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MESSAGE FROM THE DIRECTORS

Dear Delegates,

It is our pleasure and privilege to welcome you to this year's Economic and Social Council. We hope you will be sufficiently engaged by the topics we have chosen to debate and discuss during our time at this year's Oxford International Model United Nations!

ECOSOC was established in 1945 as one of the six main organs of the United Nations. Its focus lies primarily upon the three dimensions of sustainable development: environmental, economic and social. As such, the topics we have chosen reflect this emphasis and concentrate on these objectives. The first topic – *Provision and Accessibility of Healthcare in Sub-Saharan Africa* – focuses on a region and a continent that is in dire need of solutions that consider all three of the criteria mentioned above. The next topic – *Trade as a means of Rebuilding in a Post-Conflict Countries and Regions* - focuses more on both the overall theme of this year's conference - challenging and reforming the global trade order - and the beginner committee theme - trade and development - while still maintaining its roots in the mandate of the committee.

Naturally, it follows that by choosing to attend such a high profile conference you are also entitled to have high expectations of us as Chairs. As such, we have done our utmost best to fulfil these expectations, starting with this document. Over the past few weeks we have been researching and compiling as much useful information about our chosen topics to provide you with the best first step possible in your preparations for this committee. Please bear in mind the deliberate use of the words '*first step*'; it is highly recommended that in your own preparations for debate you move beyond what is stated here and conduct your own research, as doing so will allow you to enjoy debate and your time at this conference more than if you had not done so.

We very much look forward to welcoming you all this October for what will surely be a memorable conference. Until then, we wish you all the very best in your preparations.

Sincerely Yours,

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INTRODUCTION TO ECOSOC

HISTORY OF THE COMMITTEE

ECOSOC was established in 1945 as one of the six main organs of the United Nations. Although originally consisting of just 18 countries, later amendments to the UN Charter expanded the committee to 27 members in 1965, and 54 members in 1971. In the 1990s, worried about the committee's limited capabilities to enforce action, multiple nations started to make ECOSOC more relevant in terms of economic and social policy, as well as in furthering development goals.

Reform of the committee continues to this day. In 2013 the General Assembly adopted resolution 68/1, which among other changes, gave ECOSOC greater power to lead UN subsidiary bodies in policy setting and coordination and increasing its visibility to the public through initiatives concerning broader outreach.

STRUCTURE AND FUNCTIONS OF THE COMMITTEE

The committee meets annually every July for a four-week session. The location of these meetings alternates between New York and Geneva. The committee consists of 54 member states, all elected by the General Assembly, for three-year terms. Membership is also based on geographic representation, as each geographic region is allocated a certain number of countries in the committee. The breakdown is as follows: 14 'African' States, 11 'Asia-Pacific' States, 10 'Latin American and Caribbean' States, 6 'Eastern European' States, and 13 'Western European and Other' States.

The Mandate of ECOSOC is extensive, as it is the primary body for policy review, discussion, and coordination on matters relating to economic, social and environmental issues. ECOSOC is also responsible for coordinating any overlapping functions of the UN's subsidiary bodies.

Furthermore, through the UN Charter, ECOSOC also has the ability to emphasize any human rights issues it sees fit.

Resolutions require a simple majority to pass, and no country has the ability to veto a document, unlike the Security Council. As such, all member states have equal voting rights as each member state receives one vote.

TOPIC A: THE PROVISION AND ACCESSIBILITY OF HEALTHCARE IN SUB-SAHARAN AFRICA

BACKGROUND

Introduction:

It is no surprise that Healthcare is one of the most concerning issues surrounding the African continent today. Matters concerning healthcare in Africa have been well publicised, with one of the more recent examples being the 2014-2016 Ebola outbreak. Sadly, this can just be seen as a single episode in the continuing series of Africa's struggles to provide reliable healthcare services to its population. In addition to the continent's well-documented struggles with numerous epidemics in the past, many African states and their populations remain vulnerable to diseases that have been, for the most part, largely eradicated in Europe and North America. There is a lot of work that needs to be done, with the cost of failure being the preventable deaths of millions of human lives.

Summary of the Problem:

A quick glance at the situation on the continent makes for disturbing reading. In 2005, out of the 58.03 million deaths worldwide, at least 10.9 million were from the continent. Out of that 10.9 million, the majority of deaths resulted from a variety of diseases and infections, with two of the most prevalent being HIV/AIDS and respiratory infections (Kiriga & Barry 2008, p.1).

