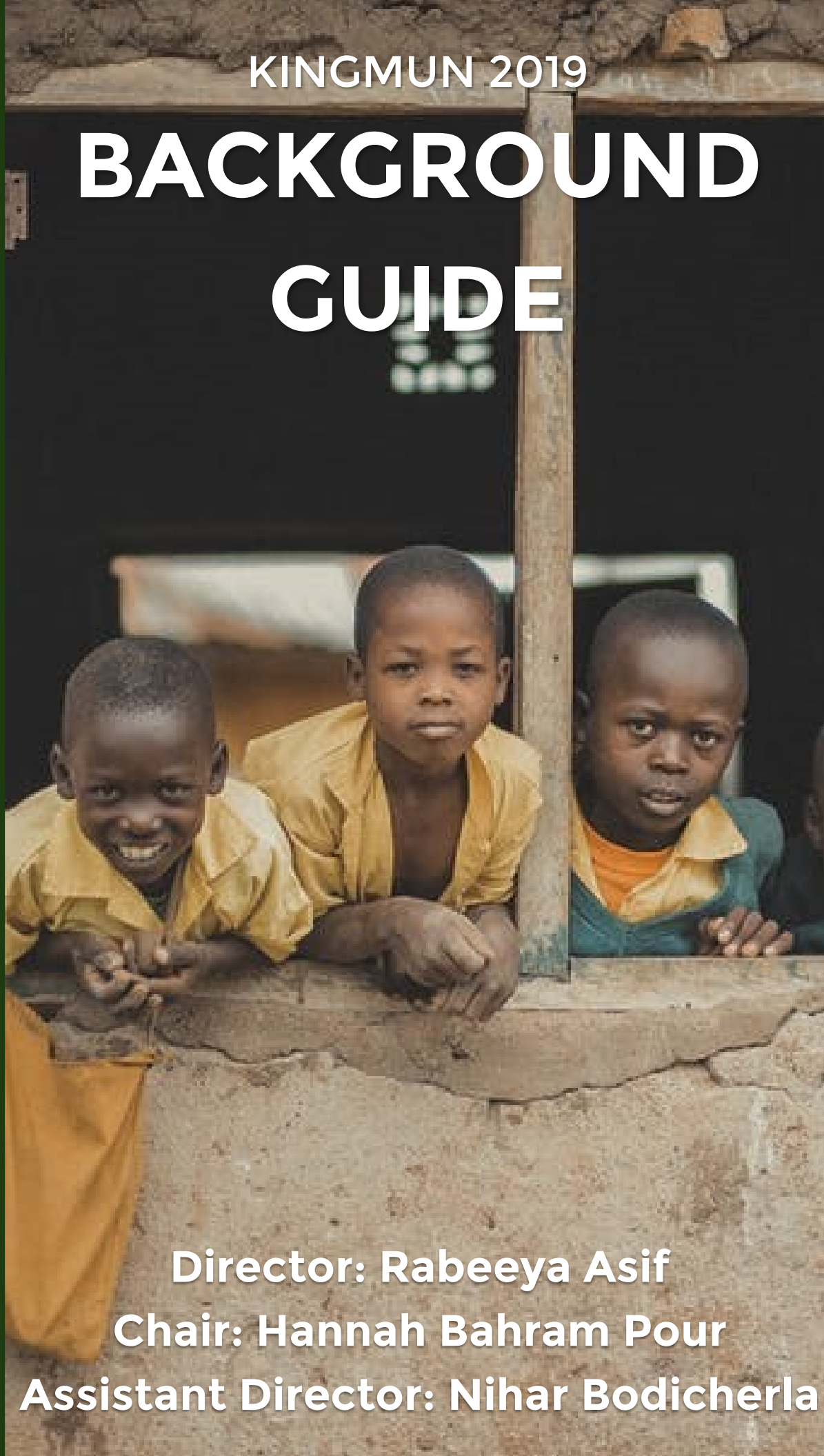
KINGMUN 2019

BACKGROUND GUIDE

UNIDO



Director: Rabeeya Asif

Chair: Hannah Bahram Pour

Assistant Director: Nihar Bodicherla

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KINGMUN 2019

DIRECTOR'S LETTER

Dear Delegates,

Welcome to the United Nations Industrial Development Organization (UNIDO) at King County Model United Nations 2019! My name is Rabeeya Asif and I am delighted to be serving as your Director. This is my third year being involved in Model United Nations and my fifth time serving as a staff member in the Model United Nations Northwest circuit. I am joined by my exceptional dais team, your enthusiastic chair, Hannah Bahram Pour, and your jubilant Assistant Director, Nihar Bodicherla. We are delighted to be serving as your dais to give you the best possible delegate experience at KINGMUN 2019.

