RESEARCH REPORT

University of Nottingham Champions Cup '21

WHO

A Note from the Chair(s)

Chair: Leong Qi Zhong

Greetings, delegates. You may call him Chris. He is delighted to be your chair for the World Health Organisation (WHO) Council. He started his MUN journey a little over 2 years ago, been in various positions, be it a delegate, a chair or the member of the secretariat. Since then, his interest and passion for MUN grew dramatically, where he aspires to continuously bring positive impacts to the world around me, however small it may seem. Currently, he is awaiting admission into university, planning to read engineering in the United Kingdom.

He firmly believes that it is more important for delegates to deliver an impact to the council and learn something valuable than to purely pursue awards. Regardless of your proficiency and experience in MUN, he hopes that you treat this as a learning experience.

To new delegates, don't be afraid to speak up. And most importantly, don't be afraid of making mistakes. Rest assured that the Board of Dais will give you a safe environment to try and fail over and over again. Soon, you will rise above and succeed. To experienced delegates, use your experience to your fullest and push yourself to new heights! Don't get comfortable. Use this opportunity to find potential gaps in your understanding of the issue and fill them in!

There are a few things he requires from you guys:

1. Be diplomatic. Never engage in personal attack.
2. Always approach council sessions with an open heart, with an undying passion to learn. This includes efforts to show adequate research on the topics at hand.
3. Active participation in council sessions.
4. Always relax and have fun!

He looks forward to seeing you guys in council. If you have any doubts, feel free to approach him via Instagram (@seemeburn.01) or via E-mail (leong.qizhong@gmail.com). Until then, stay safe and healthy!

Co-Chair: Angus Chieng

Despite facing obstacles such as having a wanderlust due to the pandemic and having SPM this year, Angus persists in attending as many MUN conferences as he could before the nightmare of SPM arrives. Angus is currently ploughing through his final year of secondary education in St. Michael's Institution, Ipoh. Ever since his first MUN conference in March 2021, Angus had been joining more and more MUN conferences as he believes that MUN is not only a conference but rather a lifestyle. Champions Cup 2021 will be his 7th conference and he is chairing for his very first time in this council. Outside of MUN, Angus is either thinking of which MUN to join next, binging on YouTube and Netflix or chilling with a cup of coffee in the afternoons.

Last but not least, here's an advice from him, delegates are encouraged to have collaborations to solve problems or issues mutually and recommended to form blocs to ease the discussion. However, blocs should not, under any given conditions or circumstances, be forced.

Should you have any queries, do not hesitate to contact him. Have fun and enjoy Champions Cup till its fullest.

Email: anguschieng11@gmail.com

Position Papers Guidelines

Champions' Cup 2021 will be conducted using **HMUN Rules of Procedure**. As such, position papers are mandatory for this council, and will be required for awards consideration.

Position papers should include the following:

- Your country's stance on the topic
- Justifying your country's reason for its particular stance on the matter
- The actions your country has taken regarding the matter
- The recommendations your country would make regarding the matter

Position paper format requirements:

- Times New Roman, Font size 12,
- Justified alignment with 1.15 spacing, and page numbering
- You are allowed to bold, underline, and use italics,
- Maximum 3 pages for content,
- Please cite your position paper (APA 6th Edition, no need for in-text citation),
- Please include a Bibliography for your position paper, which is an additional page after your 3-page content,
- Your PP should not exceed a total of 4 pages with the content and Bibliography,
- Should your Bibliography exceed 1 page, then your PP should NOT exceed a total of 5 pages with the content and Bibliography,
- Please do not include your personal name, a country flag, a country's emblem or equivalent, and personal information,
- Please include the name of your country and your council's name (follow this example: "ITALY – WHO") in the Header section of the document,
- When sending the PDF version of your PP, please name the PDF document accordingly (follow this example: "ITALY_WHO_PP"),
- Please write the PP in English and no other language should be used in the writing of your position paper,
- If any of the above standards are not followed, it will result in a deduction of marks from your PP. Additionally, if your PP is not in PDF format, it will be rejected,
- Email the position papers to BOTH chairs leong.qizhong@gmail.com and anguschieng11@gmail.com

Position papers are due on 11:59 PM (MYT), 19th June 2021. Requests for extensions with valid reasons can be made by contacting the chairs. Any other queries can be made through e-mail or Instagram DM. With that, have fun researching and see y'all in council!

