

GENERAL ASSEMBLY

Opening Speech: 90 seconds

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Established in 1945 under the Charter of the United Nations, the General Assembly has the responsibility to discuss a wide range of international issues. These topics may vary from the UN's economic budget, election of members for the UN Security Council, creation of subsidiary committees, recommendations to ensure international peace and security and in general promote peaceful relationships between countries. It is necessary to highlight that the decisions taken in this committee will affect directly the rest of the organs of the United Nations.

The General Assembly is composed by six main committees:

- Disarmament and International Security Committee (DISEC- First Committee)
- Economic and Financial Committee (ECOFIN- Second committee)
- Social, Humanitarian and Cultural committee (SOCHUM- Third committee)

- Special Political and Decolonization committee (SPECPOL- Fourth Committee)
- Administrative and Budgetary committee (Fifth committee)
- Legal committee (sixth committee)

The General Assembly designated these permanent committees with purpose of addressing different global issues depending on its scope.

Topic 1: Spread of infectious diseases

Infectious diseases are once again a major source of concern for humanity. Due to progress in globalization, the propagation of highly contagious diseases has been facilitated. The massive flow of populations and the lack of health care services for refugees have introduced the concern of the outbreak of a Pandemic.

Infectious diseases are highly contagious viruses, bacteria, fungi or parasites. In determined geographical locations, this represents several problems and implications for the correct functioning of a population. For instance, if a territory is subject to a highly contagious disease, the

government will have to invest more on the health care sector and bear with a lower labor of productivity.

There are several forms of diseases that are being spread, for instance, epidemics and pandemics. An epidemic is the spread of a virus on numerous individuals on a determined geographical region but a pandemic is the spread on a global scale. Epidemics are common among countries that are located on special territories, such as tropical environments or savannah, as they generally develop (start infecting people), reach a maximum point and afterwards decrease significantly without much problem.

On the contrary, pandemics are prevented and dealt with much more caution, as it would generate a global health crisis and implies for a virus to adapt to different conditions, which makes it really difficult to combat. As well, it is important to know that there are several mediums of contagion of infectious diseases. Apart from physical contact with and infected person, there is, for instance, the vector borne diseases (transmitted by mosquitoes, flies and fleas) and the waterborne (acquired from contaminate sources of water).

This problem has been further noticed recently with the great number of refugees that are circulating the planet. Regarding this, migration is one of the main triggers for this issue. Back in history, these were produced by the lack of hygiene and medical knowledge, but since then, migration allowed for the virus to travel long distances and infect large amounts of people.

A clear example of this, black plague, which was able to spread across Europe in a considerably short time and produce around 50,000,00 deaths. However, after World War II most issues regarding the spread of diseases had been controlled through contention and the discovery of antidotes. Currently, the prevention and control of epidemics is efficient due to medical development, yet it has been evidenced in cases such as H1N1 in 2009 and Ebola in 2014 that the risk prevails.

At the moment, the propagation of foreign diseases carried by immigrants into countries is a highly concerning topic for nations such as the United States and members of the European Union, which are currently accepting considerable amounts of refugees that need medical care. Furthermore, as the World Health Organization has stated, migration and

the spread of diseases are not directly related, yet refugees are forced to travel in overcrowded ships that lack in sanitary and health measures, creating the perfect environment for the spread of a disease. Apart from this, the unsatisfactory conditions and over population within the refugee camps could facilitate the generation and spread of any disease, especially vector-borne infections as seen with the recent resurgence of Malaria in Greece (euro.who.int).

MIDDLE EAST REFUGEES:

As stated previously, one of the concerns of the international community regarding infectious diseases is the high flow of refugees on a global scale. According to the United Nations Refugee Agency, on 2015 and the first months of 2016 over 1.2 million refugees reached Europe, most of which came from Syria, Afghanistan and Iraq, where atrocious conflicts keep forcing people out of their country to search for better opportunities.

The conflict in this countries has left a devastated health care infrastructure; therefore, it is reasonable for refugees to carry more than one disease. For example, 40% of Syria's ambulances are destroyed and 57% of public hospitals are

severely damaged, with 37% remaining out of service, according to the World Health Organization. This leaves a colossal number of unattended people that decide to migrate to a safer country.