Furthermore, there were also causes of death listed that were very preventable, including diarrhoeal diseases and measles.

Today, the African continent contains 25% of the global disease burden, but despite this only contains 3% of the world's health workers. Most countries in the region meet the World Health Organization (WHO) criteria for a critical shortage of healthcare workers, stated at fewer than 2.28 doctors, nurses, and midwives per 1000 people (Mooketsane & Phirinyane, 2015, p.346) .

All of these factors contribute to the fact that Africa is the only continent in the world where deaths from infectious diseases still outnumber deaths from chronic diseases. Infant mortality rates make for similarly dire reading, as in 2013, infant mortality rates per 1000 live births were 66. While this represents a noticeable improvement from its 1990 level (107 deaths), it is well below the Euro area, which was at three deaths (ibid.) .

Government expenditure on healthcare continues to be low, with multiple countries falling short of various goals and targets set. In 2008, the High Level Task Force on Innovative International Financing for Health Systems (HLTF) was established. Its purpose was to ‘identify the innovative and additional sources of funding for health systems strengthening in the 49 lowest-income countries of the world.’ It published its final report on September 2009, with the recommendation that governments spend \$44 per capita on healthcare expenditure (World Health Organisation Regional Office for Africa 2013, p.5). However, a 2013 report by the World Health Organisation (WHO) in Africa show that out of the 45 Sub-Saharan African countries studied, in 22 of them healthcare expenditure remains below the target set (ibid.).

Furthermore, the 2001 Abuja Declaration, formulated by heads of state of African Union countries, outlined a pledge for governments to dedicate at least 15% of their budgets to healthcare expenditures. However, a decade later, only five countries were noted to have achieved that goal. Indeed, as of 2013 only three countries in the Sub-Saharan region have been able to meet both the UNHLTF recommendations and the 2001 Abuja Declaration goals: Botswana, Rwanda, and Zambia (ibid.).

| | GGHE/GGE more than 15 % | GGHE/GGE less than 15 % |
|---|--|---|
| Total health expenditure per capita more than US\$ 44 | Botswana, Rwanda, Zambia (3 countries) | Algeria, Angola, Cameroon, Cape Verde, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Ghana, Guinea-Bissau, Lesotho, Mauritius, Namibia, Nigeria, Sao Tome and Principe, Senegal, Seychelles, South Africa, Swaziland, Uganda (20 countries) |
| Total health expenditure per capita less than US\$ 44 | Madagascar, Togo (2 countries) | Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, DRC, Eritrea, Ethiopia, Gambia, Guinea, Kenya, Liberia, Malawi, Mali, Mauritania, Mozambique, Niger, Sierra Leone, Tanzania (20 countries) |

Figure 1.0: Abuja Deceleration Goals against the HLTF goals. GGHE/GGE stands for General Government Health Expenses/ General Government Expenses. Retrieved from <https://www.afro.who.int/sites/default/files/2017-06/state-of-health-financing-afro.pdf>

Perhaps the clearest demonstration of how underequipped some governments are to handle the needs of their people can be demonstrated by looking at the plight of a government-run hospital in Nairobi, Kenya. In 2008, it was noted that hospital staff was asking patients to come with their own gloves, syringes, and needles, as the hospital was unable to provide these necessities.

(Kimani 2008)

Aid to the Region:

Throughout the years, Foreign Aid to the continent has been constantly provided. In accordance with the signing of the Millennium Development Goals in 2000, a platform was developed to provide injections of funds to countries that are in most need of it. Billions of dollars have since been, and continue to be, injected into the region. In 2010, external donors made up 40% or more of six states' expenditures on healthcare (World Health Organisation Regional Office for Africa 2013, p. 16) . In the same year, external funds made up 10.5% of Sub-Saharan health expenditure. For con, external funds only made up 2.3% of health expenditure in South Asia.