Within UNIDO, we have the privilege of simulating the only global "forum" dedicated to establishing infrastructure within developing regions. What makes this committee unique and interesting is its focus on developing member states as opposed to world superpowers. Such a committee is not typically featured in the world of Model United Nations. Every country, no matter the size, GDP, or economic state, is vital to the world of global affairs. UNIDO projects the sentiments and exigencies of these member states and implements strategies to integrate technological advancements within them.

Recently, UNIDO has been focusing on collaborating with specialized agencies in order to integrate technology in developing communities. When choosing topics, we incorporated these elements to provide you with topics that are pivotal facets to the United Nations Sustainable Development Goals. The topics we will be discussing are 1.) Decentralized Generation of Power in Rural Areas, and 2.) Ensuring Access to Surgical Technology in Developing Regions. Not only are these topics relevant to today's mobilzed world, but tackle deep rooted issues that are detrimental to the progress and quality of life in these domains.

The directions explored in this committee and the perspectives represented are more niche and specific than those in other committees, hence the Background Guide should be used to inspire further research on the ideas outlined. My advice to you all is to come prepared, research well, and try to understand your country's position in relation to others -- that's where the challenge is. Each of you will be working towards a solution, but the best delegates will learn to collaborate without compromising the integrity of your ideas. Ask yourself about your country's international policies; exhibiting them strategically will prove

to your benefit. I look forward to seeing you all in committee and do not hesitate to contact me if you have any questions leading up to debate!

Best Regards,

Rabeeya Asif
Director | UNIDO

Committee Overview

Welcome to the United Nations Industrial Development Organization (UNIDO) at King County Model United Nations 2019. UNIDO is a unique, focused committee designed for delegates across a spectrum of experience. This committee is adaptable and caters to the needs of every delegate. It is a great way for beginning delegates to "learn the ropes", as well as a facet for experienced delegates to exercise and develop new skills. Delegates should be prepared to speak and argue for their position, make compromises, form alliances and conduct themselves in a diplomatic manner to devise solutions for issues pertaining to development. Research will be critical to the success of each delegate within this committee. Delegates who conduct a thorough research of their country's foreign policy, alliances, and economic, political, and social status will prove to be the most successful in implementing their solutions.

Unlike conventional committee's delegates may be comfortable working with in the past, UNIDO hosts delegates from the world's struggling, poverty ridden, developing regions. Delegates will be expected to utilize this unique opportunity to formulate solutions that cater to the interests of all developing nations, despite their declining economic, social, and political status. First and foremost, UNIDO is a United Nations body. This means that UNIDO is a direct sub committee of the United Nations General Assembly (UNGA). It is imperative to understand that although UNIDO may create a variety of declarations and resolutions, they cannot be enforced under its jurisdiction. These declarations and resolutions can formally endorse, recommend or urge; however, these declarations are not imposing or binding. Depending on the initiative taken, there are various methods of funding.

Funding within this committee can be derived from three distinct sources. Primarily, as a subsidiary body of the General Assembly, UNIDO holds its own fund that sources from public and private donors. These funds can be allocated to UNIDO endorsed programs and are extended after a reviewal from the UNGA. Additionally, funding can be allocated from either the International Monetary Fund (IMF) or The World Bank (TWB). It is important to understand the distinction between these respective programs. The IMF is a UN based funding mechanism that allocates funds towards member states based on Gross Domestic Product (GDP). The World Bank, however, grants funds based on international policy and Gross National Income (GNI).

When formulating solutions and writing resolutions the dais requests that delegates pay close attention to previous action that the United Nations has implemented. Delegates who stay true to their international policies will recognize that existing programs are ineffective due to a plethora of reasons. Mitigating these barriers and reviving existing programmes proves to be more effective than starting new ones. Additionally, delegates are encouraged to reach the limits of their minds and formulate unconventional, realistic solutions.

Delegates will be expected to write and submit position papers on the topics selected, and demonstrate understanding based on perspectives of both their country and the UN. Position papers serve as a way for the dais to understand the research a delegate has done, and it helps the delegate be prepared pre-conference. Delegates are urged to cover their country's stance on each topic, domestic and international policies, past country actions, past UN actions, and potential solutions. It is recommended that position papers do not exceed one full page length per a topic. Citations and bibliographies are excluded from the page limit. Delegates who wish to request an extension must submit requests to the dais via email at UNIDO@kingmun.org and indicate the reason and length for an extension.