The health issues migrants from the Middle East might bring are:

- The Middle East respiratory syndrome coronavirus (MERS-CoV)
- Vector-borne diseases
- Anti-microbial resistance

Apart from the ones originated in the Middle East, several others might develop due to the conditions people remain at in the refugee camps and facilities such as:

- Tuberculosis: Refugee's risk for being infected or developing Tuberculosis depends on: the disease incidence in their country of origin; the living and working conditions in the country of immigration, the contact with infectious cases, and the way they travelled to Europe.
- HIV Infections: Conflict and emergencies can disrupt HIV services. Even though HIV infection is generally low among people from the Middle East and

North Africa, the propagation of such is likely within densely populated places.

- Viral hepatitis: As many developing countries have a high burden of viral hepatitis, the increasing inflow of refugees from endemic countries is changing drastically the disease burden in Europe.
- Influenza: physical and mental stress, deprivation due to lack of housing, food and clean water increase refugee's risk for contracting respiratory infections such as Influenza.
- Salmonella: Generates due to lack of sanitation and proper facilities within camps.
- Malaria: Almost two-thirds of refugees, come from malaria endemic regions. Malaria remains a significant threat to the health of these populations.
- Measles: Caused by a virus in the paramyxovirus family and it is normally passed through direct contact and through the air, representing an imminent risk for highly populated areas such as refugee camps.

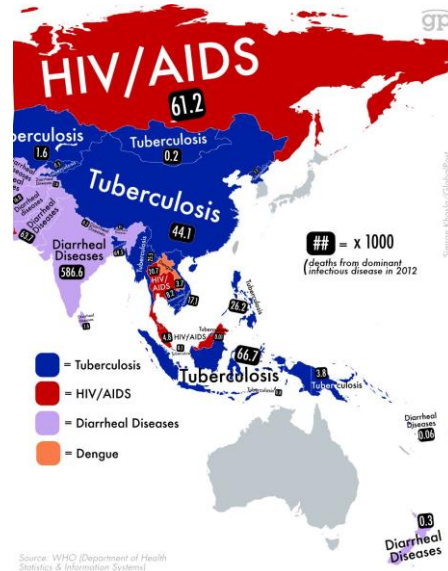


Figure 1: Spread of diseases in Asia and Middle East in 2012.

The propagation and generation of these infections are mainly due to contamination in food and water, the lack of sanitary measures and appropriate facilities. Besides, refugees come with highly weakened immune systems, facilitating the infection and spreading of diseases.

AFRICAN REFUGEES:

In March 2016 an estimated of 108,000 African refugees entered illegally into European territory (Frontex.europa.eu), mainly from countries such as Nigeria, Gambia and Senegal. Displaced by violence and famine, these refugees

might as well carry multiple diseases originated in Africa that may generate several problems with in the facilities of the refugee camp, such as the polio virus, the lassa fever, malaria, tuberculosis and cholera.

Some of this diseases might not start an epidemic in Europe, yet they deteriorate migrant's organism generating complications and other diseases during the journey and their stay in the refugee camps.

Another crucial point regarding African refugees is the fact that many migrate to other countries within the African continent, most of which are not capable to sustain refugees. For instance, Nigerian refugees fleeing from Boko Haram militarized zones into Niger, Chad and Cameroon. The fact that none of this countries have a health care system efficient enough to treat the Nigerian refugees is a matter of concern for many. Apart from that, the lack of medical services and the weather conditions in the African continent is prosperous for the propagation of infectious diseases. Taking into account that the climate and the geographical distribution of populations that tends to be remote and difficult to assist.

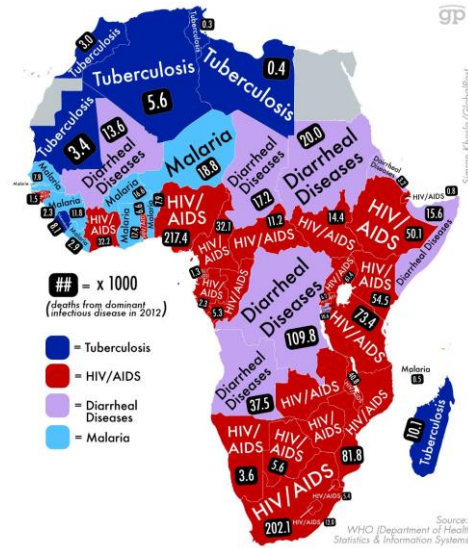


Figure 2: Spread of diseases in Africa in 2012.

