

SRMUN Position Paper Guidelines

The culmination of your hard work as a delegate is first manifested in your position paper. It brings together the information that you have learned from your background guide and your individual research on your country and agenda topics. Once you have collected this information, it is up to you to analyze your country's viewpoints and develop a statement of policy toward the specific issue as framed by the background guide. In this process, you should identify the major themes of each topic and link them to your country's unique identity and situation.

In addition to helping make sense of the research process, position papers also demonstrate your preparedness to the staff and your fellow delegates. Not only do they represent an integral part of the conference awards, but also position papers are an important starting point for the caucus process. After finishing your position paper, you should have a clear vision of how your country would like to set the agenda order and reasons to back up your decision.

In summary, position papers are designed to be a brief, but clear statement of your delegation's policy on the given committee agenda topics. They are intended to help you organize your ideas and bring a focus for your work at the conference. Position papers should be well researched and true to the historical foreign policy of delegation. When composing position papers delegates must include:

- A clear and concise position/statement of policy on each of the given agenda topics
- Recommendations/suggestions to improve each of the situations described in the background guides

Delegates can include:

- New information regarding the country's history with the issue (*But make sure the information is different than that provided in the background guide!*)
- Endorsed conventions and/or resolutions
- Quotes taken from speeches by heads of government/ country documents
- Any other pertinent information

Your paper should develop these three building blocks:

Your country's position

*Your country's history
relating to the issue*

*Areas for negotiation/
recommendations
for change*

Where can I find research on my country's position?

- 1) Relevant documents:
 - The UN Charter
 - The Universal Declaration on Human Rights
 - UN Millennium Development Goals
 - Relevant treaties and declarations (*Your Director/AD may have mentioned these in the background guide text or footnotes*)
- 2) Statements by prominent UN Officials or politicians from your country
- 3) Country's that might have a similar position as your own on the issue.
 - What alliances or groups is your country a member of? Do they those countries agree or disagree with you on this issue? Why?
 - These groups may be based upon geography, circumstance or other commonality. Some suggested examples of groups are: NATO, OPEC, G-77, G-8,

How is my Position Paper different from my papers for class?

Position papers are intended to be persuasive, but also present a unified tone comparable to what is found in most UN style writing. It may be helpful for you to review documents conceived by the current and former Secretaries-General, UN documents, and documents composed by your country. What tone does your country use when speaking to this issue? This should be reflected in your position paper. Remember also to use academic word choice and sentence structure.

Format Specifications:

- **NO LONGER THAN 2 PAGES for ALL TOPICS**
- Microsoft Word format
- Single spaced
- Text in 10-12 point Times New Roman Font
- Title Heading:
 - 12pt Times New Roman Font, Centered
 - The first line should country only the full name of the representative nation (e.g. The United States of America)
 - The second line should be skipped
 - The third line should state "Positions for (*your committee*) (e.g. Positions for the General Assembly Plenary)
 - A line should separate the header from the main body text
- Topic Headings:
 - 12pt Times New Roman Font, Aligned Left
 - Number each topic with Roman Numerals
 - Each topic heading should state the title of the agenda topic
 - Skip one line between headings and body text
- Indent each new paragraph and do not skip lines between paragraphs.
- Citations are optional, but if used should be footnoted and formatted using MLA style.

Sample Setup of a Position Paper

The United States of America

Positions for the World Health Organization

I. Combating Global Diseases

In the words of President George W. Bush, “The advance of freedom and hope is challenged by the spread of AIDS.” Responding to HIV/AIDS is of paramount concern because the disease is both a humanitarian and a public health issue.¹ The Bush Administration is committed to advancing the global fight against HIV/AIDS, Tuberculosis (TB), Malaria, and other threatening diseases. The United States was instrumental in the creation of the Global Fund in 2001, and was the first country to pledge to the Fund. The United States is the largest investor in the Global Fund to fight AIDS, Tuberculosis, and Malaria, contributing \$623 million of the \$1.47 billion, or nearly half of the money contributed to the Fund. At the Millennium Summit in 2000, all United Nations member states agreed with the Millennium Development goals to halt and reverse the spread of HIV/AIDS, Malaria, TB, and other diseases, especially in countries hit hardest by disease and those with the fewest resources to cope with them.

U.S. bilateral international assistance for HIV/AIDS, Malaria, and Tuberculosis programs is primarily channeled through the U.S. Agency for International Development (USAID), the Department of Health and Human Services (DHHS), the Department of Labor, and the Department of Defense. USAID supports TB prevention and treatment programs in 35 countries, as well as efforts to strengthen the response to HIV/AIDS by providing technical assistance to African governments, employees, and labor leaders. The International Mother and Child HIV Prevention Initiative seeks to prevent the transmission of HIV/AIDS from mother to infant by focusing on increasing the availability of antiretroviral therapy and on building and improving healthcare delivery systems to reach as many women as possible. It is anticipated that this action can reduce transmission rates by up to 40 percent. The President’s Emergency Plan for AIDS Relief (PEPFAR)² is a five-year, \$15 billion initiative that fights these infections through prevention, treatment, and care. It entails central medical centers to support satellite centers and mobile units, creation and improvement of healthcare infrastructure, training healthcare workers, fighting stigma, administering medication, and increasing awareness using the ‘ABC’ Model (Abstain, Be faithful, use Condoms). Implementation of PEPFAR will be accomplished with the aid of willing host governments, nongovernmental organizations such as faith- and community-based groups, private corporations, donor and developing nations, and international organizations such as UNAIDS, UNICEF, and WHO.

