandemic has affected certain populations disproportionately. Due to limited testing, the exact number of COVID-19 cases among people forced to flee remains unknown. But in addition to the health threats, forcibly displaced people have faced particularly difficult economic and social challenges associated with the pandemic. The spread of COVID-19 has devastated many countries' health and economic systems and disrupted the education of more than a billion children. This has been particularly true for developing countries, which host 85 per cent of the world's refugee population. Providing forcibly displaced people with adequate healthcare and maintaining their social and economic wellbeing presents a challenge for host countries and the international community.

Refugee communities have faced critical challenges in following recommended risk reduction practices:

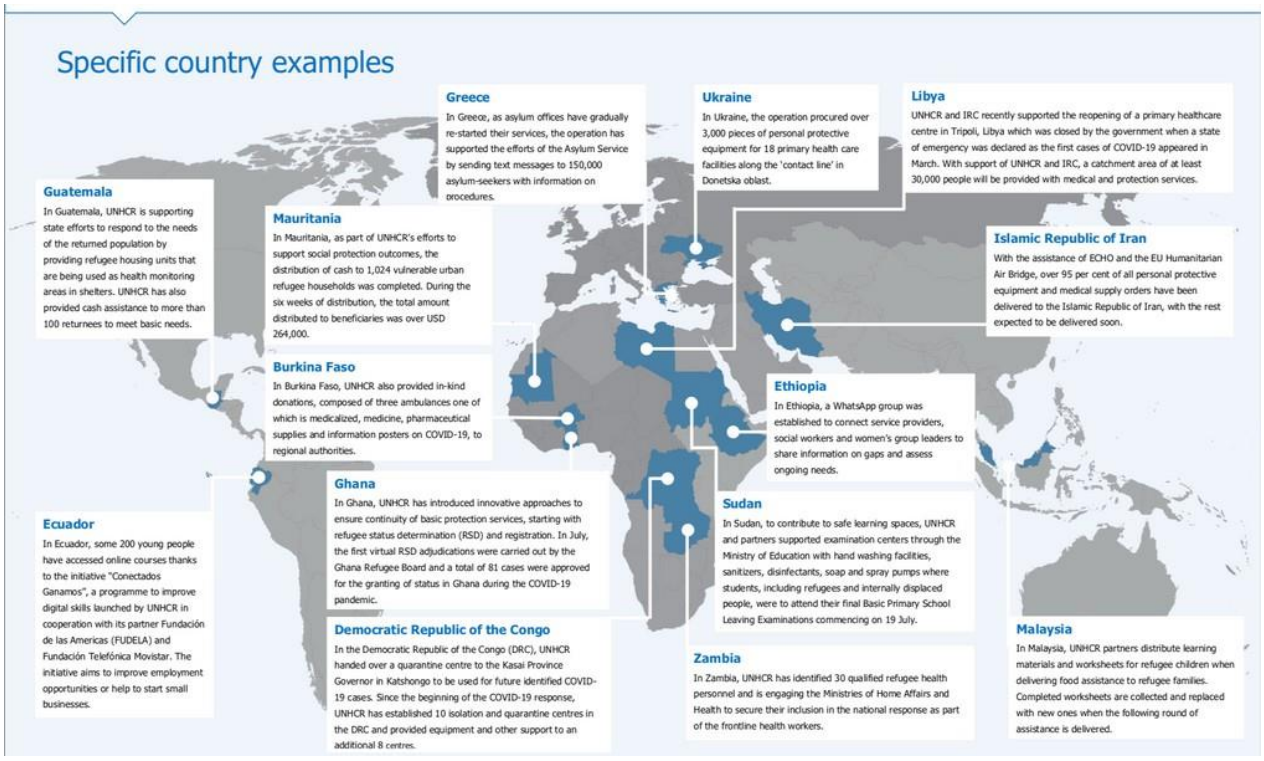
- Many refugees live in poor urban areas (60 percent of refugees live in cities) or densely populated camps with inadequate health infrastructure, making physical distancing very difficult.
- The lack of access to face masks, protective gear, clean water and soap makes refugees more vulnerable to COVID-19.
- Refugees have limited access to public health services. For example, Syrian and Palestinian refugees in Lebanon cannot access health facilities without providing identification documents, which is often an issue since most refugees in Lebanon are undocumented.
- Refugee populations often lack the funds to obtain adequate treatment if infected with the virus.
- Refugees and the displaced already struggle with the trauma of fleeing war, violence, persecution and discrimination. The stress and fear of contracting COVID-19 or losing their livelihoods as well as the isolation and loneliness experienced during lockdowns, have exacerbated mental health issues.