Introduction of World Health Organisation

World Health Organization (WHO) is a specialised agency of the United Nations, established on 7th April 1948, with the responsibility of maintaining international public health. Headquartered in Geneva, Switzerland, there are 6 semi-autonomous regional offices and 150 field offices worldwide, coordinating global health efforts. Every year, the World Health Assembly (WHA), the legislative body of WHO, meets in Geneva.

The role and mandate of WHO includes (but not limited to):

1. Advocating for universal health coverage
2. Monitoring public health risks and outbreaks
3. Coordinating responses to health emergencies
4. Promoting human health and well-being
5. Provides technical assistance to countries that require help
6. Set internationally calibrated health standards and guidelines
7. Promoting cooperation between scientific groups
8. Collects data on global health issues through the World Health Survey
9. Serves as a forum for summits and discussions on health issues

The World Health Organisation has played an important leading role in many of the global public health achievements, notably the eradication of smallpox. Alongside CoVID-19, the priorities include non-communicable diseases (e.g. cancer, diabetes, mental disorders, etc.), communicable diseases (e.g. HIV/AIDS, Ebola, Tuberculosis, etc.), nutrition and other important aspects.

Topic A: Vaccine Nationalism: Promoting Fair and Effective Use of Vaccines Across MEDCs and LEDCs

Topic Introduction

Vaccine nationalism has slowly become a more common term amongst experts of public health. But what does it mean?

To put it simply, vaccine nationalism is the governmental act of signing deals and supplying vaccines for their own populations well ahead of them becoming available for other member states. It is akin to saying "me first", as described by the Director-General of the World Health Organization. This nationalistic behaviour potentially can bring about negative implications regarding the equitable distribution of vaccines across the globe.

In this topic, while vaccine nationalism is observed to be relatively common in many vaccines, the Board of Dais will highly recommend focusing the scope of this topic to the COVID-19 vaccines.

During the development phase of the COVID-19 vaccines, there is always the debate of whether countries will act in a global, cooperative and collaborative approach towards the production and distribution of the vaccine or prioritising their national self-interest. As we can see, the dealings have been mostly characterised by national self-interest and increasingly, public health is seen to be a national security issue. Thus, governments often see the availability of a vaccine for its own population as an absolute priority and the fear of not having sufficient amounts of medical supplies has often led governments to enact export restrictions, as well as import-liberalising measures. While these measures may boost domestic supply of medical equipment, the act of trade protectionism can often shift the negative implications of shortage in supplies to other countries, leaving everyone worse off.

Many public health experts across the globe have called for the end of vaccine nationalism, stating that it is epidemiologically self-defeating and counterproductive in a clinical sense. Vaccine multilateralism where international cooperative efforts to distribute the vaccines

to wherever it is needed most, rather than taking into account status of power or national wealth, is the ultimate antidote to vaccine nationalism and the pandemic. Leaving vulnerable people and high-risk healthcare professionals behind in the distribution of vaccines can prolong the infection and the pandemic, which can bring about many negative consequences. Many agree that a collective action to bring an end to the pandemic provides the best return of investment to everyone, while being the most ethical solution.

Let's learn more about vaccine nationalism and how it came about!

History of the Topic

While the term vaccine nationalism has only been coined relatively recently in light of the COVID-19 pandemic, this is not the first time the world has seen the vaccination and treatment efforts being nationalistic and predominantly one-sided.

During the HIV epidemic at its peak, lifesaving antiretroviral medications are essentially inaccessible to most LEDCs due to its exorbitantly high prices set by the pharmaceutical industry. Furthermore, it took seven years after the development of these antiretroviral medications in the West to be widely available in HIV-ravaged Africa.

Similarly, during the H1N1 epidemic, which killed an excess of 284 thousand people worldwide, although a vaccine was developed within several months, most high-income countries directly negotiated large advance orders for the vaccine from pharmaceutical companies within their borders, basically crowding out poor countries. While they agreed to make vaccine donations to other member states with mid to low income, they only carried out these donations (10% of their vaccine inventory) after ensuring that the amount that they purchased could cover their own population first. Thus, its distribution has nothing to do with the risk of transmission - the scientific basis, but all to do with the countries' purchasing power.

One can find similar trends and patterns regarding vaccines for polio and smallpox.

