

SHEFFWHO 2024

NAVIGATING TURBULENT TIMES:

HEALTH SYSTEM RESILIENCE IN ARMED CONFLICT



SHEFFWHO

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WORLD HEALTH ASSEMBLY SIMULATION CONFERENCE

SheffWHO, founded in 2018, is a health-themed simulation in Sheffield, modelled after the World Health Organisation's (WHO) largest annual meeting – The World Health Assembly.

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WELCOME TO SHEFFWHO!

Dear Esteemed Delegate,

We extend a warm welcome to you to the much-awaited 2024 Sheffield World Health Organization Simulation (SheffWHO). Our team has been working tirelessly for months to bring you this year's conference, and we are confident that the two-and-a-half-day conference in April will provide you with the best experience in discussing and debating global health issues, networking with your fellow young professionals and students, and having fun.

This year's conference theme is "Navigating turbulent times: Health System Resilience in Armed Conflict," which is a timely and critical topic. As ongoing armed conflicts are occurring worldwide, this year's theme directly addresses the pressing issue the health system is facing in conflict-affected areas. By focusing on the key pillars of health system resilience – absorptive, adaptive, and transformative capacity – the simulation aims to explore strategies for strengthening health systems in conflict settings. We have proposed three sub-themes under the theme to be explored by you: International response and health governance, essential health services continuity, and the role of the humanitarian health workforce.

The simulation is designed to challenge your understanding, knowledge, and experience on these agendas, which should also reflect on the position of the state or non-state actor you are representing. The simulation is also a platform for your professional and personal development. You will have the opportunity to network and learn from speakers and fellow delegates to improve your interpersonal skills while challenging your understanding of this contemporary global health issue. It is an exciting opportunity to immerse yourself in a unique student-led learning environment where you will be exposed to different perspectives and cultures and have practical experience of diving into debates and policy and advocacy dialogues.

The 2024 SheffWHO organising committee has been working diligently to ensure that you will have one of the best experiences at the upcoming conference. It is our honor and privilege to host the sixth edition of the Sheffield World Health Organization Simulation (SheffWHO). We would also like to commend the founders of this initiative, Prof. Julie Balen, Naomi Nathan and Charles Hamilton, whose vision has brought all of us here, and other stakeholders who have contributed to ensuring SheffWHO continues to meet its objectives.

Finally, we would like to welcome you once again and encourage you to make the most out of this exciting experience. Please feel free to contact us with any questions. We look forward to welcoming you on April 19th, 2024.

Sincerely,

Selamawit Eshetu Yeromaw
President, SheffWHO
On behalf of the 2024 SheffWHO organising committee

CONFERENCE SCHEDULE

DAY 1 (19/04/2024, 12:00 - 17:00)		
Time	Activity	Venue
12:00-13:00	Delegate Registration	<u>The Diamond</u> (Lecture Theatre 3)
13:00-14:30	Opening Ceremony	
14:30-15:00	Break (Tea / coffee will be provided)	
15:00-16:30	Simulation Training	
16:30-17:00	End of Day 1	<u>The Diamond</u> (Basement)
DAY 2 (20/04/2024, 9:00 - 17:00)		
9:00-9:30	Delegates Attendance (Signing in)	<u>Mappin Hall - Sir Fredrick Mappin Building</u> (Main entrance, First floor)
9:30-10:30	Committee Session 1 - Agenda Setting	
10:30-11:30	Speakers	
11:30-12:00	Break (Tea / coffee will be provided)	
12:00-13:30	Committee Session 2	
13:30-14:30	Lunch Break (Food will be provided)	
14:30-16:00	Committee Session 3	
16:00-17:00	End of Day 2	
DAY 3 (21/04/2024, 9:30 - 17:00)		
9:30-11:30	Plenary Session 1	<u>Mappin Hall - Sir Fredrick Mappin Building</u> (Main entrance, First floor)
11:30:12:30	Lunch (Food will be provided)	
12:30-14:30	Plenary Session 2	
14:30-15:00	Break (Tea / coffee will be provided)	
15:00-16:00	Award Distribution and Closing Ceremony	
16:00-17:00	End of Day 3	

IMPORTANT INFORMATION

PRE-CONFERENCE WEBINAR:

A webinar is organised on **16th April 2024 (19:00- 20:30 BST)** for all registered delegates. The aim is to provide the delegates with an overall idea of the proceedings of the conference and general expectations.

DRESS CODE

The SheffWHO conference will follow a business, professional dress code for all three days. (Examples can be taken from real UN or WHO diplomats, representatives, and world leaders.)

NOTE: Delegates have an option to wear a cultural attire and are encouraged to carry a flag representing the country they are allocated on the last day of the conference i.e **21st April 2024**. However, the Organising Committee understands that some delegates may not have access to the cultural attires, hence it is **NOT MANDATORY**.

THINGS TO CARRY

Delegates are advised to bring a water bottle to refill. We encourage all delegates to bring a **laptop or tablet** that has word processing capabilities as this will be necessary to draft policy proposals during the sessions. Please charge this at the start of the day as charging points are limited.

Wifi is available at the venue. For no-UoS students, during registration, you will create an account as guests to access on-campus Wi-fi with the support of the OC.