(Mooketsane & Phirinyane, 2015, p.346)

| Years | Less than 20% | 20–40% | More than 40% |
|--------------------------|---------------|--------|---------------|
| No. of countries in 2001 | 32 | 10 | 2 |
| No. of countries in 2005 | 25 | 12 | 7 |
| No. of countries in 2010 | 24 | 14 | 6 |

Figure 1.1: External Sources of health financing as a percentage of total health expenditure. Retrieved from: <https://www.afro.who.int/sites/default/files/2017-06/state-of-health-financing-afro.pdf>

Furthermore, the use of donor aid deserves to be scrutinized, as donor aid has sometimes been directed for use in tackling specific concerns and not broader ones. For instance, aid may be used to give patients with certain diseases, like HIV/AIDS, free healthcare. While undoubtedly a good thing, this may also mean that patients with more common but less high profile diseases continue to receive low-quality care, even though these diseases may actually result in more deaths than HIV (Ejughemre 2013, p.148). Indeed, this is one of the major shortfalls of donor aid, in that it may provide a stopgap solution to a particular disease or issue, but with very little spill over benefits to other diseases. Another issue that emerges is that of misuse of funds or medicines, as unscrupulous individuals may be tempted to use the donor aid for their own personal gain. Another practice that has been noted is for management in health centres across the continent to sell medicines for diseases in the private market, where demand is high and as such they will be able to fetch higher prices (Ejughemre 2013, p.149). This also results in there being fewer medicines to be used to treat patients that seek help from these health centres.

However, perhaps the biggest reason why the region should be less reliant on donor aid is the issue of sustainability. Western funds, while making up the bulk of the overall funding since the turn of the century, are starting to be diverted to causes closer to home (Allison 2017). Indeed, World Bank research shows that while the region's spending per capita on healthcare has increased since the turn of the century, most of that increase can be attributed to increased aid (ibid.).

In order for sustainability to be realised, countries must need to implement new economic and social strategies and practices in order to tackle existing salient issues. Such issues include, among others, the inability of states to collect tax revenues, dwindling natural resources, and poor and instable governments. These will be discussed in more detail in the next section.

DISCUSSION OF THE PROBLEM

Challenges to Addressing the Issue:

Tax Revenues

As mentioned earlier, healthcare is both a social and economic issue, and as such its failure to be effectively and consistently provided cannot be tackled without analysing deficiencies in government or the economy as a whole. For instance, one reason why more countries have not been able to tackle issues surrounding healthcare is due to the inability of states to collect tax revenues. According to the OECD, the continent loses up to \$50 billion in unpaid tax revenues. This can be explained in a variety of ways, from the lack of state capacity to the failure of governments to keep track of large international corporations' activities within countries (Cascais 2019).

Poor Governance and Instability

The issue of poor governance and instability is a significant hurdle that must be overcome in order for effective healthcare to be provided. Government mismanagement of funds, including donor aid, has drastically undermined the already limited ability of states to deliver healthcare to its citizens and hinders any attempts to improve the situation. (Ejughemre 2013, p.149). Practices of rent seeking when it comes to things like natural resources cannot be underestimated, as funds are siphoned from potential public spending to officials' pockets instead. This results in a sentiment of unhappiness and discontent with governments by the general public. According to The Gallup World Poll, in 2012 only 42.5% of Sub-Saharan Africans are satisfied with their

healthcare. This figure is the lowest level of satisfaction in the world (Deaton & Totoro 2015, p.521). The lack of healthcare spending, coupled with government corruption not only limits state capacity, it also contributes to brain drain from these countries. Brain drain can be defined as the migration of medical professionals from a country in search of better opportunities. In a region that is already short of medical professionals, this is hardly the ideal scenario.

The Environment

Moving away from problematics within the nation state, there is also the environment to consider. While not exactly alterable, it would be risky to assume that the environment does not play a role in contributing to the prevalence of illness and subsequent death in the region.

Vector-borne diseases and the growing impact of climate change all continue to deteriorate the health of many millions of Africans (Health and Environment Linkages Initiative 2019).

Furthermore, Africa's wealth of natural resources has lured many big corporations to the continent, and their activities have served to contaminate water supplies and indirectly poison those living in close proximity to these activities. For example, oil production in Nigeria has resulted in the contamination of drinking water of at least 10 different communities in the Ogoniland Area (Associated Press 2014).

Accessibility to Healthcare

Accessibility to whatever healthcare is provided in these countries also proves to be a challenge, as not everyone has easy transport to a hospital in times of need. A 2018 study showed that 80% of most countries' population did not live within two hours of the nearest hospital. (Ouma et al 2018, p.349) The 80% mark was proposed by the African Federation for Emergency Medicine, and it is expected to have all the countries in the region reach this mark by 2030. It is clear that immediate work is needed in order for this objective to be feasible within the specified timeframe.

