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Dear delegates,

**It is my distinct honor to welcome you to the very first edition of the Massachusetts Institute of Technology's Model United Nations Conference in China!**

MITMUNC China will be the first chapter of our conference outside of the United States and represents a new, exciting opportunity. Among many things, MITMUNC China represents the power of cooperation across nations in this ever more integrated world. We are delighted to be co-hosting this conference with ASDAN China, united by our common mission of developing tomorrow's leaders.

In late August, we will all convene in Shanghai for a weekend full of debate. As a delegate, you will be tasked with the challenge of representing your assigned delegation and presenting novel, feasible solutions to the world's most pressing issues. It will be your responsibility and privilege to engage in purposeful dialogue with your fellow delegates throughout the course of three days in which you will learn extensively. However, you will not be the only ones in this endeavor. This will be my first time in China which is also the case for the majority of the MITMUNC China committee directors. As such, we are very excited in getting to know you and experiencing Chinese culture firsthand.

A great deal of planning and work from many people has gone into this conference. Thus, I invite you to take full advantage of MITMUNC China. **Prepare yourself for your committee, think freely and creatively, and do not be afraid to speak up.** The beauty of Model United Nations lies in the peaceful coordination of unique thoughts and ideas coalescing to simulate the work of real world leaders, so your work as a delegate will certainly be important.

Use this background guide as your first step in preparation. Read it in its entirety and use it as a base to conduct individual research. Your committee director has prepared it for your benefit.

As MITMUNC China's founder, I very much look forward to giving you a warm welcome in late August! See you in Shanghai!

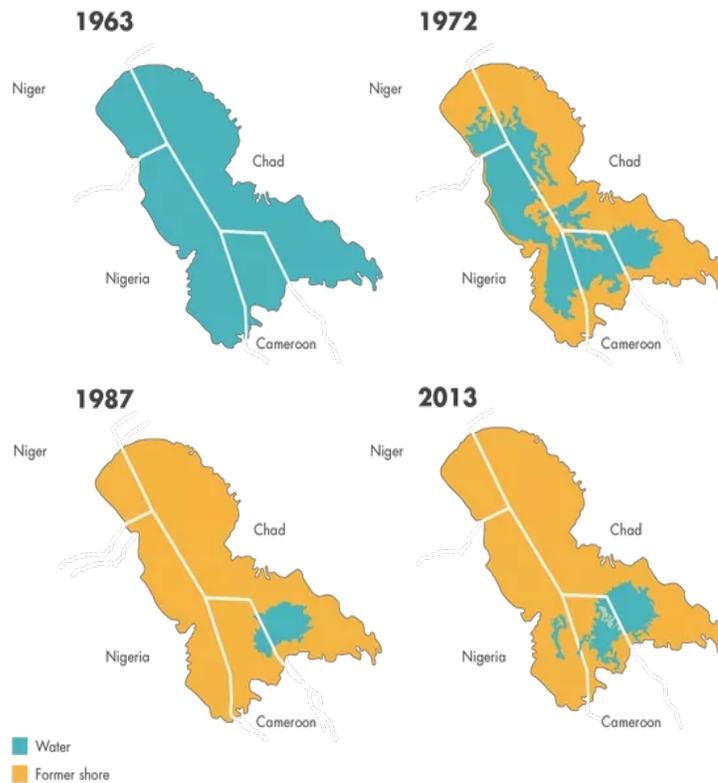
Sincerely,

William A. Rodríguez  
Secretary-General & Founder  
MITMUNC China

## TOPIC A: THE DIMINISHMENT OF LAKE CHAD

Lake Chad, once the third largest bodies of water in Africa covering over 25,000 square kilometers, is center of trade and culture among the population of the Northern and Southern Sahara. The basin provides freshwater and supports livestock and fisheries for more than thirty thousand people in the four nations bordering it, including Nigeria, Niger, Cameroon, and Chad (“Lake Chad, A Living Example”).

In the past decades, however, Lake Chad has experienced drastic dehydration, and has lost more than 90% of its original size. The figure below depicts the recession of the boundaries of the lake over that past half century (“Restoring a Disappearing Giant”).



Source: United Nations Environment Program and DIVA-GIS in Kingsley, P. "The small African region with more refugees than all of Europe," *The Guardian*, 26 November 2016. Available at: <https://www.theguardian.com/world/2016/nov/26/boko-haram-nigeria-famine-hunger-displacement-refugees-climate-change-lake-chad>.