CATERING

On Friday, tea/coffee will be provided. Lunch and tea and coffee will be provided on Saturday and Sunday. The cost of food is included in the delegate fee. A dietary requirements form will be sent to you before the conference, and the food will be provided considering any dietary restrictions.

NON-ATTENDANCE

If any delegate will not be able to attend specific events during the conference, kindly communicate this to the team prior to the conference by emailing sheffwho@sheffield.ac.uk

For any additional support or concerns about accessibility requests or assistance, dress code or catering, please contact the SheffWHO Organising Committee (OC), before the conference via email at sheffwho@sheffield.ac.uk or during the event. The OC will do their best to support you.

INTRODUCTION

Greetings delegates!

This simulation handbook is created to assist you in preparation for a great learning opportunity, that is, SHEFFWHO 2024. This handbook provides you with an overview of the theme and sub-themes of the conference, general rules, regulations, proceedings, and how to speak, engage, and debate at the conference. It will also include other essential facts that are crucial to know. It is advised to review and pay close attention to the details present as you go through the journey of SHEFFWHO 2024, as this will help you to make the most out of the conference.

Note: Words and phrases in **bold** and *italics* are terms used in WHO Simulations and MUN conferences. They will be explored later in this handbook.



SKILLSET

01 Research - This Simulation Handbook contains essential information that you will need during the event. However, you are expected to supplement it with your own research on the WHO Member State/Non-state actor you will be representing.



02 Public Speaking - When addressing fellow delegates and the Dais, remember to frame the topic correctly e.g., consider points from your position paper. The Chair will support you in framing your arguments. This helps restrict you to the topic and let others retain the points you raised and refer to them. The suggested way of presenting your arguments is to make sure they are in the context of your Country's policy or, for example, organisation's values, supplemented by a viable solution to the problem at hand.



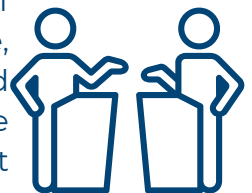
03 Alliances - One way to represent your Member State's policy or Non-state actor's position is to form alliances with others. This allows them to understand your perspective and develop various solutions in collaboration with stakeholders - one of the goals of global health Diplomacy.



04 Writing - Passing **resolutions** is essentially the end goal for this simulation. A well-written resolution will most likely be voted for and find common ground (which is why creating alliances during simulation is important). Starting with the most pressing issue in your **regional bloc** and organising the proposed solutions into clauses is the best way to go about it.



05 Debating - After the draft **resolutions** are circulated, the delegates must defend their resolution and convince others to pass it at the **plenary**. A discussion is initiated where the delegates point out the strengths of their resolutions and highlight the weaknesses in others. Here, **unmoderated caucuses** could be worked on to approach delegates and ask for their thoughts on your resolution. Later on, the feedback could be used to adjust your **working paper** accordingly. It is all about communication and adjusting as per others; this might mean proposing and accepting **amendments**, so long as they don't contradict the original intent of your resolution or alienate your alliances.



THEME GUIDE

MAIN THEME - NAVIGATING TURBULENT TIMES: HEALTH SYSTEM RESILIENCE IN ARMED CONFLICT

SUBTHEMES

- 1 International Response and Health Governance,
- 2 Essential Health Services Continuity
- 3 Humanitarian Health Workforce

PLEASE TAKE SOME TIME TO READ THE THEME GUIDE TO FAMILIARISE YOURSELF WITH THE THEME

BACKGROUND

Presently, armed conflicts are on the rise and have continued to increase over the years. In 2022, over 55 armed conflicts were documented globally, marking the highest number of battle-related deaths since 1984. These conflicts have disproportionately affected over a billion people residing in fragile settings, resulting in the displacement of more than 60 million individuals. The impact of armed conflicts on health systems is profound, manifesting in both direct and indirect consequences. From the immediate morbidity and mortality caused by firearms and explosives to the disruption of the health service and logistics supplies, as well as depletion of human resources, armed conflict place immense strain on the health system.

A resilient health system denotes a system that can adapt and sustain essential health services when strained. It reflects the capacity to ensure the continuity of service delivery despite shocks, such as armed conflict. Health system resilience in armed conflict can be characterised by its absorptive capacity which refers to its ability to mitigate the immediate consequences of armed conflict, its adaptive capacity to adjust and modify the existing system to fit the dynamic and complex settings; and its transformative capacity to enable the creation of innovative solutions for the emerging peculiarity of armed conflict.

Strengthening health system resilience ensures the uninterrupted provision of essential health services, including maternal and child health, mental health, and sexual and reproductive health services, which are often disrupted in armed conflict settings. This critical responsibility, along with mitigating other consequences of armed conflict, places a heavy burden on healthcare workers.

THEME GUIDE

Despite their frontline role and international agreements aimed at their protection, healthcare workers remain direct targets of armed conflicts. Thus, safeguarding their safety and security and enabling task shifting to address the unique challenges of armed conflict contexts are imperative. However, the journey towards health system resilience in this context is fraught with barriers and unforeseen circumstances. Therefore, effective governance and leadership involving national and local stakeholders, as well as international responses, are essential to address these unique challenges.

Cognizant of this, the 2024 SheffWHO World Health Assembly simulation, which will take place from April 19th to 21st, will discuss the challenges and opportunities to strengthen health system resilience in armed conflict, focusing on good governance and leadership, the humanitarian health workforce, and the importance of essential health service continuation.