Current Situation

Presently, the richest countries constituting only 16% of the world's population have secured purchasing of an excess of 60% of the world's COVID-19 vaccine supply. As of February 2021, with just 10 countries having administered 75% of all vaccines, and more than 130 countries not receiving a single dose, the injustice and inequity surrounding vaccine distribution is painstakingly clear.

Discussion of the Topic/Issues at Hand

There are differing views regarding vaccine nationalism and the ethics behind it:

Proponents of Vaccine Nationalism

Proponents of vaccine nationalism opine that often, the research and development of these vaccines are funded by taxpayers' money. For example, Moderna, a pharmaceutical company that produces one of the vaccines, gained an agreement/award from the Biomedical Advanced Research and Development Authority (BARDA), which is a division of Office of the Assistant Secretary for Preparedness and Response (ASPR) within the U.S. Department of Health and Human Services (HHS), for a commitment of up to $483 million. Thus, it should only be fair that the citizens of those nations who made large investments into the development of these products get the vaccines before anybody else.

Opponents of Vaccine Nationalism

Opponents of vaccine nationalism and advocates of vaccine multilateralism stated that contrary to the positions of those in support of vaccine nationalism, it is actually in the self-interest of those developed countries to share the support with nations with the global stage before their citizens have been vaccinated, especially those who are the most vulnerable. This is because while the developed nations gradually vaccinate their citizens, the people who are in dire situations in many other nations would not have access to vaccines. This means that the pandemic would continue to persist worldwide with increasingly more virulent outbreaks everywhere, which can ultimately affect those developed nations, due to the fact that no

countries are in isolation from the rest of the world. As the rate of infection remains high worldwide, the rate of mutation of the virus will also increase, which will then contribute to emergence of new viral variants. The new viral variants may be more resistant to the current vaccine deployed, which is ultimately self-defeating to all the efforts to quash the pandemic up till this point of time.

Furthermore, the unilateral act against COVID-19 by developed nations could prolong closures of border, travel restrictions, as well as allowing the COVID-19 virus to remain a threat to international security. This can further disrupt supply chains and exports vital to the nations' trade, hindering the economic growth of those nations, while cutting off more jobs, placing the citizens in a more vulnerable financial position.

Past Actions and Analysis

Before we delve into some of the past actions, there are a few key principles that delegates should hold while curating relevant solutions or analysing past solutions:

1. **An Inclusive and People-Centred Recovery Efforts to Leave No One Behind**
    a. The pandemic poses unique challenges for the most vulnerable groups, who often lack access to essential health and sanitation services, as well as livelihoods and employment, not to mention increased risks faced by the elderly, disabled and those living in fragile settings. Delegates should always strive towards a solution that can address the inequity in terms of the healthcare services and access to the vaccines that the marginalised people face.
2. **Transparent Evidence-Based Decision Making**
    a. Data on the pandemic are extremely crucial, as it allows decision-makers to make invaluable well-informed decisions/solutions by putting the best available evidence at the heart of policy development, both in the planning of medium- and long-term solutions.
3. **Greater Regional and Global Solidarity**
    a. The pandemic has further highlighted that the strength of the global community is determined by that of the weakest healthcare system. In today's society, one

nation alone cannot contain the virus and its impacts within its geopolitical borders without adverse impacts on normal functioning of its social and economic institutions, businesses and supply chains. This necessitates the coordinated and collaborative actions for the response to the pandemic.

COVID-19 Vaccines Global Access (COVAX)

Aimed at equitable access and dissemination of COVID-19 vaccines, this initiative, led by the World Health Organisation (WHO), Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations (CEPI), coordinates international resources to enable middle- to low-income nations equitable access to essential COVID-19 products, such as vaccines, therapies, etc. The initiative has received billions of dollars in terms of funding, but as the WHO Director-General has pointed out, money is almost meaningless if there are no vaccines to buy. While COVAX may be a step in the right direction, there are certain shortcomings that unfortunately decrease the efficiency of the initiative to disseminate vaccines.