Severe Acute Respiratory Syndrome (SARS) is another global disease of utmost concern. SARS is a viral respiratory illness that first broke out in Asia in February 2003, infecting 8,098 people. The WHO is working closely with the Center of Disease Control (CDC), the United States, and many other nations in a global effort to halt the outbreak by achieving a system for distributing health alert notices to travelers, extensive laboratory testing of clinical specimen from SARS patients, and the deployment of medical officers, epidemiologists, and other specialists to assist with on-site investigations around the world. The United States calls upon all member states to pledge funding, medical expertise, technology, and research to hastily eliminate SARS.

The United States commends the work done by member nations, and applauds the increased funding pledged to the Global Fund by Germany and Ireland. The United States and the European Union are currently working together to address and incorporate the health and development implications of HIV/AIDS, TB, and Malaria in the elaboration of their poverty reduction strategies and programs. The United States encourages other member states to pledge additional funding, volunteer technological expertise, or aid with language barriers in order to further the fight against AIDS, Tuberculosis, Malaria, and SARS.

II. Female Reproductive Rights

International human rights treaties affirm that reproductive rights, including the right to health, the right to family planning, the right to reproductive self-determination, and the principle of non-discrimination, are human rights. Lack of access to reproductive health services and information constitutes a violation of these basic human rights

¹ A/RES/56/264, Review of the Problem of HIV/AIDS in all its aspects, adopted by the General Assembly.

² H.R. 1298: The U.S. leadership Against HIV/AIDS, TB, and Malaria Act of 2003.

principles. More than one-third of women of reproductive age in low and middle-income countries do not have access to modern, safe, and acceptable family planning methods, according to the United Nations Population Fund. The *International Covenant on Civil and Political Rights*, ratified by the United States in 1992, states that men and women of marriageable age have the right to marry and found a family. The United States Agency for International Development (USAID) population program provides assistance for voluntary family planning and reproductive health care, including support for essential health services for youth, maternal and child survival, and prevention of sexually transmissible infections (STIs), including HIV/AIDS.³ A central goal of United States foreign policy has been promotion and respect for human rights.

Women's rights to health and family planning services and information, in particular, are addressed in the *Convention on the Elimination of all Forms of Discrimination Against Women*. The United States recognizes the worldwide women's need for information about the full range of safe reproductive health. The United States began its family planning assistance program over 30 years ago, which has contributed significantly to increasing the use of modern contraceptive methods from under 10 percent in the 1960s to 50 percent today, helping to reduce high-risk pregnancies and saving the lives of hundreds of thousands of women. The United States remains one of the largest donors to international family planning programs; and has also been a leader in funding the United Nations Population Fund (UNFPA), which works in over 140 countries to provide crucially needed funding for reproductive health services. As President Bush stated on May 18, 2001, "Repressed people around the world must know this about the United States...we will always be the world's leader in support of human rights." The United States encourages all countries to continue work together to help and protect reproductive health and reproductive rights through means of increased monetary funding to lesser developed countries, implementation of reproductive health care plans, education programs on sexual health, prenatal care, and improvement of contraceptives coupled with making them readily available, especially to women in lesser developed countries.

III. Long Term Effects of Childhood Malnutrition

Malnutrition is a "complex condition that can involve multiple, overlapping deficiencies of protein, energy and micronutrients" and can develop into a fatal mixture with inadequate environmental conditions like those found in the poorest countries.⁴ Malnutrition is tantamount with protein-energy malnutrition, which claims more than 25% of the world's children and stunts the growth of over 180 million children.⁵ Malnutrition results in poor physical health and cognitive development as well as lower resistance to illness. Malnutrition is a silent emergency and its persistence has profound and frightening implications for children, society, and the future of mankind. Three quarters of children who die worldwide of malnutrition display no outward signs of problems to the casual observer. A child who eats enough to satisfy immediate hunger can still be malnourished. Half of South Asia's children are malnourished. In Africa, one of every three children is underweight and in several countries of the continent, the nutritional status of children is worsening. However, child malnutrition is not confined to the developing world. In some industrialized countries, widening income disparities coupled with reductions in social protections are having worrisome effects on the nutritional well being of children. In the United States, the United Nations Children Fund (UNICEF) estimates that over 13 million children have a difficult time getting all the food they need. Over 20% of children in the United States live in poverty; more than double the rate of most other industrialized countries. Poverty is the leading contributor to malnutrition worldwide.

The United States recognizes that childhood malnutrition is acutely important to address due to the fatal repercussions on the lives of children and the global community. Malnourished children, unlike their well-nourished peers are crippled with lifelong physical disabilities, weakened immune systems, and a lack of aptitude for learning.⁶ Each result of childhood malnutrition is complicated either before birth with improper maternal health or after birth with economic and financial dilemmas within the societies, countries, and regions of the world in which this ailment is prevalent. Malnutrition is a silent emergency that can be prevented with strengthened health services. Moreover, governments have an obligation to meet the needs of their poor. The United Nations Convention on the Rights of the Child, signed by the United States and most governments, holds them "to recognize the right of the child to the enjoyment of the highest attainable standard of health..." and "to combat disease and malnutrition." The United States encourages all governments and non-governmental organizations to continue to combat disease and malnutrition, pledge funds to the elimination of malnutrition, continue to implement child nutrition and prenatal health programs, and to increase immunizations to help eradicate malnutrition and its effect on the world's children.

³ USAID http://www.usaid.gov/ftp_data/pub/OP/PSC/26303p023.html

⁴ "Malnutrition: Causes." UNICEF. <http://www.unicef.org/sowc98/fs01.htm>

⁵ *The General Assembly* A53/7 Infant and Young Child Nutrition. 3 March 2000.

⁶ "The Silent Emergency" UNICEF. <http://www.unicef.org/sowc98/silent.htm>