SUBTHEMES

01 **Sub-theme 1: International Response and Health Governance**

Effective global governance is imperative to orchestrate responses to global health challenges amid armed conflicts. With the prolonged and devastating nature of conflicts, local responses are insufficient in today's interconnected world. Consequently, there is an urgent need for international collaborative efforts and governance structures. The resilience of health systems is intricately tied to the ability of relevant international health bodies and networks to contribute to crisis response efforts. Hence, it is vital to focus on evaluating the impact of international responses and health governance in strengthening health system resilience in conflict-affected contexts.



THEME GUIDE

SUBTHEMES

02 **Sub-theme 2: Essential Health Services Continuity**



Conflicts severely disrupt the provision of essential health care services, such as primary health care, sexual and reproductive health, as well as maternal and child health services. This disruption significantly heightens the vulnerability of populations and strains health systems further. Therefore, addressing the continuity of essential care services amidst conflict, and emphasising strategies for their uninterrupted provision is pivotal in fostering resilience. Doing so not only enables nations to endure immediate shocks but also equips them to proactively prepare for future adversities.

02 **Sub-theme 3: Humanitarian Health Workforce**



Humanitarian health workers stand at the forefront, ensuring the continuity of vital healthcare services, thus playing a pivotal role in strengthening health systems amid armed conflicts. However, they face both direct and indirect consequences of armed conflicts. These challenges significantly impede their ability to deliver essential services effectively.

DELEGATE ROLES

MEMBER STATES

Each delegate representing a member state is representing an allocated country during the conference. In this role, delegates are expected to take decisions on behalf of the member state they represent and act in their best interest. Member states should work with each other to create resolutions and also engage with non state actors so they can get seals of approval needed to get resolutions to the plenary



NON-STATE ACTORS

Representatives of non-state actors act as observers during the conference but are able to engage with member states. They are the only ones able to move between regional blocs during the sessions. They explain the goals of their organisations and how these align with member states. Non-state actors can provide one seal of approval per region to resolutions that are relevant to them and meet their standards. This gives them the power to bargain with member states for certain parts of the resolution to be changed for their seals to be given. During the Non-state Actors hour, representatives give a brief about their goals.



DECORUM & RESPECT

SheffWHO welcomes people from across the globe with varying backgrounds, experiences and expertise. Therefore, all attendees are expected to be respectful towards others ensuring that SheffWHO is accessible for all to participate. We're committed to making an inclusive environment for all delegates that is free from discrimination, harassment and prejudice. Any expression of the mentioned behaviour will not be tolerated. We expect the delegates to respect the environment and follow conference rules and procedures as outlined by the SheffWHO Organising Committee (OC) and the Chairs. Delegates are encouraged to raise any concerns and make complaints if any issues arise directly to the SheffWHO OC.

SOCIAL MEDIA



The following social media platforms shall be used during the event: Instagram, Facebook, and LinkedIn.

Social media is a great platform for connecting, and delegates are encouraged to follow our social accounts!! (please see below), use the event's hashtags **#SheffWHO2024** and **#SheffWHO** for visibility, and give SheffWHO2024 a shout-out during the three days of simulation.



PRE-CONFERENCE PREPARATION

POSITION PAPER

Delegates are required to prepare a **position paper**. It provides a context for the delegates' country's policy or Non-State Actor's values. It serves as a reminder for individual delegates of their views regarding discussion topics throughout SheffWHO and a source of information about each delegation. The purpose of a position paper is to generate support for an issue. Its goal is to convince delegates that your opinion is valid and defensible. Position papers are expected to be concise and to the point. They should potentially address the conference theme and establish recommendations for the sub-themes and points of discussion before debating in regional blocs.

While preparing the position paper, consider the following guidelines:

- Your position papers should be typed and must not exceed two pages (A4).
- Recommended font and size: Arial or Times New Roman with size 12, 1.5 line spacing.
- Formatting: One-inch standard margins.
- Include: Delegate name, role, and region on the first page.
- Submitted as a pdf file named [Country Position paper]. E.g., UK position paper.pdf

CONTENT

1. Thoroughly review the theme and sub-theme section to get a better idea of the simulation topic.
2. Familiarise yourself with "Relevant World Health Assembly Agendas and Resolutions to Note" through research.
3. Begin with a brief statement that summarises the overall standpoint/attitude of the country or non-state actor being represented towards the simulation theme.

PRE-CONFERENCE PREPARATION

POSITION PAPER FOR MEMBER STATES REPRESENTATION

1. Give a summary of your country's profile, including details such as:

- Brief historical perspective
- Any relevant contextual details
- Notable events/ Strategies and milestones in Health Systems

2. Socio-political and cultural factors unique to your country that complicate possible solutions, such as:

- Military conflicts across international borders or civil unrest.
- Political or economic allies.
- Country's domestic and foreign policy.
- State of economy

3. Describe the present situation/state of your country in relation to the simulation theme, including details such as:

- Country's strategy on achieving UHC (if available) or any other relevant data.
- State of health workforce: constitution, pay, work conditions, demographics etc.
- Health financing, level of dependence on foreign aid by state and non-state actors.
- Leadership and governance within the country and healthcare on various levels, governmental transparency and accountability.
- Role of NGOs, the WHO, the UN, and other relevant Non-state actors.
- Coordinating with various stakeholders to manage any sudden fatality, arrange for proper resources to allocate information and news, and handle the situation at hand.
- The situation of data security in terms of collecting, maintaining, and sharing information. Besides that, how the data is used, analysed and further shared.