There are several issues that some have pointed out in this initiative, but not limited to:

1. COVAX has been observed to have a lack of transparency in its contracts with pharmaceutical companies.
2. The initiative has not moved quickly enough to secure vaccine deals and deliver doses to countries. To date, COVAX has only managed to purchase 1.1 billion doses of vaccines, which is strikingly low compared to other developed nations who have secured nearly 5 billion doses.
3. The target of 2 billion doses by the end of 2021 is far too small, which, in turn, will take the world years to reach the 70% vaccine threshold as recommended by health experts to reach herd immunity, given that most vaccines currently require more than one dose to confer immunity.
4. COVAX does not prevent countries from signing independent deals directly with manufacturers. This can place additional systematic strain on what are expected to be extremely limited supplies, which may further drive up prices, potentially making them more unaffordable for low-income countries.

5. While this initiative was set up to provide access to the vaccines to people globally, COVAX is occasionally seen mainly as an aid project benefitting low- and middle-income countries, instead of a multilaterally collaborative initiative that governments should support to effectively control the pandemic. This has further prompted the possibility of nations to engage in vaccine nationalism.
6. While this initiative has started the efforts of vaccine supply and dissemination, many have criticised COVAX for what it does not do: equipping nations with the necessary knowledge and infrastructure to produce their own. Some believed that, seeing the issue at hand pertains to affordable vaccines around the world to cover the majority of people in the world, the solution should be free licensing or compulsory licensing. Waiving intellectual property and wider transfers of technology to manufacturing companies based in low-income countries may help scale up global vaccine supplies, however, COVAX doesn't intend to involve itself in addressing the issue of IP rights. This has led some experts to question whether the current framework is in fact the right way to ensure equitable distribution of vaccines.

While COVAX, being hastily convened during an ongoing pandemic, may not be the best initiative yet, its successes and failures importantly serve as a model for future similar initiatives, especially the effect of vaccine nationalism. While delegates should prioritise is both the short-term effectiveness of the solutions in the context of this pandemic and the long-term benefits in the long run.

Questions a Resolution Must Answer (QARMAs)

1. Is the current vaccine-disseminating framework sufficiently robust to ensure equitable global access of vaccines?
    a. If so,
        i. What are the potential vulnerabilities?
    b. If not,
        i. How can member states strive to improve the current framework?
2. What framework should member states adopt on a global scale to ensure equitable global access to vaccines, particularly in the context of COVID-19?
3. How should member states address the issue of priority of access to initial doses of the COVID-19 vaccine? What values/criteria can member states adopt when determining the optimal framework of vaccine distribution to ensure global equity?
4. Is it ethically reasonable and/or acceptable for member states, especially MEDCs, to prioritise on national interest over global interest?
    a. If yes,
        i. How should MEDCs balance the ethical compromise between national interest and global interest?
    b. If no,
        i. Why and how can member states dissuade other more affluent nations from engaging in vaccine nationalism?

Topic B: Improvement of Female Sanitation in LEDCs

Topic Introduction

Women and girls are predominantly and disproportionately affected by the inadequacy of sanitation facilities due to many factors, be it gender-related factors - social or cultural factors, but also due to physiological differences.

For the benefit of the council, it is important to briefly define what female sanitation entails. The term sanitation refers to conditions relating to public health, with an emphasis on the provision of clean drinking water and adequate waste/sewage disposal. Female sanitation includes different aspects, e.g. menstrual hygiene, reproductive health.

While global community efforts to realise Sustainable Development Goal 6, being "Clean Water and Sanitation for all" have been continuous and tireless, and significant progress has been made, the unfortunate truth is that we are far from being on-track to improving the global status of sanitation. According to the WHO and UNICEF, more than 785 million people did not have access to at least basic water services in 2017, and more than 2 billion people worldwide did not have access to basic sanitation. This, coupled with physiological differences, cultural stigma and certain economic reasons, has further deepened the disproportionality of challenges faced by women and girls worldwide.

According to UN reports, ⅓ of all primary schools lacked basic water, sanitation and hygiene (WASH) facilities, affecting the education of millions of schoolchildren, particularly girls managing facilities. This can mean an abrupt end to their educational journey because of the lack of basic female hygiene and sanitation resources.

A lack of adequate access to clean water can also be dangerous and fatal to mothers delivering babies in health facilities with inadequate sanitation facilities, as well as the babies themselves. According to the International Federation of Gynecologists and Obstetrics,

unhygienic conditions during labour and birth and poor postnatal hygiene correlates to approximately 8% of all maternal deaths, which can go up to 15% in LEDCs.

With all the context in place, let's delve into the underlying issues!