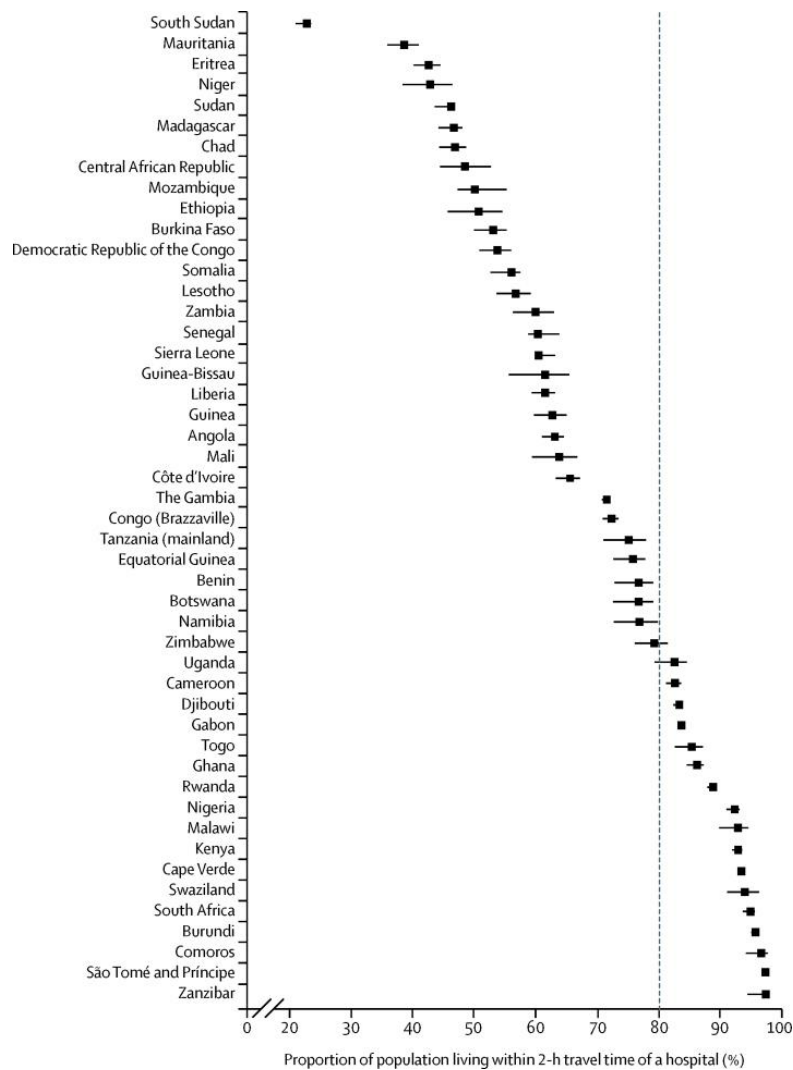


Figure 1.2: Proportion of the indicated countries' population that lives within a two-hour travel time of a hospital. The 80% target is marked using the dotted line. Retrieved from:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5809715/>

The WHO organise a Biennial Report of the African Region, with the latest version covering the period 2017-2018. The report proposes future initiatives, such as training WHO staff members comprehensively, and has noted the agency's contribution towards the near-eradication of diseases like the Guinea Worm Disease in the region. Further successes noted by the report include the rolling out of new anti-tuberculosis medicines in 21 countries in 2017, and the establishment of an East-African malaria online database to facilitate data sharing for future

collaboration (World Health Organisation: Regional Office for Africa 2018, p.11-12). However, while these steps have been promising, further progress does need to be made in order to secure the livelihoods of the people in the region..

POINTS A RESOLUTION SHOULD ADDRESS

Arguably, the biggest issue when it comes to healthcare provision is the lack of state capacity in multiple countries. Internal government instability and corruption scandals prevent the state from functioning properly. Potential solutions must be kept with these issues in mind. While large-scale economic and social reforms may be suggested, other potential and arguably more effective ways to combat the issue are those that target the provision of services on a smaller scale, whether it be to specific towns or the provision of basic healthcare products

On the subject of state capacity, delegates must also not be too reliant on continued foreign aid. While aid is no doubt needed in times of crisis, like the Ebola epidemic, delegates should consider methods to make the region less dependent in times of emergencies. Such an initiative may involve working closer with the African Union or other related bodies in the region. Moving beyond, non-state actors may also be another factor to consider, as the likes of mission hospitals have been used to good effect in given areas.

Another factor to consider is the lack of health workers. Improving the amount of health workers, and providing incentives to doctors and other health professionals to prevent the aforementioned brain drain may be key to starting to stem the over reliance on foreign donations. Adding onto this, another way for countries to improve short-term healthcare provision is to promote private healthcare services, in order to make up for a lack of state

capacity in the economy. However, this requires a thorough evaluation of the relationship between private and public sectors.