4. Explain past initiatives taken by your country to tackle the issue, including any policy reforms, legislation, resolutions, amendments, strategies etc.

5. Propose possible short- and long-term solutions, strategies and steps your country is willing to take in order to eradicate issues and their domestic and global impact.

PRE-CONFERENCE PREPARATION

POSITION PAPER FOR NON-STATE ACTORS

For the non-state actors you should visit their respective website, familiarise yourself with the most recent reports and stay updated with their current missions, vision and future strategies. Your position paper should summarise the history, goals, past & current areas of involvement of the non-state actor. It should also include countries that they are allied with, the influence of their viewpoints in shaping global decisions and the impact you hope to bring to this conference.

The non-state actors for the SheffWHO 2024 simulation are:

1. International Red Cross and Red Crescent Movement
2. Bill and Melinda Gates Foundation
3. MSF - Medecins Sans Frontieres (Doctors Without Borders)
4. International Physicians for the Prevention of Nuclear War

A brief profile of each non-state actor is given at the end of the handbook (page 26-27).

IMPORTANT TO NOTE

Please note that we appreciate the delegates' hard work in preparing and writing their position papers. In line with that and according to the long-standing tradition, this year, we will be giving the best position paper prize to one delegate whose work will stand out for its quality, relevance and depth.

Sample Position Papers: Please find the link to previous years' position papers below: [Position Paper examples from previous years](#)

Position papers must be submitted to sheffwho@sheffield.ac.uk by

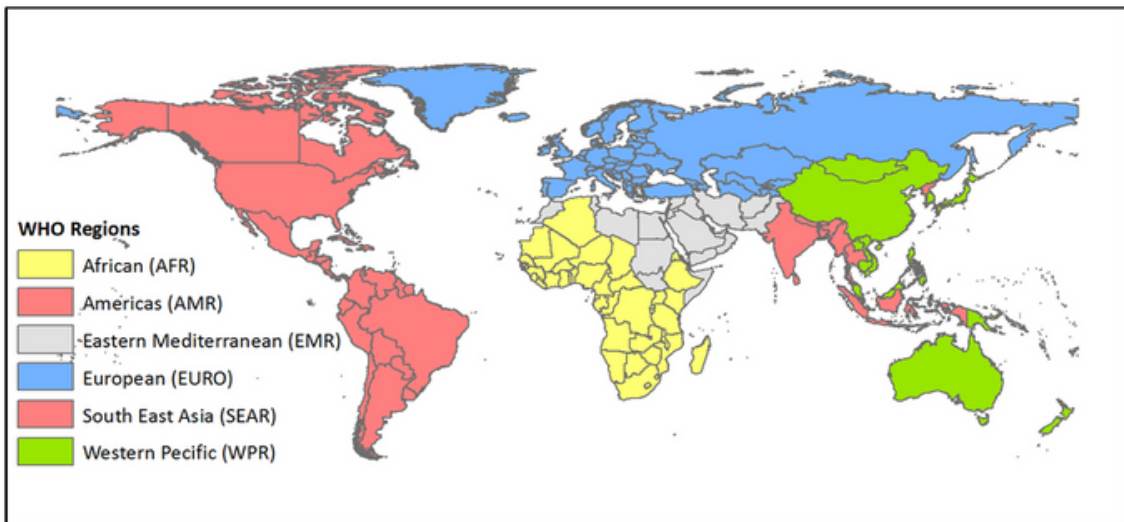
18th April 2024

CONFERENCE SESSIONS

An orientation session will be organised during the first day of the conference to introduce the delegates to the OC as well as simulation procedures.

REGIONAL BLOC SESSIONS

A regional bloc is composed of WHO Member State Representatives (delegates) from a specific region. There are five regional blocs in SheffWHO: African Region (AFRO), Region of the Americas (AMRO), South-East Asia Region (SEARO) & Western Pacific Region (WPRO), European Region (EURO), and Eastern Mediterranean Region (EMRO). The country that you have been assigned to will automatically place you in the respective regional blocs.



During Regional Blocs sessions, WHO Member State Representatives (the Delegates) have to briefly summarise their Position Papers before the debate begins. This allows other delegates to hear from each other and evaluate the points of agreement, disagreement or possible overlap. Having an understanding of others' views is important for the compilation of Working Papers and the preparation of Draft Resolutions. Member State Representatives **MUST** remain in their regional blocs, attend all the sessions and actively participate in discussion and voting.

ONLY non-state actors are free to move between Regional Blocs as they wish, ensuring they can observe the progress of working papers in different regions and negotiate on how to allocate their stamps of approval towards the draft resolutions.

CONFERENCE SESSIONS

PLENARY SESSIONS

The plenary session consists of all the delegates attending the Sheffield World Health Organization Simulation. It is the final decision-making body for the delegates with voting rights. Delegates discuss the outcomes of Regional Blocs and share Draft Resolutions to the Assembly to be presented, debated and voted on. Draft Resolutions approved at plenary will become Resolution Papers.