Discussion of the Topic/Issues at Hand

While female sanitation entails several issues that are components of the general issue of sanitation itself (e.g. general sanitation facilities are often lacking in many parts of the world, such as access to clean water, latrines, etc.), there are many factors that can specifically contribute to the subpar status of global female sanitation. The Board of Dais would like the council to focus on several of them:

Issues	Discussion
Lack of Waste Disposal Facilities	In many regions in the world, there lacks appropriate disposal techniques for menstrual hygiene waste. In certain regions, though there are some form of disposal facilities, such as incinerators or "feminine hygiene bins", women refrain from using them due to discrimination within their culture. When the used products are disposed of in toilets, the absorption materials used in menstrual hygiene products, such as polyacrylate may clog the sewer pipelines and can cause sewage backflow, which is a serious public health hazard. People living alongside bodies of water may throw menstrual waste, which can contaminate them. These materials are optimal breeding grounds for pathogenic microbes. Furthermore, these sanitary products may be

	soaked with blood from women who contracted infectious diseases, such as hepatitis and HIV, which retain their infectivity for a long time. Consequently, since clogged drainage has to be unblocked manually by workers, often with bare hands without proper protection, this exposes them to harmful pathogens and chemical byproducts.
Lack of access to affordable menstrual hygiene materials	Affordable, safe menstrual hygiene materials need to be available to girls and women during their menstrual period. However, this is not a privilege everywhere. While being a necessity to all women, menstrual hygiene materials are often disproportionately taxed by the government. In many places around the world, women resort to use alternative materials, such as leaves, animal pelt, newspaper and other unhygienic materials, which carry many health risks, such as fungal and/or bacterial infection around the reproductive tract (RTI) and urinary tract (UTI), toxic shock syndrome and potentially infertility.
Norms and Roles of Women and Men in Sanitation Sectors	In most societies worldwide, the provision of hygiene and sanitation are often considered women's work and responsibility for the management of household water supply, health and sanitation. Women are seldom involved in the decision making of sanitation facilities, which, consequently, means that women's concern and needs are rarely taken into account

	throughout the design and provision of these facilities. This may be due to societal institutional barriers and discriminatory practices physically preventing women from being involved in decision-making of water and sanitation sectors.
Lack of Privacy and Gender-Based Violence	Women are more facilities-dependent than men. In some schools of the world, the toilets are often not segregated by sex and shared, which makes it a particular challenge for girls who want some level of privacy. The lack of privacy in toilets may prompt women and girls without a toilet to wait until night time to relieve themselves or bathe, which further exposes them to gender-based violence and sexual assault. Reports of women being raped, stalked, or sexually assaulted when they use public facilities that are not secure have been frequent and well-documented, from the tsunami refugee camps in Sri Lanka, to the slums of Kenya.
Social, cultural and religious aspects surrounding menstruation	Due to the perception of it being dirty, impure and polluting, even of witchcraft properties, menstruating women has been stigmatised in many cultures around the world. These stigma, restrictions and norms stemming from cultural belief and misconceptions are the major barriers in the path of good menstrual hygiene practices. Often, due to cultural expectations, girls are not informed adequately about menstruation, its reality and methods of management, which may consequently cause them to be traumatised and feel embarrassed by menarche. In certain regions of the world, females using tampons and menstrual cups are perceived as impure or “not a virgin”

	even if they have not engaged in sexual intercourse. This has caused the distribution efforts for menstrual products problematic in several societies.
Lack of political commitment and community participation	Many of the efforts are done and initiated by NGOs and rarely by the government. In general, most countries do not provide enough resources for preventive health. Despite advocating for water, sanitation and hygiene (WASH), many governments do not introduce many initiatives and legislation that can be implemented to address those inconsistencies. Even if there are solutions, if the recipient of those solutions does not realise the need for a solution, the solution will eventually become ineffective. This is why community involvement during the planning is of utmost importance, as it offers proper understanding of the need for the initiative. Many hygiene technologies have design problems, making it not user-friendly, hence making acceptability a huge challenge.

Current Situation

During this harrowing time of the pandemic, it has demonstrated the vital importance of sanitation, hygiene and access to clean water as a means to prevent the transmission of diseases. For example, handwashing has been of great importance during the initial stage of the pandemic to prevent the proliferation of viral transmission, and its importance over time has only grown substantially. Female sanitation further exemplifies the importance.