Technology may also be another aspect that delegates may choose to implement in any solution, as the rise and development of technology since the turn of the century has allowed more people access to devices such as mobile phones. As Internet connectivity starts to become more and more common across the sub-continent, the policy implications resulting from these developments can be wide-ranging. For instance, patients are now able to keep track and monitor health supplies in various hospitals, so that they will be able to make better decisions with regards to which hospital is best equipped to treat their illness (de Morais, 2018). In Ghana, certain health workers in the field are now able to better communicate with those situated at consultation centres to advise on any person's medical condition (ibid.). Any effective proposed policy would do well to note some of these developments in the field and incorporate them more formally into policy spheres.

Delegates should also be aware of what UN-agency bodies did and have been doing. For instance, the UNFPA have been helping to fund health workers who bicycle to visit women in remote areas, and in 2018 UNICEF and its partners provided 8 million people across Eastern and Southern Africa with clean water. These initiatives can be used and built upon to achieve wider policy goals.

CONCLUSION

Effective healthcare, and its easy access, is one of the key cornerstones of any society today. Despite this, millions of people on the sub-continent continue to go without it all too frequently, with devastating consequences not too far off at any given point. There is no one overarching reason why this is, and is such why this topic has been so hard for the international community

to tackle effectively in the long run. However, the potential economic and social benefit from improved healthcare is substantial, and is therefore a topic worth debating extensively about. The goal of this committee when tackling this issue is to propose concrete action to form a base from which further policy can be built upon. Multiple issues need to be addressed, and is such why the international community needs to be decisive and firm in whatever decision it chooses to take.

FURTHER READING

This report is only meant to act as an introduction and as a guide to further research on the topic. The following links can help provide further information. While they are not required readings, we hope they will be of some use and allow you to debate to the best of your ability at the conference.

- [A brief report on Africa's problems with tax avoidance](#)
- [Recent news on disease outbreaks in the region](#)
- [How AI can improve access to healthcare](#)
- [How improved technology has had positive impacts on healthcare in the region](#)
- [African Health Statistics](#)
- [African Health Observatory](#)
- [Report on how social work may influence the provision of healthcare](#)
- [Report on drivers of government health spending](#)
- [BBC article on reducing aid dependence](#)

TOPIC B: TRADE AS A MEANS OF REBUILDING IN POST-CONFLICT COUNTRIES AND REGIONS

BACKGROUND

According to a 2005 ECOSOC paper, there have been 20 million killed in 140 civil wars since the Second World War, as well as 67 million people displaced from their homes in the same period (Panic, 2005). Further studies from the Peace Research Institute in Oslo point out that the number of armed conflicts has been rising over the past 50 years, the vast majority of which are intrastate, rather than interstate (Dupuy, 2017). There are dozens of nations in dire need of rebuilding all over the world. The issue is made even more pressing by the fact that states which go a significant period after a civil war without rebuilding often descend back into armed conflict as competing factions vie for power. The United Nations as a whole, and ECOSOC specifically, has pledged to assist these nations and their people in becoming more stable and more prosperous through three major objectives in post-conflict regions: reconciliation, reconstruction, and reduction in absolute poverty and income insecurity.