This backgrounder is provided as a resource to gain contextual knowledge and direction over these issues. However, delegates must use this as a resource to build further research upon. Delegates should consider the cultural stigma, economic policies, potential benefits of stakeholders religious boundaries, and mechanisms for holding accountability when conducting their research.

Position Papers are due by April 21st at 11:59 p.m. Please submit them to unido@kingmun.org with your name, country, and "position paper" in the subject line.

Topic A: Promoting Decentralized Generation of Power in Rural Areas

Overview of the Topic

Electricity. The resource that breathes life into the modern world, energy is a vital resource for any country. Regardless of how developed a region or area is, the need for electricity to drive the modern world and its countless innovations has increased substantially, and thus the generation of energy with it. A country's necessity for electricity has not only become an internal environmental issue, but an international one as well, with the rise of alternative energy sources and their importance in conserving the emissions of a country.

A smart grid developed by the United Kingdom to generate electricity

A revolutionary new system of electricity distribution is slowly taking hold, allowing a country's infrastructure to stay stable even through malfunctions in the power grid or

insufficient distribution of electricity. Decentralization of power, or the practice of keeping power sources close to the consumer in order to maximize efficiency in delivering power to all sites, is a key practice into improving the developing world. Along with alternative energy, this procedure can both reduce emissions from a centralised grid, but also mitigate, if not eliminate, instability in the power grid. Developing countries such as India could use this method effectively, considering nearly a quarter of the 1.1 billion citizens there currently live without access to electricity. But not only is it easier for the consumer and more stable, decentralization of power is also much cheaper than a centralised power grid. Since many decentralized power sources are made from renewable energy, consumers do not have to pay for the fossil fuels required for a standard coal generator, making it more appealing to the general citizen. Many current decentralized power sources include solar photovoltaic panels, biomass combustion, and much more, all of which replace fossil fuels on a small scale in order to reduce the country's emissions on a large one.

Decentralized rooftop solar V plant

Transmission and distribution is another huge problem. The world currently consumes 6 times more energy than just the United States produces, and 6.6 billion dollars goes into simply distributing it across the world. Decentralized generation of power maximizes the cost-effectiveness of the energy source by decreasing travel time and reducing the overall emissions of a country. Developing nations have the potential to revolutionize their infrastructure with such a power grid; one that can withstand tumultuous political, physical, and economic change.

History

Historically, the general method of providing electrical components in developing regions has been scarce due to the plethora of economic, political and social factors surrounding the issue. The process of transitioning from a centralized energy grid to decentralized involves intensive infrastructure costs, hence deeming the possibility unlikely in rural areas. In order to convert a region from centralized power to a decentralized power grid, a ground-based system needs to be installed. In terms of technology, two important issues will have to be solved for decentralized electricity grids to become a reality: Energy storage, and transmission lines that allow electricity to flow in both directions. As electricity is produced through photovoltaic and wind energy close to communities and individual homes, it will become necessary to store the produced energy, especially because renewable energy is an intermittent energy source. However, historically rural regions have lacked the ground infrastructure to employ such technologies.

Primarily, many rural regions, especially within the Northern African continent, have been subject to a lack of documentation, rectifying the possibility of a power grid installation. About 22% of the village land in Northern Africa is undocumented by the United Nations, so providing access to electricity in general, much less with a host grid method, has been difficult. Many tribal communities and villages in Yemen, Somalia, Chad, Algeria and a majority of the Middle East lack the communication and collaboration that is required to implement a centralized, shared energy source.

An African village in a rural area in Somalia with little to no access to technology.

Additionally, natural disasters have played a key role throughout the 19th and 20th centuries. Earthquakes, tsunamis, landslides and many other natural disasters have heavily impacted the electricity grid. These regions then have to divert focus to repeatedly repairing the electricity grid, further hurdling the possibility of transition to decentralized power. In areas prone to flooding such as Bangladesh and India within the Southeast Asian region, power grids need to be structured above ground, inflicting an additional cost. In 2011, for example, Japan faced an earthquake due to radioactivity and the unlawful use of nuclear energy, resulting in over 2.7 million people to lose power. It is important to understand that there is no universal method of implementing decentralized power. Such practices are region specific, hence organizations such as UNIDO cannot take a universal approach in terms of infrastructure.

Terrorist attacks are a pivotal facet to the issue. Many malicious groups in rural communities will cut off power supplies in order to intimidate communities and isolate them. In a modern perspective, this was evident in the September 11th, 2001 attacks within the United States, where over 50 million users lost electricity. Proportionally, thousands of acres of rural communities have the potential to lose power. Holistically, the decentralization of power in developing regions is unchartered territory. This brings to light the issue of the risks involved with such an issue. Many member states have refused to adopt such methods due to the high economic risk.