These effects are especially apparent for those who live on the shoreline communities bordering the river, who have seen the lakeside recede dramatically. On the Doron Baga settlement, the lakeside has receded by more than 20 kilometers (Salkida). These effects have led the United Nations Food and Agriculture Organization (UNFAO) to call the situation an “ecological catastrophe,” noting the possibility of the lake disappearing within the century if action is not taken.

The diminishment of the lake has been attributed to many factors, including the environmental degradation, climate change, conflict, poverty, and lack of proper environmental and water resource management legislation and enforcement. These causes have led to deepening insecurity as well as rapid population growth combined with insecurity, leading to more than 11 million people needing humanitarian assistance and 2.3 million fleeing from their homes. The Lake Chad Basin Commission (LCBC) was created in 1964 for purpose of regulating the use of the basin’s water and natural resources and includes Chad, Nigeria, Cameroon, Niger, and the Central African Republic, which joined in 1994 (Kindzeka). While this commission continues to make efforts to save the lake and minimize the impact of its diminishment on the people of the region, much more needs to be done if the basin is to be saved.

### **Violence within the region**

Originating in Nigeria, the violent group known as Boko Haram is now prevalent within all four countries bordering the lake. In Nigeria alone, since 2014, approximately one million people have been forced to relocate. This rise in violence and insecurity has prevented many farmers from planting crops within the fertile regions around the lake or accessing the lake itself to provide freshwater for its livestock and fisherman from fishing in the lake (“Restoring a Disappearing Giant”).

Many experts believe that due directly to the high unemployment, diminishing resources, and dim prospects, the terroristic ideologies of groups such as Boko Haram have become more attractive for young people. Furthermore, due to the fact that the terrorist group commonly ravages through different villages for resources, this makes them more and more attractive for young people, who see brighter prospects for their own futures if they join (Krinninger). President Idriss Deby commented that the Lake was a “base for Boko Haram,” and thus its members have a greater access to the already dwindling resources in the region. The drugging and indoctrination of new members

by Boko Haram also feeds into its growing numbers, forcing many youths to stay in the group due to brainwashing or addiction (Krininger).

Furthermore, conflict does not only arise between the population and the terrorist group, but also between local farmers and herdsman trying to acquire the same land or use the same resources, resulting in hundreds of deaths every year.

While the mandate of this committee is not to address the violence caused by the terrorist group in the region directly, it is to address the humanitarian needs caused by this violence. Due to these violent groups, many people are forced to flee from their homes either directly due to impending attacks or due to the lack of resources that are drained by the group; the displacement of these people is sometimes even due to military operations the government needs to take to combat the terrorist groups in the area. After displacement, many are forced to walk for days without food, water, or shelter, resulting in malnutrition, dehydration, and respiratory infections. Sometimes even more severe injuries such as gunshot wounds and major external bleeding are inflicted on these displaced persons (MSF USA).

Due to the fact that there is limited governmental resources allocated to these problems, as well as the fact that the efforts of groups such as Doctors Without Borders, or Medecins Sans Frontieres (MSF) are limited because of their limited resources, new more sustainable solutions to these problems must be implemented (MSF USA).

### **The Health Care Situation**

Due to the receding lake, malnutrition and food insecurity is rampant, with rates of malnutrition surpassing the emergency threshold according to the World Health Organization. With more than 500,000 children severely acutely malnourished, action must be taken immediately. At this point roughly 2 out of every 3 inhabitants in the region need humanitarian help such as food, water, education, and health care or conditions could worsen and result in famine (Reuters). The United Nations Children's Fund (UNICEF) head of emergency programs, Manuel Fontaine, has commented on the fact that half a million children under the age of five in the region suffer from acute malnutrition that "One if five could die and the others could suffer severe long-term consequences, such as stunting." (Reuters).

The pushing of hundreds of thousands of refugees to already impoverished and overpopulated areas with little to no access to food and water has resulted in widespread

malnutrition and disease. Efforts such as the ones by the government of Niger to create Internally Displaced People (IDP) camps have provided little to solve these issues because of the fact that as more people become IDPs, these camps become even more overpopulated with less resources to allocate (Hemba). Many IDPs now live in conditions in which the spread of diseases such as cholera, measles, meningitis, and yellow fever is prevalent (Hemba). Furthermore, while refugee camps are effective in the short term, solutions aimed at more long term sustainability must be implemented if the problems within the region are to be addressed.

## **Climate Change**

According to the United Nations Environment Program (UNEP), about half of the diminishment of Lake Chad is caused by climate change, which is thus direct cause of diminishing resources within the region. While efforts by the international community such as the Paris Agreement provide some relief to this issue, the international community is still a long way from any solution that would begin restoring the lake.