RIGHTS OF MEMBER STATES AND NON-STATE ACTORS

MEMBER STATES

This category of delegates are WHO Member State Representatives for the various countries attending the World Health Assembly. Member State Representatives are the only delegates who can draft resolutions and have **voting rights** during the event. They also will work with fellow delegates from countries in their same regional bloc (please refer to the regional bloc map above), sharing information, discussing, creating alliances (within and between regional blocs) and drafting working papers & resolutions. They are also expected to engage with the Non-State Actors as they need their **stamps of approval** to get their draft resolutions for the plenary.

NON-STATE ACTORS

Non-state actors include the NGOs/Funding bodies/Foundations representing the interests of their various organisations at the World Health Assembly. They **do not have voting rights** during the event but are expected to lobby for their respective organisation's values to influence the draft resolutions being created by the Member State Representatives. Non-state actors can accomplish this by leveraging their ability to offer a limited number of approval stamps on draft resolutions they would choose to sponsor. The draft resolution has to have at least 2 stamps of approval to be accepted for presentation at the plenary.



RULES OF PROCEDURE

Rules of procedure help to maintain order and enable the debate to flow efficiently. We understand that delegates attending SheffWHO have varying levels of experience in debating, health policy and diplomacy and may/may not have participated in other WHO or MUN simulations. However, we advise you to take note of the rules of procedure in this handbook to support your participation in SheffWHO. There will be many opportunities to get support for engaging in this simulation throughout SheffWHO, from your training sessions to engaging with our conference chairs. You will ace global health diplomacy by the end of SheffWHO!. You will ace global health diplomacy by the end of SheffWHO!

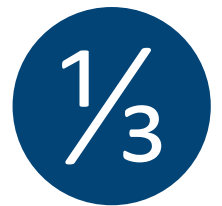


SESSION PROCEDURE

01 Roll Call - A roll call will occur at the beginning of your session (regional bloc or plenary), initiated by The **Chair**. Each delegate will respond as **“present” (Non-State actor)** or **“present and voting” (Member State Actor)**. If a delegate is not present at the time the Roll call is taken, the delegate is expected to pass a note to the Chair once they arrive.

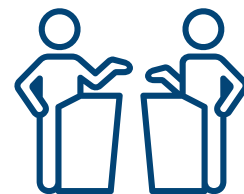


02 Quorum - The chair will identify the quorum in the room before formal debate or voting procedure begins. Quorum is defined as one-third of the voting members of the session, as determined by the roll call list. Any delegate, at any time, may request verification of quorum. The Chair will immediately rule on the motion, initiating a roll call if they deem it necessary. Quorum is assumed met unless it is shown otherwise.



CONDUCT OF PROCEEDINGS

01 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 Regional Bloc or Plenary, as they help to change the flow, format, suspension, voting or closure of debate.



RULES OF PROCEDURE

02 Speaker's List - The Chair asks delegates wishing to speak to raise their **hands** and creates a **speaker's list** at the beginning of the session. Delegates wishing to speak must be recognised by the speaker and added to the list. Delegates may address the **Chair as 'Honourable Chair' or 'Mr / Madam Chair'**. The speaker's list is then closed. If you wish to be added to the Speaker's List after this point, you must send a note to the Dais, which may or may not be accepted, depending on the time remaining.

Once the debate is opened, delegates may motion to enter a **moderated** or **unmoderated caucus**. This motion must include the topic for discussion, a time limit for delegate remarks and a time limit for the caucus itself.



03 Moderated caucus - allows delegates to unpack a topic of discussion thoroughly and allows more delegates to speak (within a shorter time frame) without the formality of a pre-assigned speaker's list. This generates stimulating discussion and clarification of delegate positions. Delegates must raise their placard or digital hand in this virtual format to indicate they wish to speak and must wait for the Chair's invitation to do so without interrupting others.

Example of motion: *"The delegate for The Commonwealth of the Bahamas moves for a 10-minute moderated caucus with a 1-minute speaking time, for the purpose of [specific topic - i.e. addressing increasing taxation as a strategy for tobacco control]"*

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

Unmoderated caucus - allows delegates to leave their seat, form groups, and support informal discussions without allocated time for speakers. This can be useful for small working groups to delegate tasks such as developing Working Papers & Draft Resolutions or to seek out Sponsors, Signatories and Stamps of Approval.

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 a return to the speaker's list.

RULES OF PROCEDURE

04 Points & Other Motions

Points - During the discussion of any matter, a delegate is able to raise their placard or digital hand for any of the following Points:

- **Point of Personal Privilege:** of the committee (including whether the delegate is able to hear proceedings adequately). This can interrupt a speaker, and the Chair will immediately accept.
- **Point of Order:** A matter relating to the rules of procedure or the way in which the Chair is exercising their power. This can interrupt a speaker, and the Chair will immediately consider accepting.
- **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.

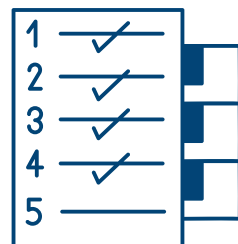
Other Motions

- **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.
- **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:
 - The committee has considered every topic on its agenda.
 - There remain less than 15 minutes left in the last committee session of the day.
- **Motion to closure the debate:** Motions for closure of debate requires a 2/3 majority. This should be used in Plenary only when all draft resolutions have been presented and amendments have been completed, as it will put them to an immediate vote.