Past UN Action

Throughout both the 20th and 21st centuries, many organizations within the United Nations, UNIDO included, have taken minimal efforts to address this issue. However, many local communities have taken great leaps to promote decentralization of power which can be mirrored by larger organizations. Previous efforts have taken form in the implementation of funds, resolutions, and programmes.

In the post 2015 agenda, the United Nations General Assembly declared the decade of 2014-2024 focused on providing electrical power to all regions around the world. The text calls upon Member States to galvanize efforts to make universal access to sustainable modern energy services a priority, noting that 1.3 billion people are without electricity and 2.6 billion people in developing countries rely on traditional biomass for cooking and heating. It expressed concern that even when energy services are available, millions of poor people are unable to pay for them. This initiative was successful in bringing awareness to the issue, however the initiative lacked sufficient funding to have any real effect. General Assembly resolution AS/RES/ 65/151 designated 2012 the “International Year of Sustainable Energy for All” and called on the Secretary-General to organize and coordinate activities during the Year to increase awareness of the importance of addressing energy issues. This furthered the discussion and brought a great amount of awareness to the issue.

While there are no Non-Governmental Organizations (NGOs) dedicated specifically to promoting the decentralization of power, there are an abundance which focus on providing

electricity to rural communities, the most notable being "Project Chirag", based in India. Funding comes from Sunipod, a local company. Each rural household is provided with two solar lighting units; a fixed solar powered tube light and a solar powered portable lantern. A solar panel is constructed on the roof connected to these lights to charge them during the day. On a full day's charge they can run up to 6 to 8 hours at night. This has been successful in providing hundreds of thousands of rural communities with power.

Current Situation

Decentralized generation of power is still a recent concept; consequently many countries have started implementing measures in order to move towards full decentralization of the power grid. Notably, the UN has put forth Policy Brief 24 of the sustainable development goals. This document outlines an initiative for decentralized generation of power and makes leapfrogging the centralized power generation dilemma a sustainable development goal for member states.

