CHAPTER FOUR
THE GENERAL ASSEMBLY

INTRODUCTION

The General Assembly is the main deliberative policy-making body of the United Nations (UN) and is empowered to address all international issues covered by the Charter. In many ways, it acts as the central hub of the United Nations. Many United Nations bodies report to the General Assembly, but not all of these bodies are subsidiary to the General Assembly. For example, the Security Council constantly updates the General Assembly on its work, but it is an independent body; its work does not require the General Assembly's independent approval. In contrast, the Economic and Social Council (ECOSOC) is a subsidiary body of the General Assembly and is governed by General Assembly mandates. Other subsidiary bodies, such as the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF), also have direct reporting relationships with the General Assembly.

The United Nations Charter assigns each of the main committees of the General Assembly specific tasks and topics to discuss during each session. Because every Member State has a seat in every committee, it is important to note that the points of discussion do not overlap; even if two or more committees are discussing a general topic area, each committee is responsible for discussing a very specific point or aspect of that topic. For example, the Fourth Committee may discuss the Israeli-Palestine conflict with regard to its political components. However, issues concerning the legal, social, or economic components of the Israeli-Palestine conflict are left to other committees, such as the General Assembly Plenary or the Security Council. Therefore, Representatives in each committee should take care not to expand the discussion of any topic beyond the limitations set by their committee's mandate and into another Committee's area of discussion. This is known as the committee's purview.

A note concerning funding: The Fifth Committee makes financing decisions concerning only the United Nations regular, annual budget, not those decisions dealing with voluntary contributions or new outlays. Even though AMUN will not be simulating the Fifth Committee, other committees generally do not act unless sufficient funds are available for their proposals, thus financial questions should still be considered during the other committees' deliberations. Therefore, if a Committee creates a new program or initiative, that Committee should specify how the program can or will be funded, and, if the program falls within the United Nations regular annual budget, that resolution should defer to the Fifth Committee to establish funding.

The purpose of the Combined Plenary session on the final day is to ratify the resolutions which passed in the four main General Assembly Committees and build consensus. While a small amount of additional debate is typical, it is expected that the work done by each Committee over the first three days of the Conference will be respected. It would thus be rare for significant changes to be made or for a resolution to fail in the Plenary session after passing in committee.

The following are brief descriptions of each committee simulated at AMUN, along with the committee's agenda, a brief purview of each committee, a brief background and research guide for each agenda topic, and the committee's website address. Representatives should use this information as the first step in their research on the powers and limitations of their particular committee in relation to the agenda topics.

PURVIEW OF THE CONCURRENT GENERAL ASSEMBLY PLENARY

The General Assembly Plenary typically considers issues that several Committees would have the power to discuss, but which would best be addressed in a comprehensive manner. Likewise, the General Assembly Plenary is also responsible for coordinating work between the many different bodies of the United Nations. For example, the 60th General Assembly recently established a Peacebuilding Commission that oversees the United Nations peacebuilding processes and coordinates the work of the Security Council, the Economic and Social Council, the Secretary-General, and Member States emerging from conflict situations. Note that if the Security Council, which is given the primary task of ensuring peace and security by the Charter, is discussing a particular issue, the General Assembly Plenary will cease its own deliberations and defer to the Security Council.

Website: www.un.org/ga/

GLOBAL HEALTH AND FOREIGN POLICY

For centuries interstate health crises have been a major concern of States. Beginning in the nineteenth century, measures like quarantines sought to prevent the spread of disease across borders. By the start of the twenty-first century, globalization began to highlight the variety of ways that State health policies interact with foreign relations and economics. Epidemics like HIV/AIDS and new influenza strains have driven unprecedented levels of international cooperation on research and provision of aid. More and more United Nations bodies and regional organizations are coordinating on health-related issues, and private philanthropies and non-governmental organizations (NGOs) are playing increasingly major roles as donors and activists in developing countries.

There remain a wide diversity of health concerns, including major disease outbreaks, non-communicable diseases (NCDs) and poor health systems in many countries. Additionally, problems with poverty, famine and health worker safety stem directly from war, forced migration, climate change and natural disasters. However, while the improvement of global health is a goal shared by the vast majority of Member States, each actor brings its own set of health issues, its own medical systems and its own perspective on health practices as attempts are made to implement an international approach to health. The global community is constantly challenged to address root problems without simply reacting to successive crises, and bringing together often conflicting foreign policy objectives is a key goal for the coming decades.

The United Nations has been concerned with coordinating international health policy since the founding of the World Health Organization (WHO) in 1948. Its main focus was on disease eradication for the first several decades of its existence. The late 1970s saw smallpox become the first disease to be completely eliminated by human effort alone. In

1978, WHO began a pivot toward "Health for All" at the Alma-Ata International Conference on Primary Healthcare, pushing for all governments to focus on high quality universal primary care. It continued putting forth new initiatives to battle polio, HIV/AIDS, NCDs like cancer and heart disease, and even campaigns promoting healthy living and tobacco-free societies.