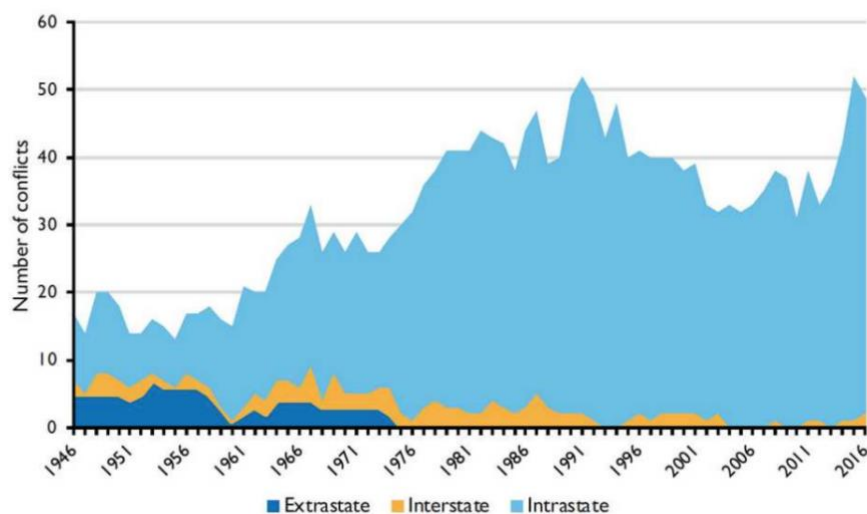


Fig. 1: Number of armed conflicts by type of conflict, 1946 – 2016

Trade is one tool available to the international community which can allow for significant support in both reduction of poverty and reconstruction, with consequences for reconciliation as well. Providing war-torn states with access to the resources and materials necessary for infrastructure reconstruction is vital, especially for those nations without easy access to such materials. Reduction of poverty requires a balance of trade which allows for cheaper goods as well as more opportunities for work, a difficult balance to strike with which even the most developed nations struggle. As an added benefit, increased economic opportunity and stability has been shown to decrease civil unrest and provide opportunities for reconciliation among the competing groups. Trade, therefore, plays a vital role in the rebuilding process of a post-conflict country, and debate on the topic could result in significant progress for affected nations. As the World Bank pointed out in 2015, trade had doubled over the previous 40 years and “A sustained effort to deepen economic integration and further lower trade costs is essential for ending poverty.”(World Bank, 2015)

PAST INTERNATIONAL RECONSTRUCTION EFFORTS

Perhaps the greatest post-war reconstruction efforts came following the Second World War. The newly formed United Nations established a Relief and Rehabilitation Administration which, alongside loans from the International Bank of Reconstruction and Development and the Marshall Plan for Western Europe, worked to achieve the following objectives: increasing production, expansion of foreign trade, enhancement of financial stability, and development of European economic cooperation. The reconstruction efforts, and the Marshall Plan in particular, were successful in their aims as GDP rose by 35% alongside intra-European trade growing by 80% in the decade following the war. International post-war rebuilding effort of this scale was an

isolated incident until the early 1990s, during which the outbreak of civil wars led to greater need and subsequently greater levels of intervention. (Tzifakis, 2005)

A wide variety of international organizations developed tools and set aside resources for the purpose of post-war development around the turn of the 21st century. In 1995, the International Monetary Fund (IMF) included specific considerations for post-conflict situations in its policy on emergency assistance (IMF, 1995). In 1997, the World Bank established a Post-Conflict Unit which is now known as the Conflict Prevention and Reconstruction Unit as well as a Post-Conflict Fund (World Bank, 1997). In 2001, the United Nations Development Programme established a Bureau for Crisis Prevention and Recovery before much of the responsibilities of reconstruction fell to ECOSOC.

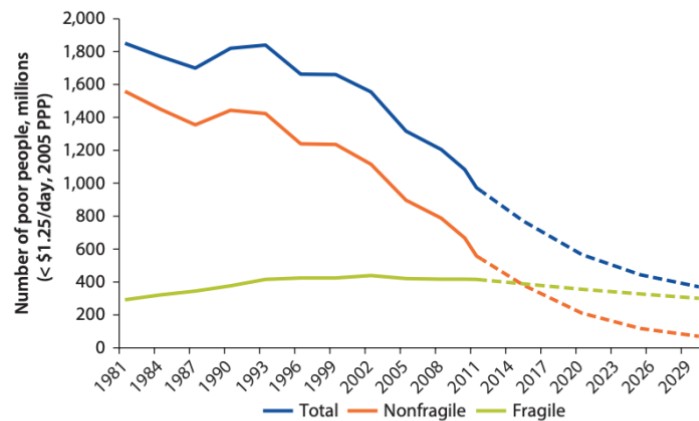
General efforts to rebuild post-conflict nations has been a focus of ECOSOC activities for many years, usually tied in with peacebuilding efforts in the region in order to prevent further violence. In particular, beginning in 2002 ECOSOC began to create specific ad-hoc advisory groups in order to tailor advice and recommendations to individual countries' needs. Such groups have been made for Guinea-Bissau (2002), Burundi (2003) and Haiti (2004) among others. The 2005 World Summit resulted in the creation of a new Peacebuilding Commission, and "In the resolutions establishing the *Peacebuilding Commission*, *resolution 60/180* and *resolution 1645 (2005)*, the United Nations General Assembly and the Security Council mandated it to bring together all relevant actors to advise on the proposed integrated strategies for post conflict peacebuilding and recovery; to marshal resources and help ensure predictable financing for these activities; and to develop best practices in collaboration with political, security, humanitarian and development actors." Since its creation, UN peacebuilding efforts have primarily been led by the Peacebuilding Commission, often in collaboration with ECOSOC. Resolution 60/180

specifically “*underlines* that the advice of the Commission to provide sustained attention as countries move from transitional recovery towards development will be of particular relevance to the Economic and Social Council,” due to the experience and expertise in economic and social development which falls under the purview of ECOSOC.