05 Order of Procedural Motions - The motions below shall have precedence in the following order over all other proposals or motions before the committee and may interrupt the speaker:

1. Point of Personal Privilege
2. Point of Order
3. Right of Reply

All other points shall be considered in the order they are made or at the chair's Discretion.



RULES OF PROCEDURE

06 Speeches/Communication Within Sessions - Once you have permission to speak from the Chair and have completed your remarks, you may consider the following actions:

1. **Yields:** A delegate may yield their remaining (unused) speaker time:
 - To the Chair: Returns the floor to the Chair and discards any remaining time. This is the default and will be assumed if you do not specify how you wish to yield your time.
 - To questions: Allows 1-2 delegates (selected by the Chair) to ask you a direct question, and you will usually be given 30 seconds to respond to the question
 - To another delegate: Allows another delegate (selected by you) to use the remainder of your time to make a speech

2. **Right of Reply:**

A delegate may ask for the Right of Reply if they feel the delegate who spoke immediately prior to them directly attacked either them or the dignity of their motion. If the Chair grants this Right of Reply, then the delegate may respond for 30 seconds.

3. **Written Notes:**

During regional blocs and moderated caucuses, delegates cannot informally talk between themselves or leave the breakout room to visit other regional blocs. However, delegates may communicate by passing written notes. These notes will be coordinated by Pages (staff members), who have freedom of movement between Regional Blocs. Notes can also be passed to Media and other Non-State Actors (NGOs and Pharma). They can be used to arrange later meetings or interviews. Notes to the Dais will typically be processed by a Vice Chair on behalf of the chair.

DOCUMENTS USED IN SESSIONS

WORKING PAPER

This is essentially a document containing a list of main ideas and solutions to problems being discussed within your bloc. The goal for Working Papers is to eventually be submitted as Draft Resolutions to be presented at Plenary.

RESOLUTIONS

In order for a Working Paper to be submitted to the Dais for acceptance as a Draft Resolution, it must have 3 Sponsors and a minimum of 1/5 Signatories: either 1/5 of Member States from your Regional Bloc, if the paper is the work of one Regional Bloc OR 1/5 of Member States from the Committee, if the paper is the work of more than one Regional Bloc.

SPONSORS

Responsible Member States who led the creation of the Working Paper and who will present (if accepted as a Draft Resolution) to the Plenary. Sponsors will vote in favour of their paper.

SIGNATORIES

Signatories were not necessarily involved in the writing of the Working Paper, but wish to see it debated at Plenary. They do not have to fully agree with the contents of the Paper. Signatories can be Member States from one regional bloc or members from the full Committee.

STAMPS OF APPROVAL

Delegates must seek stamps of Approval from Non-State Actors to demonstrate the feasibility of their Resolution.

ARTICLES USED IN SESSIONS

CLAUSES

Draft Resolutions must include clauses, which are terms that are descriptive or action-oriented in nature.

- **Preambulatory Clauses** are included in the first section of your draft resolution. They are descriptive, contextual clauses commonly used to provide background information (of the problems identified by the Sponsors/Signatories), acknowledgements and/or reference to past agreements/resolutions of the United Nations or World Health Organisation. These are less significant than operative clauses and cannot be amended, so they are usually brief.
- **Operative Clauses** are active clauses that can set policy, make decisions and create legally-binding agreements (solutions) upon Committee Members. These are more significant than perambulatory clauses and can be amended, so they constitute the vast majority of any resolution and will occupy most of the Committee's debate time.

AMENDMENTS

Amendments are requests to clarify or change a draft resolution before it is voted upon as a final resolution. When an amendment is proposed, it can take the form of a **“friendly” or “unfriendly”** amendment (as determined by the Sponsors)

- **Friendly amendments** are immediately applied to the draft resolution, as it can be adopted automatically if all Sponsors agree
- **Unfriendly amendments** are not applied until a debate for and against the amendment has taken place and a vote is conducted.
- **Acceptable amendments** take the form of:
 - Addition of word/phrase
 - Deletion of word/phrase
 - Combination of addition and deletion of word/phrase
- **Unacceptable amendments** take the form of:
 - Amendment of perambulatory clause
 - Amendments that change the nature or intent of the entire resolution
 - Amendments to amendments are out of order.

VOTING RIGHTS



METHODS OF DECISION

All procedural decisions, with the exception of the motion for the closure of debate, are made with a **simple majority** of present delegates (50+1%). Delegates cannot abstain on procedural motions. Procedural decisions include entering or closing a caucus, decisions on draft resolutions and amendments.

VOTING RIGHTS

All Member State Representatives present during the roll call at the start of a session are granted **voting rights** with one vote (Yes, No or Abstain). Non-State Actors (NGOs) do not have voting rights.