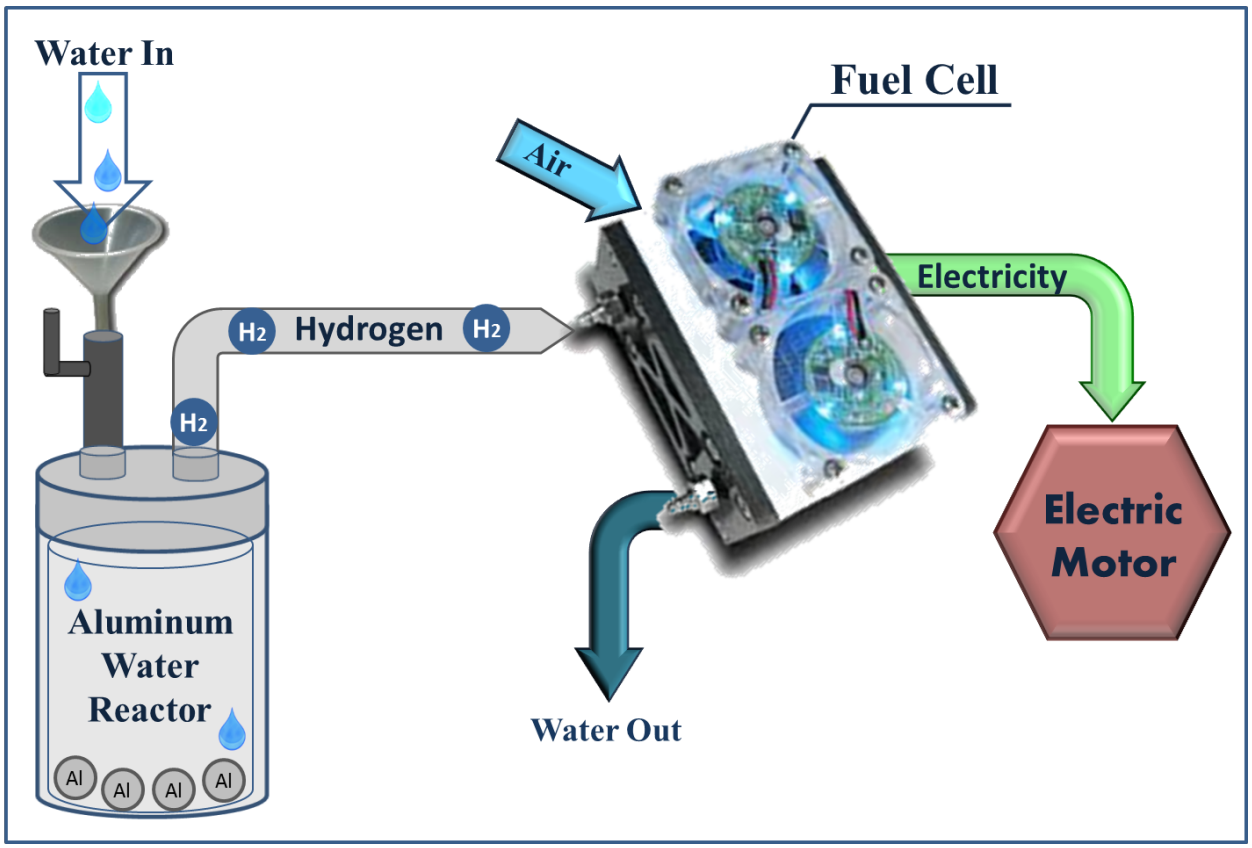
Hydropower project in Pakistan

Hydropower projects occurring in South America have prompted various program propositions from NGOs in regards to switching to decentralization of electricity. Member states have previously stated that they stand to gain huge benefits from tailoring their energy sources to the consumer and location's needs, though the real difficulty lies in the

financing of such large mobilization of generators. Countries have started small-scale ventures into alternative energy sources, and have decentralized them from the central power grid; various areas in India utilize the large availability of biofuels to create power sources near towns that need them.

TechNavio, a large corporation that publishes hundreds of research reports on various industries, emphasizes the drawbacks of centralized power generation, especially where power plants are located in remote areas to mitigate hazardous emissions released. Currently, in the United States alone, the 1100 gigawatts of energy produced in a centralized system contribute to the massive waste of water, land, and creation of waste and air pollutants. Clean energy in conjunction with a decentralized system would remove the hundreds of gigawatts wasted in transmission to its use source. It has been recognized time and time again that decentralized generation of power is only effective when used with alternative energy sources. Centralized power has long been due an update.

New techniques have also emerged recently, such as cogeneration, where two different alternative energy sources are used in conjunction together, like the FuelCell Energy system or the Bloom energy server where each component in the system powers another, and thus, the closed system produces little to no emissions, and simply needs a consistent source. These reforms provide hope for decentralized generation of electricity in all areas.



Fuel cell energy system

Case Studies

Nigerian electricity production and distribution is one of the worst in the world, at a staggeringly low 3,851 MW. For comparison, the US's average electricity generation stands at a whopping 1,100 GW, significantly larger than Nigeria's supply of electricity. Nigeria's economic growth is hindered by rampant electricity shortages from a centralized diesel-powered generation system. Prone to breakage, shortage, and power outage, Nigeria is unable to get electricity to the destinations necessary, leading to citizens often dubbing the National Electric Power Authority (NEPA) PLC as -- "Never Expect Power Always, Please Light Candle."

Power Generators in Nigeria

Often times, Nigerians say "When the generator comes on, the profits fly away," and class distinction between low, middle, and upper is dictated by the possession and value of electricity. For instance, owning a small generator that produces enough power for a TV, refrigerator and maybe to charge a cell phone is enough to pull someone up to the middle class, showing that the entire economic and social success of a citizen living in Nigerian society is purely based on their access to electricity. It's also directly related to the production of Nigerian exports, and the economic success of the country.

Power Africa, a US lead organization situated in Nigeria, estimates that 20 million Nigerian households do not have power. Typical power production is also estimated to be around 12 MW, but a weak power regulation regime and thievery, along with great transmission distances, reduces power production to 33% of its original capacity.

Bloc Positions

Developed Countries

North America, Western Europe, Australia

Countries in this bloc have already taken initiatives towards decentralized generation of power with many of them having plans to improve energy efficiency by 20% by 2020. All developed countries would highly benefit from decentralized generation of power because of the reliability and quality that it provides. Currently, most countries in Western Europe are already fully using renewable energy which is key to generating power on a smaller-scale basis. Following this example, the inevitable change has already begun in other developed countries across the world. With energy consumption predicted to be higher than production by 2025, the push to fully integrate decentralized generation of power has never been greater.

Developing Countries

Eastern Europe, Russia, China

With the use of decentralized generation of power on the rise, the benefits and value that it can provide to developing countries is of keen importance. Many of these countries already have a focus on renewable energy sources such as solar, mini-hydro, or wind. The priority of these developing countries, which is also seen through Russia's Energy Strategy, is to have energy efficiency with a focus on modernization. Many developing countries with

the intentions of making the transfer must focus on specific aspects to catch up to the performance of the developed countries.