During the pandemic, many stages of production and the supply chain of feminine hygiene products have been hampered due to the continued restriction of travel nationwide, causing a sudden deprivation of sanitary pads and other products. In India, the availability of these products is often highly unstable and volatile even in cities, and nearly negligible in rural areas far from prime supply centres. Mobility restrictions and stocking-induced inflated price has caused women who could normally afford them to lose access to it. Schools are often one of the more crucial distributors of sanitary pads, however the closure of schools has removed an important source of menstrual hygiene products to girls who are in dire need, and no efforts were made to introduce new centres for providing sanitary pads to replace schools as distributors. Furthermore, many sanitary pad manufacturing facilities have moved on to produce PPE kits, and other related products in order to ensure a steady income throughout the pandemic, which further increases the scarcity of feminine hygiene products, which, from what the section above has discussed, can lead to severe health issues in the long run for women who are unable to practice their normal sanitary hygiene measures.

Past Actions and Analysis

Education and the Education Sector

The education sector plays an imperative role in a child's growth and personal development, particularly making the school environment women-friendly to manage menstruation with pride and dignity. Sex education can help adolescents to be informed about their body's physiological

changes and how to take care of their personal hygiene as well as protecting them from sexual abuse, unwanted pregnancies and also STDs.

Nevertheless, our education sector often avoids issues related to menstruation and its management as it is often considered as one's personal matter and should only be discussed within the household, which often makes it a silent issue among a girl's life. This often prompts girls to get information about puberty, menstruation, and other physiological changes in one's body from incomplete or questionable sources, which can further deepen the problem. Often, both male and female teachers are not ready to discuss any matters related to menstruation, as they feel shy and embarrassed to discuss such topics in class, especially in addition to language barrier.

Schools and institutes have several important roles in addressing the relevant issues within their financial capabilities, including, but not limited to:

1. Equipping all teachers and employees, including male, with the relevant knowledge regarding menstruation, menstrual hygiene management, etc. so that they can also support girls/women by providing a safe environment with sufficient privacy, as well as educating girls on proper techniques regarding menstrual health management.
2. Providing affordable, if not free, menstrual hygiene materials to girls/women, as well adequate water, sanitation facilities and proper disposal mechanisms that poses no risk of stigma and discrimination

However, it is important to note that any amount of school- and community-based efforts can not replace the significant role of the government to universalise and standardise the uniformity of the efforts nationwide, as many schools and communities get financial assistance from the government, thus their efforts are often constrained by the amount of funding from the local government.

Global Water Security & Sanitation Partnership (GWSP)

A multi-donor Trust Fund housed within the World Bank's Water Global Practice, the GWSP, with one of its priority themes being inclusion, strive to advance knowledge and build capacity

by generating innovative initiatives and provisions of national support, especially efforts to bring safe menstrual hygiene to women and girls all around the world, while leveraging on the existing World Bank financial instruments to promote global dialogue and advocacy to client governments and partners.

Rural Water Supply and Sanitation Project in Tajikistan

This programme, funded by the World Bank, supports a WASH-in-School programme and campaign aiming at behavioral change to improve hygiene, as well as establishing mechanism of operation and maintenance of certain WASH facilities and crucial sanitation products. The program will also finance the construction of safe, gender-segregated sanitation facilities aimed to provide an optimal level of privacy to women and girls in school, and the development of an adequate menstrual education framework. In November 2019, the Ministry of Education, the Ministry of Health and UNICEF convened in a high-level roundtable to develop a comprehensive policy brief on WASH in Schools, which also address menstrual health and hygiene.

Questions a Resolution Must Answer (QARMAs)

1. How can member states cooperate to establish and adopt an effective framework to improve sanitation facilities, both in general and specifically in the context of women and girls?
2. What should member states do nationally to improve the accessibility and affordability of female hygiene products?
3. Are the current global efforts to improve the status of female sanitation effective and/or sufficient? What should be improved?
4. How can the international community act to minimise harmful societal and cultural norms and stigma surrounding menstruation and reproductive health?
5. What is the role of the education sector in improving the status of female sanitation worldwide?

Further Reading and Bibliography

While this may merely be references to the study guide, we recommend delegates to read the documents and articles linked below, as these contain important details that may be too long to be included in the research report.

Topic A

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Topic B

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