THE ROLE OF GLOBAL TRADE

Economies all over the world are becoming increasingly interconnected, and this closeness has resulted in some level of dependency for many goods. Total imports worldwide totalled to \$16 trillion in 2017, and trade in Africa in particular is rising extremely rapidly. As a byproduct of free trade recovering nations are more easily capable of acquiring food and infrastructure materials which are so desperately needed, as well as exporting their own produce tariff-free in order to rebuild the domestic economy. Unfortunately, however, free trade is not always beneficial and a properly regulated system of trade is vital for the economic and social success of a post-conflict nation. Unregulated domestic trade policy can lead to uncompetitive industry being outcompeted by nations with tariffs, agricultural subsidies, or higher production standards which make domestic industry non-competitive on an international market.

One of the most common problems with post-conflict regions is their vulnerability to falling back into conflict. This is due to a number of factors, including weakened political institutions and strengthened military forces, but perhaps most significantly economic failure, particularly with regards to median income growth. Post-conflict countries are extremely fragile and extremely poor, and these two characteristics are closely connected. Research in 2011 projected that the majority of the world’s poor would be found in fragile nations:



Sources: Historic (1981–2011) data from PovcalNet (accessed Oct. 10, 2014). Projections based on 10-year historic growth scenario from Lakner, Negre, and Prydz (2014).
 Note: Estimates from countries on the OECD Fragile States list from 2014. Poverty estimates only from countries where at least one household survey and PPP conversion factors available. For 18 countries of the 51 on the list, we do not have such data. These missing countries comprise about 10 percent of the total population in fragile states.

Figure 2.1: Taken from World Bank report “Trading Away from Conflict: Using Trade to Increase Resilience in Fragile States”

According to research from the World Bank, trade factors are closely correlated with risk of conflict due to the impact of trade on the economy and the economy on conflict. For example, “Increases in the prices of exported oil and mineral commodities substantially raise the risk of conflict. An increase in the value of these exports of 10 percent raises the risk of conflict by 2.2 percent on average across countries.” The World Bank points to three major reasons for this connection (Calí, 2015):

“The opportunity cost effect holds that changes in real incomes, for example driven by changes in trade prices, change incentives for participating in conflict by changing the return on participation in violence compared with more productive activities. The rapacity (sometimes called “state prize”) effect refers to the idea that valuable economic resources can provide an incentive to fight over their control. And the resource effect recognizes that both government and rebels may fund their activities by taxing the production of commodities, so that changes in their value affect the ability to sustain conflict.”

This connection means that there is an opportunity for domestic policy and international agreement to make a real impact in post-conflict nations. In order to increase resilience of these

nations, special considerations must be given to improving economic conditions. The World Bank's analysis developed several key points that trade policy should address in post-conflict regions. First, trade policy should treat stability as an objective. Achieving these objectives requires a country-level analysis of the effects which any proposed policy would have on key commodities to the domestic economy, as well as which key players would benefit from the policy. As a result, they recommend developing a systematic framework through which nations will be able to: 1) "identify the changes in trade that would matter most for the country's stability" and 2) "assess the likely distribution of gains and losses across different groups within the country as a result of the change in trade."

In addition to commodity exchange, Foreign Direct Investment (FDI) is a form of trade which can have a significant positive impact on post-conflict nations. In 2009, the UN looked at the role FDI played in rebuilding Croatia and Mozambique, and found that investment opportunities in nations emerging from conflict benefitted both the investors and the nations themselves. The report concluded that actively making the nation an attractive location for FDI could result in "potential contributions to investment, employment, public finances, macroeconomic stability, infrastructure, business development and economic growth in general, all of which can help sustain peace in the long run." (United Nations, 2010) For example, Mozambique's efforts brought FDI in the nation from \$9 million in 1992 up to \$215 million just ten years later. There were 12 major conclusions of the review, with important takeaways including to start developing infrastructure for FDI as early as possible, privatization can have a positive impact on the flow of investment, and that special economic zones can create "ideal regulatory environments for FDI."