Underdeveloped Countries

Mexico, South America, Africa, India, South Asia, Middle East

Countries in this bloc all have the potential for decentralized generation of power with clear benefits. These benefits range from not only more dependable power to eradicating poverty and benefiting their rural economies as a whole. Many countries in this bloc, especially India, are having a serious energy crisis with both financial and institualization issues. In addition, with countries in the Middle East being the largest oil producers, a new era for electricity generation has opened with the importance of natural gas to reinforce it. Many countries in South America have unique potential for decentralized generation of power because of their previous focus on hydro power. Using all these forms of renewable energy and generating on a smaller-scale basis would benefit these undeveloped countries despite the struggles that must be overcome first.

Guiding Questions

1. **What are the benefits of utilizing decentralized power as opposed to centralized?**
2. **Do ALL regions around the world benefit from decentralized power?**
3. **Is it necessary for such power to be economical? Is availability prioritized over cost-effective options?**
4. **What can be done in regions that do not have access to any existing power source? (no electricity)**
5. **How can alternative energy be integrated with this system, and does it benefit all economies?**

Additional Research

https://www.csicop.org/si/show/critical_thinking_about_energy_the_case_for_decentralized_generation_of_ele

This is a great resource to use about more information for electricity generation, and just in general to clear up some things about the decentralized generation of electricity. It presents both the pros and cons of it, and how horrible the state of many member states' power grids are in.

https://www.epa.gov/energy/distributed-generation-electricity-and-its-environmental-impacts

This source provides information on the benefits of distributed generation of electricity, and describes possible environmental benefits of switching to alternative energy when used in conjunction with decentralization.

https://www.engie.com/en/innovation-energy-transition/decentralized-energy-generation/

This resource is great just to get an overview on what the topic is, how it affects the economy and distribution of electricity. Often times it's a little difficult to distinguish where power is being generated from and why that matters, and this source is great with that.

https://www.forbes.com/sites/kensilverstein/2018/06/01/onsite-power-and-microgrids-may-be-the-key-to-global-development/#7c69a04531d4

This resource explains how microgrids, decentralized energy, and everything works from an objective standpoint, and how it correlates to technological progress. It's a great summary.

Topic B: Ensuring Access to Surgical Technology in Developing Regions

Topic Introduction

The third United Nations Sustainable Development Goal (SDGs) states "good health and well being", which corresponds with the level of healthcare a member state can provide for its citizens. According to the World Health Organization, over 400 million people worldwide lacked access to well equipped hospitals in 2017 alone, bringing to light that a primary issue the developing world faces is the deficit in quality healthcare. This is especially relevant to regions in Africa and Southeast Asia where hospitals are sparse and lack funding. Surgical technology is formally defined as proper healthcare and treatment tools/methods that have been approved by health institutes worldwide and assist with skills in sterile and aseptic techniques. This includes but is not limited to: machines, IVs, medicines, metal tools, and x-rays. Member states who lack the tools and equipment needed to properly care for patients tend to revert to makeshift methods, which can lack sterilization and result in unhygienic diseases. Not having access to such necessities compromises the lives of millions of people.

Developing regions face three primary challenges that contribute to the gravity of the issue. Primarily, the economic situation of a member state has the largest impact on surgical technology. Many of this economic decay can be due to civil wars in neighboring countries, natural disasters, or an increase of national debt. These unfortunate realities suppress the infrastructure of a developing nation and its ability to incorporate expensive, up to date technology within hospitals. Additionally, culture and religion has high influence over the use or surgical technology, especially within the developing world. Many religious beliefs take issue with the use of vaccines and machines to cure diseases because they believe it is unethical. This mindset further restricts the use of advancements in medical innovation. Finally, the lack of trained professionals to ensure that this technology is available brings to light a greater issue of insufficient education in developing regions.

History

There is a clear distinction between providing universal health care and increasing access to surgical technology. Universal healthcare is an overarching economic, social, and political issue, which encompasses a global health crisis in all aspects. Surgical technology is the process of specifically incorporating technological innovations within the health processes, hospitals, and medical care units.

The concept of implementing advanced surgical technology within hospitals and chains of long term health systems was first popularized post World War II, in the mid-1900s, when there was a critical need for assistance in performing surgical procedures and a shortage of qualified personnel to meet that need. Individuals were educated specifically to assist in surgical procedures and to function in the operative theatre.