For this reason, proper infrastructure and regulation is needed so to maximize the benefits from the receding lake. Proper water distribution methods as well as irrigation methods by farmers could possibly be explored in order to achieve this end. Furthermore, there is a dire need for sanitation methods not only within the regions around the lake but also within IDP camps (Krininger).

Efforts by the governments within the region to reduce their carbon footprints are under way, with President Biya announcing his efforts to reduce the country's carbon footprint by 32 percent by 2035. Each country is also taking measures to control other causes of climate change, such as desertification, in hopes reduce the effects Climate Change is having on the natural resources of the region, especially on Lake Chad ("Lake Chad, A living Example").

## **Case Study: Cameroon**

"Cross-border raids, suicide bombings and heightened insecurity have caused massive displacements and deprivation of communities in the Far North region. The number of internally displaced persons (IDPs) reached around 200,000 by October 2016. This has resulted in a sharp increase of humanitarian needs for IDPs and host communities, who were already vulnerable before

the crisis. Food insecurity remains alarmingly high. Access to basic services in the conflict-affected areas has been severed or severely diminished. Health centers, whose access and quality of services were already limited, are overwhelmed. Some 21 health centres have closed due to insecurity.” (“Lake Chad Basin Humanitarian Response Plan”).

### **Case Study: Nigeria**

“The long-running Boko Haram-linked conflict has devastated communities of north-eastern Nigeria, compounding the poverty and underdevelopment in the area. More than 8 million people across Borno, Adamawa and Yobe States require humanitarian assistance. Food insecurity in the three states has almost doubled and almost 2 million people have been displaced.” (“Lake Chad Basin Humanitarian Response Plan”).

### **Case Study: Niger**

“Recurrent attacks by Boko Haram have resulted in the displacement of more than 300 000 people (IDPs, refugees and returnees) in south-east Niger. Some have been forced to flee multiple times. Already limited basic services and resources are overstretched in a region where communities have long grappled with food insecurity, malnutrition and cyclic droughts and floods. Insecurity and recurrent attacks regularly disrupt health, water and other essential services. In 2017, some 340 000 people face food insecurity, around 12 000 children will be severely malnourished and almost 45 000 will suffer from moderate malnutrition.” (“Lake Chad Basin Humanitarian Response Plan”).

### **Case Study: Chad**

“Insecurity persists along Chad’s western Lac region. The resulting population displacement has accentuated the vulnerability of both those forced to flee the violence and the communities hosting them, many of who already needed assistance. The influx of displaced people is exerting pressure on resources.

Lac region has only 10 doctors. Global Acute Malnutrition in this region now stands at 12.2%, while severe acute malnutrition is 2.1%, which is above the emergency threshold.” (“Lake Chad Basin Humanitarian Response Plan”).

## **Committee Mission**

As delegates to the World Health Organization, delegates should keep in mind the core areas of work of the WHO, which include Health Systems, promoting health through the life-course, diseases, preparedness, surveillance, and response, and corporate services. Delegates should therefore strive to address issues within the Chad Basin region such as malnourishment, diminishing resources, violence within the region, inefficient allocation of resources, and climate change through a healthcare perspective by attempting to mitigate the negative health effects these issues have on the people in the region while solving the overall issues causing these effects.

## **TOPIC B: THE DISTRIBUTION OF PHARMACEUTICALS TO DEVELOPING NATIONS**



Pharmaceuticals are a vital part of any healthcare system today, and one-third of developing countries cannot receive or purchase these medicines on a regular basis (“Access to Medicines”). Although we continue to develop pharmaceuticals that address many of the diseases around the world today, many who are afflicted with these diseases have little to no access to these very same pharmaceuticals. It is, therefore, the job of the WHO to find methods of increasing developing nations’ access to these essential medicines.

### **Development of Pharmaceuticals**

Due to the incredibly high price of and time costs associated with drug development, pharmaceutical companies need a financial incentive to continue to create new drugs. This is where intellectual property becomes very important in terms of pharmaceutical innovation. A drug developed under patent protection ensures maximum revenue for the company from the sales of the

drug and, therefore, a return on the pharmaceutical company's investment into the development of the drug ("Drug Discovery"). Pharmaceutical companies thus rely on intellectual property laws to generate revenue. Pharmaceutical companies need this revenue to continue to innovate new and lifesaving drugs, and it is therefore extremely important that they receive it.