Faults in migration policies and refugee authorization in the health area might represent a huge risk not only for the population of the host country but for the refugees themselves. The propagation of a lethal disease within a refugee camp could end with the lives of all inhabitants in a matter of weeks if it is not controlled well enough. As well, the transportation of a virus to a different environment may lead to microbial adaptation, meaning the disease acclimates to its new environment, making it even more dangerous and complicated to treat. This is because the virus develops resistance to climate conditions and antibiotics, which means that it would need a new



investigation for antidotes and further investment on refugee healthcare.

However, the exacerbation of the medical and sanitary crisis happening in refugee camps and the spread of foreign diseases could easily initiate multiple epidemics, critically affecting countries with less structured health care systems. The general medical preparation for an epidemic, according to the World Health Organization, should have core infection prevention and control program whose scope and functions are clearly defined, with an adequate budget to fund its activities.

This should also include elements such as an updated inventory of essential medicines and supplies, including oxygen, antibiotics, antipyretics and antiviral drugs, and several fully-functioning emergency response plans for each one of the factors of the epidemics (management, infection prevention and control, communication, human resources, logistics, hospital pharmacy, hospital laboratory, concurrent emergencies and essential support services).

This issue has been treated by the World Health Organization and Doctors Without



Borders from a medical perspective, providing assistance in refugee camps located in many countries on Europe's southern rim, including in Albania, Bulgaria, Cyprus, Greece, Hungary, Italy, Malta, Portugal, Serbia and Spain. For instance, in Greece, volunteers from both organizations have set up a mobile clinic, improved water and sanitation facilities, provided waste management and installed chemical toilets and water points and provided basic treatment to the refugees.

As well, the United Nations Refugee Agency has contemplated the topic as a need and has created multiple manuals to deal with the spread of specific diseases that may be presented. Bearing in mind the abnormal amount of refugees within camps, it is necessary for countries to take measures of prevention and control regarding the propagation of infectious viruses within refugee camps. Apart from this, nations should reinforce health controls within migration and refugee policies in order to prevent the diseases from spreading across international frontiers.





VECTOR-BORNE DISEASES IN LATIN AMERICA:

Since 1995, infectious disease epidemics in Latin America and the Caribbean have gained importance and international notice: dengue throughout the entire region, Venezuelan equine encephalitis (VEE) in Venezuela and Colombia, and hemorrhagic fever in Nicaragua. A progressive increase on the importance of these diseases followed extensive reports from the scientific community alerting about the threat that emerging infections may represent.

Regarding this, the continuous migration of massive groups through central and South America has become a source of concern for multiple organizations such as the Institute for Global Health and Infectious Diseases, the World Health Organization and particularly the Pan American Health Organization. Bearing in mind the wide variety of environments and, likewise, diseases on the region, the outbreak of a pandemic is an alarming possibility for all of the countries in Latin America.

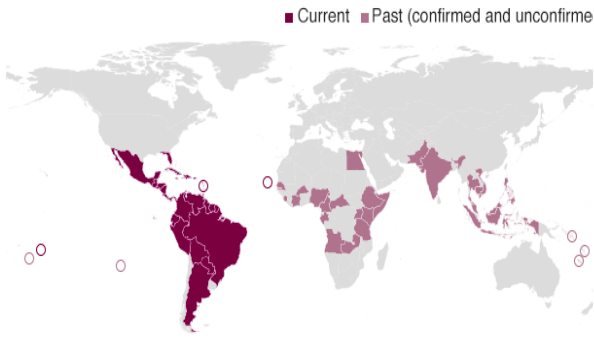
The spread of the Zika virus is a clear example of how prone this region is to infectious diseases. It is theorized that the

Zika leap to Latin America during 2014, when Brazil hosted the World Cup and other international events. By February 2015, this unknown virus had spread over 26 Brazilian states and was generating diseases such as microcephaly and Guillain-Barre Syndrome. The case became particularly alarming on September 2016, when the virus had expanded over to 48 countries and territories in Latin America and 10 countries in the Pacific. In less than a year, this virus was transmitted to almost the entire Latin American continent.