The first modern technological advancement within the medical world was the invention of the Intravenous Therapy (IV) drip in 1658. IVs are a necessity that are utilized by almost every intensive care unit (ICU) in the modern world. Intravenous therapy is a therapy that delivers liquid substances directly into a vein. The intravenous route of administration can be used for injections or infusions. The IV drip went electronic in the late 1700s and was widely used mainly in European nations and a majority of Latin America. Furthermore, in 1859, IV drips were engineered to become portable and were used as sedatives in both children and adult hospitals. Unfortunately, nearly 400 years later, much of the developing world still lacks access to the most basic IVs.

In 1895, during experiments with electric currents passed through a vacuum tube, Wilhelm Conrad Röntgen noted that a nearby fluorescent screen glowed when the current was being passed. The X-ray has then since been used in monograms and sonograms within maternal health. Throughout history, it can be seen that as diseases evolve and manifest, surgical technology advances correspondingly. Over the course of the past 300 years, surgical technology has made remarkable advancements, though much of this technology is not available in over 70% of the developing world.

Past UN Action

With resolution A68/31 passed in 2015 by the World Health Organization, efforts have improved for having surgical technology accessible world wide as a part of a universal health coverage. The resolution describes the cost-effectiveness of providing local hospitals with surgical technology. For example, access to ketamine as an anaesthetic, oxygen supplies, and trained personnel were all recommended by the resolution. Notably, the resolution also reports the importance of individuals being able to access surgery quickly

when needed, whether by having hospitals with surgical capacity nearby or having the transportation infrastructure needed to access surgical hospitals.

This also marked the beginning of the WHO's Emergency and Essential Surgical Care Programme which covers many surgical conditions such as diabetic complications, cancer, injuries, infections, and more for those in need. Like the above resolution, the Programme focuses on both improving access to surgery and improving surgical technology, two issues that often go hand-in-hand for developing nations. The Programme has developed a online training course to reach areas that have access to the internet, in hopes of improving personnel training efforts. While this may not greatly assist in improving surgical technology, medical professionals trained in using surgical technology are in dire need in many impoverished areas.

In addition to this program, WHO has also founded the Second Global Patient Safety Challenge. Instead of focusing on the accessibility to surgery and surgical technology, the program focuses on how to make surgery safer and providing transportation which is also a necessity to increasing access and resources to surgical technology in rural areas. The program published a surgical safety checklist with 19-items listed to be important for pre, during, and post surgery with or without technology.

Current Situation

Currently, roughly five billion people across the world don't have access to safe and proper surgery or surgical technology. As an essential part of healthcare, the importance of surgery increases worldwide every year. In fact, there are many quite common conditions that can be cured or reduced through surgery. The use of technology in modern day surgery is used for more efficient, safer, and less invasive surgical cases. As one of the most neglected components of health systems, many preventable deaths happen daily from a lack of proper surgical care especially in struggling rural regions.

Developed countries, such as Scandinavia or North America, have complete access to surgical technology. The benefits of even the most basic surgical services is important; surgical technology saves many lives, prevents disability, and even promotes economic growth in developed countries.

Underdeveloped countries receive only 3.5% of the worlds surgical operations. These are countries in Africa, South America, parts of Asia, and more who lose lives everyday to what could be curable with the updating of current technological methods. Some of these countries battle religious and cultural barriers; these barriers create issues with communicating and meeting the needs of patients. Other countries struggle with the financial issues which involves not only the cost of the surgical technology but also the cost for transportation as well. In addition to all this many struggle with issues involving a lack of properly trained physicians and nurses.

Surgery remains an essential part of healthcare and the need to improve access to surgical technology becomes more and more important as the applications of that technology continue to be integral to the health and wellbeing of the public.

Case Studies – Brazil

Developing countries, especially Brazil, have severe resource limitations, and as such, are unable to deliver proper medical treatment to their citizens. For example, Brazil has a huge problem with maldistribution and excessive use of drugs, medical services, and surgical technology. The current leading cause of death in Brazil is Coronary or Ischemic heart disease, a condition that can be treated with surgery when its symptoms eventually manifest in the form of heart attacks or arrhythmias. The problem lies in being able to treat the disease, something the lower class of Brazil is unable to do. A study conducted by WHO states that national Leprosy rates are around 4 per 10,000 inhabitants. This is significantly higher than the WHO elimination target. The prevalence rates go up to 10 per 10,000 in the North and North East, showing the huge class distinction between the lower and upper class, of which only 25% of the lower class has access to technology like MRIs, X-rays, defibrillators and the like.