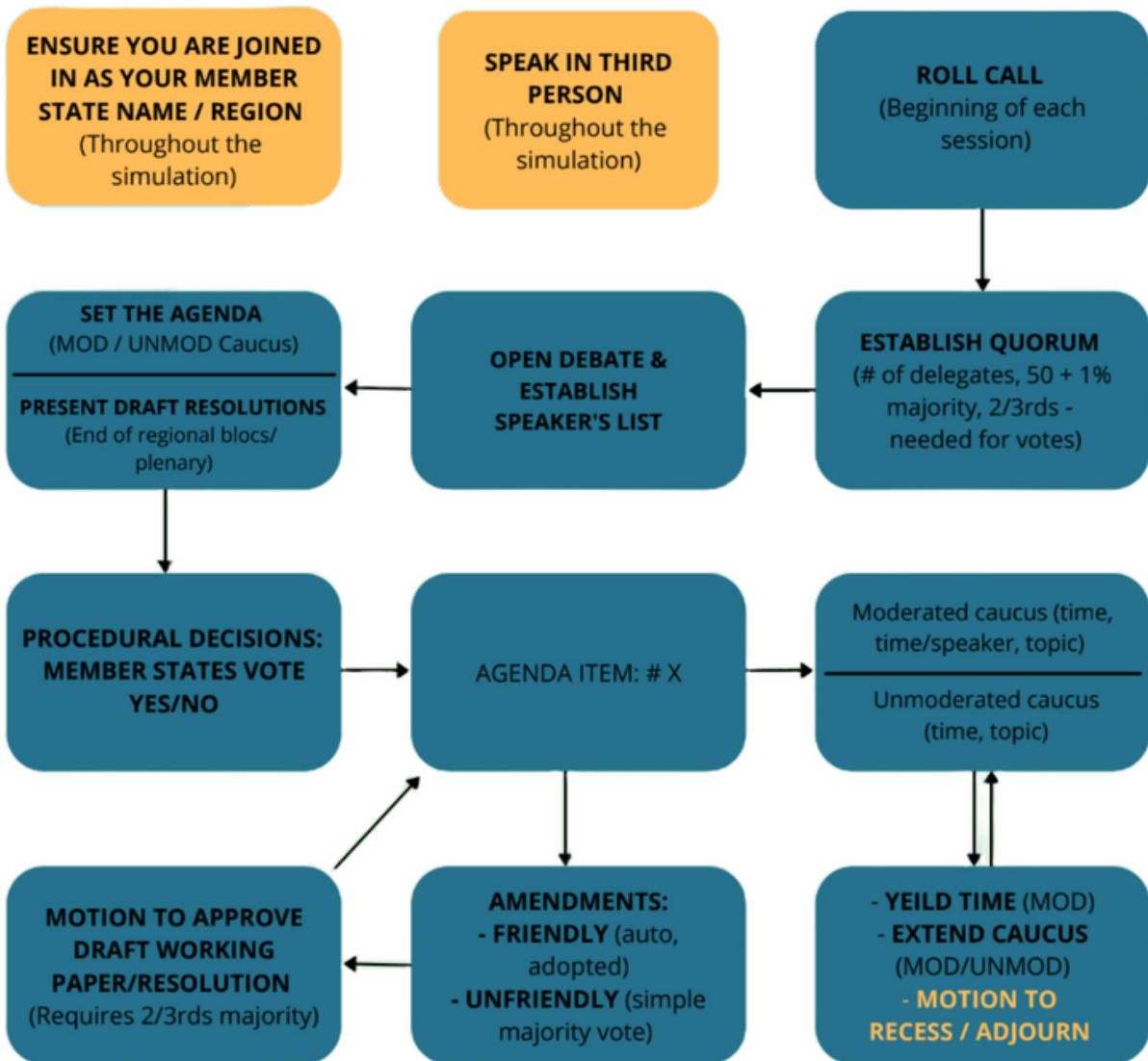
CONDUCT DURING VOTING PROCEDURE

Once the Chair has announced voting on draft resolutions, no delegates may enter or leave the room. The only means by which an interruption of this process can occur are with a Point of Personal Privilege, Order or Parliamentary Inquiry, but it must relate to the conduct of voting. No communication is allowed between delegates during voting. As noted above for a working paper to be accepted as a Draft resolution, it must have at least 2 Sponsors, 2 Signatories and 2 stamps of approval. Preambulatory and Operative clauses which Draft resolutions must include can be found below

METHODS OF VOTING

Delegates must vote by raising their placards or virtual hands. If a secret vote is requested, and the Chair accepts, this may be carried out. However, voting is typically done in an open manner. Resolutions are passed if they reach a simple majority and rejected if they do not. A motion will fail if the vote is a tie. Abstentions should not cause a motion to fail.

VISUAL GUIDE



RESOLUTION TERMINOLOGY

As noted above for a working paper to be accepted as a Draft resolution, it must have at least 2 Sponsors, 2 Signatories and 2 stamps of approval. Preambulatory and Operative clauses which Draft resolutions must include, can be found below:

SAMPLE PREAMBULATORY PHRASES

Sample Preambulatory Phrases

Affirming	Expecting	Having studied
Alarmed by	Expressing its appreciation	Keeping in mind
Approving	Expressing its satisfaction	Noting with regret
Aware of	Fulfilling	Noting with deep concern
Bearing in mind	Fully alarmed	Noting with satisfaction
Believing	Fully aware	Noting further
Confident	Fully believing	Noting with approval
Contemplating	Further deploring	Observing
Convinced	Further recalling	Reaffirming
Declaring	Guided by	Realizing
Deeply concerned	Having adopted	Recalling
Deeply conscious	Having considered	Recognizing
Deeply convinced	Having considered further	Referring
Deeply disturbed	Having devoted attention	Seeking
Deeply regretting	Having examined	Taking into account
Desiring	Having heard	Taking into consideration
Emphasizing	Having received	Taking note
		Viewing with appreciation
		Welcoming