Role of UNHCR in Covid-19

A Global Humanitarian Response Plan for COVID-19 was launched in March 2019 by the UN Office for the Coordination of Humanitarian Affairs (OCHA), outlining the responsibilities and roles of different organizations in addressing the humanitarian, health and economic impact of the pandemic. The target of this response is to provide 250 million people with COVID-19 assistance. UNHCR has focused on responding to the health and economic needs of refugees. UNHCR has been the lead UN agency in "advocating and ensuring that refugees, migrants, IDPs, people of concern and host population groups who are particularly vulnerable to the pandemic receive COVID-19 assistance."

- UNHCR is distributing soap, shelter material and other core relief items.
- UNHCR is expanding cash assistance to mitigate the socio-economic impact of COVID-19.
- UNHCR is enhancing monitoring to ensure the rights of refugees people are respected.
- UNHCR is advocating for the inclusion of refugees in national health systems and recovery plans.
- UNHCR also supports governments with medical equipment and supplies.

The following map highlights specific examples of UNHCR's Global COVID-19 Response:



World Health Organisation(WHO)

The World Health Organization (WHO) signed an agreement with UNHCR in May 2020 to boost the provision of health services to forcibly displaced and stateless people.

1) WHO has been working with governments across the world to ensure that supply chains of medical equipment are reaching all communities, including refugees, internally displaced people and stateless people.
2) WHO offices in countries with large refugee populations, such as Lebanon, Turkey and Thailand, have joined efforts with ministries of health to monitor cases and ensure the protection of refugees and the overall community from COVID-19.
3) WHO raises awareness of health and safety practices. For example, WHO has conducted a 9-day COVID-19 awareness campaign in Iraq's Kurdistan region, which hosts one million displaced people (refugees and IDPs), in cooperation with the Ministry of Health.

Questions to guide the debate

- How do we ensure refugees have access to the latest health and safety guidance? How can we involve refugees in the dissemination of health information in their communities?

- How can health services be expanded to refugees in host countries who are themselves struggling with the pandemic? How to improve refugees' access to hospitals and doctors?
- How can we work against xenophobia, fear and misunderstanding so refugees are welcomed, not shunned?
- How can we ensure young refugees continue to access education during lockdowns and after?
- How can the right of seeking asylum be protected during the COVID-19 pandemic?
- How do we create better conditions in refugee camps to ensure social distancing?
- How do we ensure refugees get access to a vaccine when it becomes available?
- How can refugees be protected from the economic impact of the pandemic?
- How do we protect the mental health of refugees during COVID-19?

Useful Links and Resources

- https://storymaps.arcgis.com/stories/95cc3b65d9264cf3b80fffef0daa0358
- https://data2.unhcr.org/en/situations/covid-19
- https://www.unhcr.org/dach/de/45421-the-impact-of-covid-19-on-refugee-education.html
- https://www.unhcr.org/news/stories/2020/5/5ebd461d4/coronavirus-spreads-refugee-doctors-want-join-fight.html
- https://www.unocha.org/sites/unocha/files/GHRP-COVID19_July_update.pdf
- https://www.reuters.com/article/us-syria-refugees-idUSKCN0JJ14920141205
- https://www.reuters.com/article/us-europe-migrants-unhcr-insight-idUSKCN0RG13E20150916
- https://www.reuters.com/article/uk-health-coronavirus-africa-refugees-in-idUKKBN25R0N0
- https://www.reuters.com/article/us-bangladesh-rohingya-un-idUSKBN2AM0HZ
- https://www.reuters.com/article/us-europe-migrants-easteurope-idUSKCN1BG35V
- https://www.reuters.com/article/us-mideast-crisis-syria-refugees-idUSKBN0KG0AZ20150107