The Zika virus alone generated a Health care crisis in most Latin American countries and set of extreme migratory and health controls over the region, accentuating multiple other problematic happening at the moment, such as the economic crisis in several of the countries affected. Regarding this, it is important to take into account that the economy of most of these countries might not be able to take the measures or afford the treatments necessary to combat a disease on a major regional outbreak, facilitating the propagation. On the other hand, at the current moment there are multiple infectious diseases at the risk of an outbreak, such as the case of viruses that have developed antimicrobial resistance.



Zika virus past and present



Source: CDC

BB

Figure 3: Countries infected with zika virus

PROPAGATION DUE TO DEFICIENT PROTOCOLS:

It is usual that infectious diseases are easily spread throughout countries with weaker health care systems in sight of their incapability to address the epidemic in an appropriate way. Nevertheless, organizations and countries with stable health care are also being affected and contributing to the spread. Taking into account the cholera crisis in Haiti since 2010, it is clear that the regional protocols might not be enough.

With regards to this, Haiti is a clear example of the start of an epidemic. This crisis was originated in 2010 when the UN sent Peacekeepers of Nepalese

nationality over to Haiti to provide aid after the earthquake. Somehow, the peacekeepers were infected with cholera and soon enough Haiti was suffering from the outbreak of a cholera epidemics that the government could not afford to combat.

As well, it is necessary to call to mind what kind of assurance may be granted to volunteers that participate in areas of high risk of infection. This is, not only considering the threat upon their lives and physical integrity, but the threat that they may represent at the time of travelling back to their country. Depending on the disease, it may leave sequels or even adapt to the new country, carrying the infection across the world.

On the other hand, the World Health Organization created a general framework to control epidemics, called the International Health Regulations and Epidemic Control. These regulations work efficiently when they are in fact applied, the problem is not all countries are in the position to cope with the requirements of the IHR. Countries are supposed to have separate procedures to deal with local infectious diseases as a complement to the IHR, but yet again, many nations do not have access to proper medication,

equipment or fully qualified personal for the matter, between others. As well, there are no specific protocols for continents or regions in general to follow in the case of a pandemic, leaving those measures the safe judgments of countries individually. Another issue regarding the current regulation is the refugee factor. Refugee flow around the world has grown significantly over the years, yet there is not an international consensus on refugee health and prevention of spread of diseases.

Delegates must debate the measures to prevent the generation and propagation of diseases within refugee camps and the controls necessary to prevent the spreading of an epidemic. Apart from that, it would be necessary to discuss the possibility of an emergency protocol and the issues regarding migration between countries with insufficient health care systems.

Guiding Questions:

1. How can countries deal with unregistered immigrants carrying highly contagious diseases?
2. What are the appropriate means to register and treat diseases, bearing in mind the enormous

number refugees entering countries?

3. What reforms should be done to the migratory policies and/or refugee authorization process?
4. How can the international community prevent and combat the outbreak of a pandemic?

Reference Links:

<http://www.who.int/bulletin/volumes/93/12/15-021215/en/>

http://apps.who.int/iris/bitstream/10665/151281/1/9789241548939_eng.pdf

http://www.who.int/trade/distance_learning/gpgh/gpgh8/en/

Topic 2: Ethnic violence and territorial disputes in the State of Kashmir and Jammu

With around 700,000 armed and paramilitary forces remaining, the growing tensions in the South East Asian region of Kashmir has become a source of concern for the international community. The numerous human right's violations, possession of nuclear weapons and presence of several belligerent groups have particularly raised awareness.

Regarding this, the timeless political, ethnical and territorial disputes have led to the exacerbation of the conflict and therefore instigated regional instability.

Considered South Asia's longest war, Kashmir dispute has been happening since the creation of the State of Kashmir in 1947. During that same year, the Maharaja of Kashmir assures an accord of accession with India after a Pakistani tribal army attacks, initiating a war between the two countries involved in the region. For this reason, India suggests the topic of Kashmir to the Security Council in 1948. It establishes through Resolution 47 that a referendum on the status of the territory is necessary and calls for Pakistan to withdraw the troops and India to reduce military presence in the area.