In many cases, pharmaceutical companies are more willing to develop drugs for developed, rather than developing, countries; 90% of the money spent on pharmaceutical research and development focuses on only 10% of the world's burden of disease ("Pharmaceutical Industry"). This is because the patients in the underdeveloped world are not as capable of paying for pharmaceuticals, even though they have the largest burden of diseases. Developing a drug aimed at the populations in underdeveloped countries, however, is more likely to be less profitable for a pharmaceutical company ("Pharmaceutical Industry").

## **Counterfeit Medicines**

According to the WHO, a counterfeit medicine can be defined as one which is deliberately and fraudulently mislabeled with respect to identity and/or source. Counterfeiting can apply to both branded and generic products; and counterfeit products may include products with the correct ingredients or with the wrong ingredients, without active ingredients, with insufficient active ingredients or with fake packaging ("General Information"). They are also classified as medicines that are "deliberately and fraudulently mislabeled with respect to identity and/or source" (What are counterfeit Medicines?). This lack of understanding makes it difficult to exchange information between countries and prevents the ability to understand the scope of the issue at an international level (What are counterfeit Medicines?).

The black market is "an illicit trading system that avoids government regulation." (Grzybowski). The black market operates underground and sellers who operate in it often sell medications at a fraction of the price that they are sold on the regular market. Therefore, the existence and necessity for the black market stems from the lack of affordable medications on the real market ("8 Most Common"). This choice to turn to the black market is not only harmful for the user but also the government. Furthermore, governments who lack the resources to combat this market are often those with the largest black markets. In Argentina, the illicit pharmaceutical market cost the government USD 150 million in lost revenue, but it only has fifteen officials to target this issue (Iglesias-Rogers).

## **Intellectual Property Rights**

Intellectual property is one of the most important factors in international medicine distribution. After developing a new drug, the pharmaceutical company applies for a patent on it, and when approved, the company has the exclusive right to market, distribute, and sell the drug in the country where the patent has been issued. The company then receives all of the revenues from said drug (“What is Intellectual Property”). After the patent life expires, other pharmaceutical companies have the right to manufacture, market, distribute, and sell the drug as well. At this stage, the drug is referred to as a generic drug (Petrova). In 1995, the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement came into effect through the World Trade Organization (WTO) (“WTO and the TRIPS”).

Before this agreement, more than 40 countries had not granted patent protection for pharmaceuticals (“WTO and the TRIPS”). The TRIPS agreement requires that WTO member countries must provide patent protection for twenty years, with the patent life beginning at the time a pharmaceutical company files for a patent (“WTO and the TRIPS”). This gives pharmaceutical companies the necessary assurance that they will get a return on the billions of dollars that they invest into developing these pharmaceuticals, which allows them to keep innovating in the future. Due to the fact that these companies have complete control over the market for their drug, however, this means that they also have complete control over the pricing of the drug. According to the US Food and Drug Administration, generic drugs are 80-85% cheaper than the brand name product (“Facts about Generic Drugs”). The generic price is much lower because when the drug becomes generic, more than one pharmaceutical company begins producing it, resulting in a market which drives down the price.

In 2001, the Doha Declaration was created, reaffirming that “the TRIPS Agreement does not and should not prevent Member [states] from taking measures to protect public health.” (“The Doha Declaration”). In effect, the Doha Declaration recognized the necessity of intellectual property for the development of new medicines, but the guarantee of patent protection promised in the TRIPS agreement should not interfere with people getting the essential medicines that they need (“The Doha Declaration”).

Compulsory licensing, which refers to a government allowing someone else besides the original patent holder to produce the patented drug product without the consent of the patent holder, is a fundamental aspect of both the TRIPS agreement and the Doha Declaration

(“Compulsory Licensing”). While the patent holder does not produce these generics, the original pharmaceutical company generally receives most of the revenue, with the producer receiving a small royalty. Originally, in the general case of compulsory licensing, the generic produced would only be for the country that the drug was being produced in and where the compulsory license was issued, not for export to any other country.

At first, compulsory licenses could only support the domestic market in the country they were issued. The Doha Declaration changed this, however, to allow countries unable to manufacture the pharmaceuticals due to economic limitations to obtain cheaper copies of pharmaceuticals elsewhere via compulsory licenses.

It is the job of this committee to find a balance between pharmaceutical innovation and funding for companies and affordability for people in terms of pharmaceuticals. This all has to be done, however, within the laws and regulations already in place regarding intellectual property rights.