The General Assembly,

Reminding all nations of the celebration of the 50th anniversary of the *Universal Declaration of Human Rights*, which recognizes the inherent dignity, equality and inalienable rights of all global citizens, **[use commas to separate preambulatory clauses]**

Reaffirming its Resolution 33/1996 of 25 July 1996, which encourages Governments to work with UN bodies aimed at improving the coordination and effectiveness of humanitarian assistance,

Noting with satisfaction the past efforts of various relevant UN bodies and nongovernmental organizations,

Stressing the fact that the United Nations faces significant financial obstacles and is in need of reform, particularly in the humanitarian realm,

SAMPLE OPERATIVE PHRASES

Sample Operative Phrases

Accepts	Encourages	Further recommends
Affirms	Endorses	Further requests
Approves	Expresses its appreciation	Further resolves
Authorizes	Expresses its hope	Has resolved
Calls	Further invites	Notes
Calls upon	Deplores	Proclaims
Condemns	Designates	Reaffirms
Confirms	Draws the attention	Recommends
Congratulates	Emphasizes	Regrets
Considers	Encourages	Reminds
Declares accordingly	Endorses	Requests
Deplores	Expresses its appreciation	Solemnly affirms
Designates	Expresses its hope	Strongly condemns
Draws the attention	Further invites	Supports
Emphasizes	Further proclaims	Takes note of
	Further reminds	Transmits
		Trusts

1. **Encourages** all relevant agencies of the United Nations to collaborate more closely with countries at the grassroots level to enhance the carrying out of relief efforts; **[use semicolons to separate operative clauses]**
2. **Urges** member states to comply with the goals of the UN Department of Humanitarian Affairs to streamline efforts of humanitarian aid;
3. **Requests** that all nations develop rapid deployment forces to better enhance the coordination of relief efforts of humanitarian assistance in complex emergencies;
4. **Calls** for the development of a United Nations Trust Fund that encourages voluntary donations from the private transnational sector to aid in funding the implementation of rapid deployment forces;
5. **Stresses** the continuing need for impartial and objective information on the political, economic and social situations and events of all countries;

PROFILE NON-STATE ACTORS

INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Established in: 1863. Actual form 1919.

CEO: Henry Dunant, Gustave Moynier, Théodore Maunoir, Guillaume-Henri Dufour, Louis Appia.

Goal: To protect human life and health, to ensure respect for all human beings, and to prevent and alleviate human suffering.

Website: <https://www.icrc.org/en/who-we-are/movement>



MÉDECINS SANS FRONTIÈRES (MSF) - DOCTORS WITHOUT BORDERS

Established in: 1971

CEO: Dr. Jacques Beres, Philippe Bernier, Raymond Borel, Dr. Jean Cabrol, Dr. Marcel Delcourt, Dr. Xavier Emmanuelli, Dr. Pascal Greletty-Bosviel, Gerard Illiouz, Dr. Bernard Kouchner, Dr. Gerard Pigeon, Vladan Toman, Dr Max Recamier, Dr Jean-Michel Wild.

Mission: All people should have access to healthcare regardless of gender, race, religion, creed or political affiliation, and that people's medical needs outweigh respect for national boundaries.

Website: <https://www.msf.org/>



PROFILE NON-STATE ACTORS

BILL AND MELINDA GATES FOUNDATION:

Established in: 2000

CEO: Bill and Melinda Gates

Mission: To enhance healthcare and reduce extreme poverty across the globe, and to expand educational opportunities and access to information technology in the U.S.

Milestones: International Aid Transparency Initiative, Open Access Policy for Publications, Gates Cambridge Scholarship.

Website: <https://www.gatesfoundation.org/>

BILL & MELINDA
GATES *foundation*

INTERNATIONAL PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR

Established in: 1980

CEO: Drs. Bernard Lown, Jim Muller, Eric Chivian and Herb Abrams of the US and Drs. Evgueni Chazov, Mikhail Kuzin and Leonid Ilyin.

Mission: IPPNW is a non-partisan federation of national medical groups in over 60 countries, representing tens of thousands of doctors, medical students, other health workers, and concerned citizens who share the common goal of creating a more peaceful and secure world freed from the threat of nuclear annihilation and armed violence.

Website: <https://www.ippnw.org/>



POST CONFERENCE ACTIVITIES

After the event, delegates will be provided with their certificate of attendance as a token of acknowledgement for their participation in SheffWHO 2024. Awards will also be presented for the Best Delegates, based on performance throughout the simulation. These awards will take into account personal preparation, engagement, policy writing, diplomacy, presentation skills and staying true to your assigned role.

We will also send feedback forms to all the delegates in order to hear about their experience. We highly appreciate your participation, and we are keen to improve our performance. Your feedback helps us know how we are doing and where we need to improve. The feedback forms must be filled out so that we have everyone's word on how the simulation was executed.



SHEFFWHO 2024 SPONSORS



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Selamawit Eshetu Yeromaw



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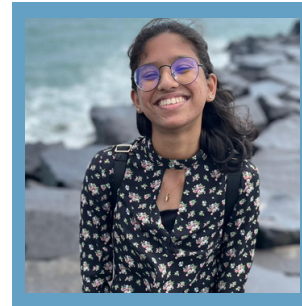
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