Even though a cease-fire is agreed, Pakistan refuses to withdraw troops and India abstains from formulating the referendum proposed, claiming it unnecessary. As a result, in 1957 the constitution of Jammu and Kashmir define itself as part of India, intensifying the conflict with Pakistan.

On 1965, after China takes control of Aksai Chin (frontier with Indian Jammu and Kashmir) a second cease-fire is accorded between Pakistan and India.

However, India started the construction of its first nuclear weapon in fear of American and Chinese power. In 1971 the conflict re-ignites and ends with a third cease-fire and the Simla Agreement. This turns the Kashmir ceasefire line into the Line of Control and encourages both sides to solve their differences through diplomatic negotiations. Regardless of the 1971 cease-fire, Pakistan considers the construction of a nuclear weapon and it starts building it in 1974 after the Indian atomic missile test.

The conflict has maintained in a constant violation of human rights, accusations from both sides and military action across the Line of Control.



Figure 4: Territorial distribution of Kashmir

INDIA:

- India claims the territory of Jammu and Kashmir belongs to it for historical reasons. With relation to this, on 1947 Maharajah Hari Singh (head of Kashmir Government at the time) pled loyalty and agreed to sign accession with India. This meant that if India protected Kashmir from the threat that Pakistani tribes represented, the territory would rest on the political management the Indian government decided.
- India has constantly accused Pakistan of interfering with India's internal affairs and violating its sovereignty by negotiating with the opposition inside Indian Kashmir.
- India has been implementing brutal methods and lethal force to contain and prevent disturbances in national security. It has raised concern on the international community the India's use of lethal force and extreme violence towards protest, riots and opposition members. (hrw.org)

PAKISTAN:

- Pakistan argues that the Pakistani tribes that attacked Kashmir in first place were not of such nationality. They were local Kashmiris who refused to be part of India. Furthermore, Pakistan states that the Maharaja of Kashmir had no right to call in the Indian Army, because it was not a hereditary ruler.
- From a religious perspective, Indian Kashmir has a Muslim majority, which creates ideological clashes with the government and the rest of the population. Bearing in mind that Pakistan is a Muslim state, this country argues for the respect of the religion and bases its arguments around the demographic and religious area.
- According to a report by the Human Rights Watch, Kashmiri refugees from the conflict have been discriminated and segregated by the authorities. These refugees are generally either Hindu or secular nationalists, evidently causing a clash of ideologies between the locals and the refugees. Bearing this in mind the individuals who

abstain from practicing Islam are subjected to torture and other types of violations. (hrw.org)

HUMAN RIGHTS:

The violation of human rights and abuses against civilians in this region is out of scale. Both parts of the conflict have been accused and evidenced of killings, forced disappearance, torture and sexual violence. As well, the religious discrimination and intolerance across the Line of Control exacerbates the effects of violence over the population and the refugees.

With regards to this, the Human Rights Watch has evidence of religious discrimination, the use of lethal force and from 8,000 to 10,000 cases of forced disappearance since 1989. A clear example of the brutalities happening at this location is the killing of Muzaffar Wani on July 2015. Just like 40 other people, Wani was killed by Indian security forces while they protested in support of a separatist movement. Human Rights Watch has advised and insisted permanently on both countries to take the measures necessary to reduce the violation of basic rights yet not significant change has been evidenced.

THE INTERNATIONAL COMMUNITY:

The international community has been stressing about the growing tensions in the region and the threat that it represents, bearing in mind Pakistan's and India's stockpile of nuclear weapons. This conflict is particularly complicated because of how unpredictable it is, therefore in the case of an outbreak, these countries possession of nuclear weapons would jeopardize international peace and security and possibly the physical integrity of both countries.

With relation to this, multiple nations and organizations have pronounced themselves in matter, for instance, Secretary General of the United Nations Ban Ki Moon offered the UN for mediation of the conflict and conduction of dialogue between the parts. As well, the United Nations created the United Nations Commission for India and Pakistan (UNCIP) and accomplished a cease-fire but it was dismantled after the second Indo-Pakistani War on 1965.