### **Case Study: India**

India’s generic drug industry makes it the third largest drug producer in the world and thirteenth in terms of value, and this is mainly due to their unique way of dealing with the situation (“Tripped up”). For many years, India allowed more generic drugs to be created at cheaper prices by simply not recognizing the original drug patents (“Indian Drug Patents”). This changed when India joined the TRIPs agreement in 1995, however it has still had a system in place since 2005 that includes special protections for both generic manufacturers and patients (“Indian Drug Patents”). If a small change is made to a drug, for instance, in a country such as the US, the patent life would restart. This was not the case in India, however, where they did not provide a new patent for minor alterations. Furthermore, India expanded the use of compulsory licensing very drastically. This approach, although it may seem extremely beneficial for public accessibility of life-saving drugs, is very detrimental to pharmaceutical companies, who lose much profit when generic manufacturers begin producing their drug with no consequences. Furthermore, the safety of these drugs is at question, as many of these generic manufacturers will create these drugs, or drugs with slight chemical alterations, and sell them without having tested them or going through approval processes.

Since the mandate of the WHO is to deliver “the highest possible level of health,” it is the task of the WHO to ensure the safety of medications all over the world (“Constitution of the WHO”). Although it is not within the WHO’s jurisdiction to go into India and make their

pharmaceutical production safer, this committee must address the guidelines and standards that must be set for pharmaceuticals.

### **Case Study: HIV/AIDS Medication**

More than 35 million people worldwide are living with HIV, with more than two-thirds of those cases in Sub-Saharan Africa.<sup>82</sup> Big pharmaceutical companies have both helped and hindered progress in the area of HIV/AIDS medication. This is because although their research and development of various medications have provided numerous drugs on the market, most of these drugs are set at such high prices that the people who need them most cannot purchase them (“Overview”).

Although much of the research and development for HIV/AIDS medication is privately funded, there is a large amount of public funding for it (“The Business”). HIV drugs were three times more likely to have a patent from the public sector; in some developed countries such as the United States, they have a faster way to review HIV drugs to get them to the market quickly (“The Business”). Through research and development on HIV, companies have helped make immense progress on HIV treatments.

Unfortunately, pharmaceutical companies have hindered progress in this area by limiting access of their drugs to people in underdeveloped countries. 97% of people with HIV/AIDS live in developing countries, and 28.6 million people should be on steady HIV treatment (“HIV by the Numbers”). Of that number, only one-third of these people are receiving treatment (“HIV by the Numbers”). HIV/AIDS medication prices are out of reach for the underdeveloped world due to the fact that antiretroviral treatment can cost USD 100,000 to 150,000 (“HIV by the Numbers”).

Over the past few years there has been much headway in terms of reducing the cost of these vital drugs. The Medicine Patent Pool (MPP) is a United Nations backed organization that aims to lower the prices of HIV/AIDS medication (“The Medicines”). In July 2015, they announced a new partnership with fourteen generic pharmaceutical companies working on 50 new projects. Over the past few years, the MPP has more than doubled the amount of generic manufacturers they work with (“The Medicines”). MPP estimates that, over the next decade, generic versions of its licensed antiretroviral drugs could save the international community between USD 1.18 and 1.4 billion (“The Medicines”). It is vital for the developing world’s health care systems that WHO maintains its dedication to programs such as MPP.

## **Committee Mission**

As delegates in the WHO, cooperation, compromise, and respect are essential to reach any sort of agreement. This is a multi-faceted issue that addresses various humanitarian, economic, and legal aspects, and addressing all aspects of this topic is necessary. Extensive research and preparation will prove very beneficial in the long run. The WHO should focus its efforts and debates on lowering pharmaceutical pricing, limiting the black market and ensuring pharmaceuticals are of a high quality, developing better ways to detect counterfeit medicines, and creating new medications for diseases that most affect underdeveloped countries. While addressing all of these different issues, continually keeping in mind the culture of the countries and people that these solutions will benefit will be of very high importance.

The WHO is the world's leading force and organization on all health related issues. The committee deals with all matters related to health in order to help people all around the world achieve "the highest possible level of health." ("Constitution of the WHO"). That said, it is not within the jurisdiction of the WHO to change or debate legal issues and treaties. Much of pharmaceutical distribution deals with intellectual property and patent rights, but debate must not be over how these rights can or should be changed but on how the WHO can work within the already established international framework to improve access to pharmaceuticals. This topic is unique because it deals with companies and developing and developed countries. Delegates should attempt to find a common ground between all of these groups while not hindering or targeting any specific one.

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