Moreover, Brazil is constantly plagued with high dengue rates, with laboratory analysis on the strains being scarce due to understaffing and a severe lack of technology. This has lead to slow analysis and development of cures, causing rapid increases in the prevalence of the disease itself. Despite the steady decline in mortality rates from schistosomiasis in Brazil, much work is left to be done, and they still lack the basic necessities that first-world countries have in treating patients with technology such as bypasses, controlled anesthetic application, and organ storage for replacements.

Bloc Positions

Developed Countries

North America, Western Europe, Australia

In the United States alone, roughly 48 million surgical inpatient procedures were performed with the proper use of surgical technology. Surgical technology is used very often in these developed countries and gives them the highest surgical survival rate in the world. In addition to this, every year an increase of the employment of surgical technologists is seen with emphasis on more research and funds.

Developing Countries

Eastern Europe, Russia, China

Access to surgical technology remains possible in these areas, but with variations from country to country. Countries such as China and Russia have become leaders in the world of medicine. From the use of artificial intelligence in replacement of surgeons to 3-D printing organs, these two countries have had increasing research funds and growing teams. Showing that surgical technology continues to rise in many developing countries; even in Eastern Europe where there is still struggle for access in rural areas. In fact, in Azerbaijan there are only two hospitals in the whole country that have the technology to implant devices under the skin. More urban countries, such as Ukraine, have become a hot spot for minimally invasive plastic surgeries from the use of similar devices needed in Azerbaijan. This shows the contrast and lack of transportation abilities between rural and urban areas in these developing countries and how much access to surgical technology can differ.

Undeveloped Countries

Mexico, South America, Africa, India, South Asia, Middle East

Countries in this bloc also have drastically different forms of access to surgical technology but also overall lack basic, safe surgery. Exempt from that statement are the capitals of some of these countries, which may use surgical technology often but without making it affordable to most. This is especially true for countries such as Iran, where Tehran has begun to focus most of their research funds on the uses of artificial intelligence for medical purposes. Many capitals of countries in South America, India, and Mexico have also strived to create safer surgeries through the use of technology and dedication for outpatient care, but unfortunately neglect those who lack access in rural areas. Many United Nations Bodies, such as the WHO, understand the risks and dangers of surgery without the proper technology and have developed programs and initiatives to target those without access in these undeveloped countries with the hopes of improvement for those in rural areas.

Guiding Questions

1. **What can be done to mitigate the issue in areas which do not already have access to healthcare overall? Do those areas encompass this issue?**
2. **What are unique methods that can overcome economic barriers relating to this issue?**
3. **What is the role of religion when it comes to modern technological methods ?**
4. **How can developing member states find a long term solution to keep up with the continuing advancements in technology?**
5. **Is there a way to hold tribes and villages accountable for placing economic responsibility before cultural obligations?**

Additional Research

1. **https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)70115-4/fulltext**

This is a very detailed resource on access to surgical care and technology. It is very general and non country specific but it includes a very comprehensive summary with methods and strategies on how to combat it. All methods and research are supported by evidence from actual studies.

1. **https://www.sciencedirect.com/science/article/pii/S1743919114002076**

This website is more specific than the previous by focusing on more undeveloped and developing countries. The article comes from the International Journal of Surgery and focuses more on the barriers of making surgical care and technology accessible to all.

1. **https://www.who.int/surgery/publications/increasing-access-to-surgical-services.pdf**

Coming from the World Health Organization, this is a policy forum focusing strictly on Sub-Saharan Africa and the challenges and opportunities that are faced in that specific region. This forum also shows direct examples of what has and hasn't worked in their past action.

1. **https://www.hhrjournal.org/2013/08/essential-surgery-integral-to-the-right-to-health/**

From the Health and Human Rights Journal, this article is a general resource to brief delegates on how access to surgical technology is a human right making it vital to the basic human right to health.

1. **http://www.globalsurgery.org/documents/WSJsurg.pdf**

This is another detailed and specific resource that focuses on rural areas while using experience and evidence from Uganda. The article begins with a brief summary on past action and then moves onto barriers, solutions, and policies.

1. **https://www.who.int/surgery/en/**

This is a general resource on the importance of surgery for primary care with a brief current working resolution. The website also splits global surgery into multiple aspects to create a more focused resolution.

1. **https://www.surgeons.org/media/21831010/Lancet-Commission-Policy-Briefs.pdf**

This is a very thorough report on how neglected and crucial access to proper surgical technologies is. The report goes into detail on many aspects that are key to be mentioned during a resolution while involving facts and statistics to show the detriments of lack of surgical care.