The United States and the United Kingdom have continuously urged Pakistan and India into diplomatic dialogue. As well, these countries have



supported the idea of recognizing the Line of Control as a formal frontier. On the other hand, China has plead loyalty to Pakistan and assured support in case the conflict escalates even more.

Countries such as France and Pakistan call upon the international community to pressurize India into stopping the bloodshed of innocent civilians and enter dialogues with Pakistan and the Kashmiri people. On the contrary, India considers it is best for the conflict to remain between Pakistan and itself.

Guiding Questions:

1. How could violations against the human rights be control in this conflict?
2. Bearing in mind historical, religious and cultural aspects, what is considered fair in terms of territorial distribution?
3. Taking into account Pakistan and India's nuclear stockpile, what would be the most appropriate way to ensure safety and security?

Reference Links:

<http://www.bbc.com/news/world-south-asia-16069078>

<https://www.hrw.org/sitesearch/Kashmir>

<http://www.operationspaix.net/DATA/DOCUMENT/5412~v~The International Community and Kashmir.pdf>

Topic 3: Inclusion of New States in the General Assembly

The General Assembly currently counts with 193 member states, but there are several Independent Nations States that have requested to join. Throughout history, some requests for a permanent seat in the United Nations have caused numerous disagreements and disputes between already member states, complicating and delaying the entrance process.

Since the creation of the United Nations in 1945, the General Assembly has consistently grown throughout time. Most recently, it agreed on the status of Non-Member States, which acquires non-members of the United Nations a permanent observer seat at the General Assembly. Examples of states with this status are The Holy See, with sovereignty over the Vatican State and relationships with other 180 States; and Palestine, which acquired the Status on 2012 after years of debate.



However, non-member states may only participate throughout the debate as they don't have a vote in the resolutions of the General Assembly.

It is worth highlighting that a state/territory needs four main aspects to be recognized as country:

1. Military,
2. Government,
3. Budget,
4. International recognition.

Being a member of the United Nations is a privilege, given that it provides to the state almost everything that is necessary to sustain a country. The reason behind said rule is the fact that the commerce and economic stability of a state highly depends on its recognition status. Thus, under today's rules, for a territory to be considered a country it has to be a member of the United Nations.

On the other hand, it is important to clarify that, as the UN charter states it, the international law does not dictate the members of the UN, the Charter does. Under Article 4, Chapter 2 of the United Nations, "Membership in the United Nations is open to all other peace-loving states which accept the obligations contained in the present Charter and, in the judgment of the Organization, are able and willing to carry out these obligations. The admission of any such state to membership in the United Nations will be effected by a decision of the General Assembly upon the

recommendation of the Security Council." (un.org)

The previous article stipulates that a state's recognition and union to the United Nations depends on the already member states. This implies for the process to be difficult, as every country's position varies with regards to the recognition of others. In this order of ideas, most of the countries that have not been recognized as members of the United Nations have a background of ethnic violence and historical/territorial disputes that extend to the international spectrum, which is why it is crucial to understand the history of such states.

KOSOVO:

The state of Kosovo is located between Serbia, Montenegro, Albania and Macedonia. These locations originally composed the Ottoman Empire, but after the dissolution of such there were serious allegations and disputes regarding the distribution of territories, in particular, Kosovo.

This territory was disputed mainly between Turkey, Albania and what was known as the Kingdom of Yugoslavia. Initially on the 12th century, Serbia gained control over Kosovo and turned it into the heart of the Serbian Empire, as they used to call it.

Kosovo is disputed between Turkey and Serbia from the years 1389 to 1918, when it formally becomes part of the Kingdom of Serbia. However, this did not last much long, as in 1941 it is controlled by Albania and afterwards included into the Yugoslav Federation. On 1990, ethnic Albanian leaders declare independence from Serbia, resulting on Belgrade's dissolution of the Kosovo government. Soon after this, Slovenia, Croatia and Bosnia break away from Yugoslavia and declare their independence.

Simultaneously, ethnic tensions escalate quickly in Kosovo. Urging for independence from Serbia. This resulted in an open conflict between Serb police and a separatist Kosovo Liberation Army (KLA). Serb forces launch a brutal crackdown. Civilians were driven from their homes. As a result, on 1999 NATO decided to intervene and drive Yugoslavian troops from Kosovo and the KLA agreed to disarm. Afterwards, Serbia and Kosovo agree to a more diplomatic approach to the situation.