WHAT ECOSOC CAN DO

In terms of trade policy, the UN does not have any direct impact. The organization cannot change domestic trade policy, nor can it change the terms of trade within the World Trade Organization or World Bank. The two organizations do have nearly the same membership, however, and so discussions from one body often influence and shape decision making in the other. There are several other capacities through which the UN can have a significant positive effect. The first is in an advisory role; governments emerging from a period of conflict have a wide variety of tasks and responsibilities, often with a limited budget due to the decimation of local industry. Researching effective policy and provided such resources to the nations in need can make a significant difference in a post-war situation. Additionally, it can facilitate multilateral agreements between countries and serve as a level playing field for nations to construct agreements that benefit both sides.

POINTS A RESOLUTION SHOULD ADDRESS

ECOSOC, and the United Nations generally, is well positioned to provide advice and resources to nations emerging from conflict. A resolution should attempt to balance the need for a generally applicable advisory and regulatory framework with the specificities which underlie conflicts and their affected regions. Additionally, one of the most common problems in UN resolution-building is particularly relevant here: national sovereignty. Post-conflict nations are likely to not want their economic policies determined by the powers of the UN. Similarly, developed and stable nations are not likely to accept any demands from the UN with regards to their own economic policies.

Resolutions should address, among other considerations, the relationships between trade and access to vital resources (such as food and energy), risk of destabilization, and foreign investment. Additionally, they should consider the commitment that the United Nations has made to the three major objectives in post-conflict regions: reconciliation, reconstruction and reduction in absolute poverty and income insecurity. There are several options available to

delegates, but it is worth considering that trade is a two-way street. The affected regions themselves should take steps to ease economic damages, but those nations which trade with them can also play a major role in helping rebuild and grow the economies, often to the benefit of both sides. Additionally, conflict may arise due to protectionism and anti-globalization rising in many governments across the world, as well as a general anti-interference sentiment stemming from concerns over national sovereignty. Even nations which stand to benefit from these policies may reject such assistance- The Brazilian government recently declined \$22m in aid for the Amazon rainforest from the G7, citing concerns over foreign interference in domestic policy.

CONCLUSION

A significant proportion of the world's population lives in war-torn regions, any solution to this crisis must address the economic ramifications of such conflicts. Trade is a meaningful tool for change, and the United Nations has the connections and resources necessary to influence the balance of trade in favour of these regions. Many modern countries are experiencing increased levels of nationalism and protectionism when it comes to trade. Such an environment assumes that trade is a zero-sum game, where there is a set amount of good to be gained which must be fought over. This assumption is contrary to the purpose of the UN as a global body, intending to foster agreement and understanding between nations. The goal of this committee, is not necessarily to split the pie a new way, but rather to grow the pie so that all states can be better off.

FURTHER READING

In addition to independent research, below are several resources which might be useful:

- Panic, M. (2005). *Reconstruction, development and sustainable peace: a unified programme for post-conflict countries* | *Economic Analysis & Policy Division*. [online] Development Policy & Analysis Division | Dept of Economic & Social Affairs | United Nations. Available at: <https://www.un.org/development/desa/dpad/publication/cdp-background-paper-no-18/> [Accessed 26 Aug. 2019].
 - This paper published by the United Nations provides in-depth analysis on the role of economic welfare in conflict prevention and sustainable peace. Its conclusions are useful for understanding the broad goals of UN economic involvement in these regions.
- Best practices in investment for development. (2010). New York: United Nations. Available at: <https://unctad.org/en/pages/PublicationArchive.aspx?publicationid=452>
 - Another paper from the United Nations, specifically outlining the role of Foreign Direct Investment and how economies can encourage it as they emerge from periods of conflict.
- Cali, M. (2015). *Trading Away from Conflict: Using Trade to Increase Resilience in Fragile States*. Washington DC: International Bank for Reconstruction and Development | The World Bank. Available at: <https://www.worldbank.org/en/topic/trade/publication/trading-away-from-conflict>
 - This is an incredibly relevant and useful paper from the World Bank. Its conclusions deal with the role of trade in preventing post-conflict nations from returning into war. Chapter 3 is most relevant to our topic.
- World Bank. 1999. *The transition from war to peace : an overview (English)*. Washington, DC: World Bank. <http://documents.worldbank.org/curated/en/555671468177846476/The-transition-from-war-to-peace-an-overview>
 - This paper is more broad than just our topic, but section 6, “Economic Reconstruction Strategies” contains useful information and strategies.

Additionally, 8.13 (“Lessons Learned”) is World Bank specific but valuable for creating effective economic thinking in affected regions

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