On 2007, United Nations envoy Martti Ahtisaari proposes a plan to gain Kosovo's independence, which is immediately welcomed by Kosovo Albanians, United States and the European Union, but utterly rejected by Serbia and Russia, that refuse to recognize Kosovo as an independent state or as a member of the United Nations due to its historic precedents and cultural inclinations.

PALESTINE:

The territory of Palestine is a timeless conflict over history: heritage, religion and territory have generated major international disputes. But to understand the implications of Palestine's international recognition it is highly important to know about its history.

Initially, on 1917 Britain conquered Palestine from the Ottomans and declared it as "national home for the Jewish people" through the Balfour Declaration. Taking Britain's statement into account and Hitler's rise to power, Jewish people from around the world started migrating to Palestine. However, Arab and Muslim communities inhabited Palestine by the time. These communities perceived this as an invasion and created several Palestinian Arab Organizations that rallied against the Balfour Declaration in defense of their territory and heritage. This started a brutal confrontation between the British authorities, the Arab Muslims and the Jewish.

In 1947 the United Nations decides to divide the territory into a Jewish and an Arab Muslim state as a payoff to the Jewish victims of World War II. But the Arab Muslims rejected the proposal. However, the newly formed state of Israel declared independence on 1948 with the support of the United Nations and all western countries.

From this point on, the conflict is a constant confrontation between Israel, Palestine and Palestinian Guerillas residing in Egypt and Lebanon. On 1992 Israel withdraws from most of Gaza and the West Bank city of Jericho, allowing Yasser Arafat allocate his PLO administration from Tunis and set up the Palestinian National Authority.

By 2006 the movement Hamas joins with the political movement in power, Fatah, after winning the legislative elections on the Palestinian territories, but Hamas was not going to recognize Israel.

In 2011 Palestinian National Authority launches campaigns for the UN membership of the "State of Palestine", as means of beginning stalled talks with Israel. Nevertheless, they failed as the United States, the European Union and Israel refuse to recognize Palestine as a member state. Vetoing every resolution in the General Assembly that suggested the inclusion of Palestine.

Violence in the territory have reduced but tensions in the area persist, despite the efforts to mediate the conflict.

VATICAN STATE:

The Vatican is a permanent observer in the General Assembly. As it was mentioned previously, the Holy See may present its point of view and solutions, but will not have any direct influence or

vote over the resolutions of the committee.

It has the specific purpose that "communicates the centuries' experience of the Catholic Church to humanity, and places this experience at the disposal of the United Nations to assist it in its realization of peace, justice, human dignity and humanitarian cooperation and assistance". (holyseemission.org).

TAIWAN:

Taiwan was a member state of the United Nations until the year 1971, when China was given a seat at the United Nations. It then was forced to withdraw, as there could only be a representative from every government.

The reason for this is that Taiwan considers itself an independent state from China, as they follow and represent different types of government and ideologies. Having this in mind it is important to mention that Taiwan is the only state that chose voluntarily to leave the United Nations due to its unacceptance towards China. In this way, the topic of Taiwan has been reviewed numerous times without an international consensus.

As it was mentioned before, being a member of the United Nations has a great effect over the territories. Bearing in mind that it may comply with all of the four



factors to form a country, but if it does not count with international recognition, the state's development in relation to the rest of the world will be significantly slowed down. It is very important that all the delegates study the specific case of all the states that do not belong to the United Nations and reach the conclusion of deciding if they must become members or not. As well, there must be considered the political influences and ideological preferences of each member country that can affect the process of getting to a fair decision.

<http://www.un.org/en/sections/member-states/non-member-states/index.html>

Guiding Questions:

1. What would be the geopolitical/cultural/social consequences of including another member state into the General Assembly?
2. What are the specific reasons that have not permitted the UN recognition of these territories?
3. What are your relations with each of the mentioned states?
4. Are there any other states or territories that should be considered in the discussion? Why they should be considered?

Reference Links:

<http://www.un.org/en/sections/member-states/growth-united-nations-membership-1945-present/index.html>