In the early 2000's, the United Nations put greater emphasis on the need for coordinated health policy. Three of the eight Millennium Development Goals (MDGs) adopted by the General Assembly in 2000 were health-related. In 2005, WHO passed the International Health Regulations (IHR), creating binding international law that requires all States to report on health emergencies and establish specific health procedures.

The 2007 Oslo Ministerial Declaration launched a new initiative on Global Health and Foreign Policy. This collaboration between seven foreign ministers was the first explicit effort to elevate global health to a new strategic place on the international agenda. The document advocated a number of recommendations to improve foreign policy support for global health, leading to the first General Assembly resolution on the issue in 2008. The United Nations has subsequently kept the topic on its agenda every year, focusing on a new area with each resolution. Resolution 70/183 includes provisions on transitioning toward universal healthcare coverage, healthcare worker protection, research on deadly tropical diseases like Ebola and increased surveillance of disease outbreaks, with information to be shared among States in times of crisis.

One of the biggest challenges facing the international community is how to prioritize the varied global health issues. Foreign policy incentives are the main drivers of priority, not health impact, thus creating major disparities in funding for health issues. Nearly 36 billion dollars were donated to health causes in 2014, and AIDS alone benefited from over 30 percent of the total. But the leading causes of worldwide death, NCDs like heart disease, only received about 1.7 percent of the aid. They are not mutually dangerous in the way that pandemics are, so State cooperation and funding has remained low. The new Sustainable Development Goals notably include NCDs as a part of the post-2015 development agenda.

Additionally, crises drive the global health agenda, and this creates uneven support for health issues. The recent Ebola outbreak is a prime example. Millions of dollars and large amounts of manpower went to Ebola relief and research on vaccines. This kind of reactive response illustrates how attention and funding for health lessen when there are no major crises. A myriad of underlying problems need attention in order to improve crisis management in the future. Strengthening health infrastructure in developing States and improving disease reporting would go a long way toward preventing future pandemics and allow improved control of diseases that do break out.

Health problems also often stem from other major world issues like war, natural disasters and climate change. In May 2016, the Security Council adopted a resolution for improving protection of health workers in war zones, responding in part to the bombing of 250 hospitals by government and rebel forces in Syria.

Limited capabilities and coordination remain challenges. Although multilateral approaches between States are growing, there remains little coordination with major NGOs. In June 2016, the General Assembly hosted a high-level meeting to discuss progress made on the Declaration of Commitment on HIV/AIDS. Acknowledging the important contributions of non-state actors, the process began with an informal civil society hearing in early April for the purpose of facilitating cooperation between Member States, NGOs and the private sector. Although such meetings are useful, there are still few formal avenues for bringing States and NGOs together.

As the General Assembly reconvenes, many challenges must be addressed. Developing States continue to have major gaps in health care system capacity. The Ebola outbreak highlighted the lack of trained health professionals in West African States. Plus, weaknesses in worker protection led to deaths among workers who were not fully trained and equipped. Recent work toward an African Center for Disease Control is an important step for multilateral collaboration, but the initiative is still largely supported by donors. While some States and United Nations organs do help fund collaboration and information sharing, more work can be done in this area by both parties.

There are also new disease flare-ups, providing further opportunities for State cooperation. In February, the WHO Director-General declared the Zika virus outbreak in Latin America an international public health emergency. States have adopted widespread mosquito control and travel warnings, but it is difficult to diagnose and there is still no vaccine. Concern over safety at the Olympics in Rio de Janeiro is increasing. Despite the ever widening array of issues, global health concerns are seeing more attention than ever before. The United Nations has just entered the 2030 development agenda, adopting major new goals to build on the MDGs. As it does so, Member States must seize the opportunity to further synchronize global health policy and cooperate in all areas of mutual interest.

Questions to consider from your government's perspective on this issue include the following:

- Given that global health issues involve the coordination of many Member States and non-governmental actors, what kinds of problems should be prioritized? Are the current forums for organizing policy objectives sufficient?
- What role should NGOs play in the implementation of global health objectives? How can the United Nations and Member States better coordinate their own policies with non-state actors?
- How can the international community better work to support States experiencing global health emergencies?

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THE SITUATION IN AFGHANISTAN

Since the late 1970s, Afghanistan has existed in an almost-perpetual state of conflict. A series of devastating civil wars have made the country one of the poorest in the world. In 1978, the People's Democratic Party of Afghanistan staged a coup against Afghan President Muhammed Daoud Kahn, leading to Soviet intervention to prop up the new socialist government. In 1980, the United Nations General Assembly held an emergency special session on Afghanistan, condemning the violence and calling for increased humanitarian aid from Member States. By 1989, the last Soviet troops had left Afghanistan; intermittent fighting continued, culminating in rise of the Taliban and their capture of Kabul in 1996. In addition to declaring hardline Islamic rule, the Afghan government was hosting militant bases loyal to Osama bin Laden, who was accused of terror attacks on United States embassies. This led the Security Council to impose economic sanctions.

In 2001, the United States of America invaded Afghanistan in response to the 11 September terrorist attacks in New York City. The invasion toppled the Taliban-led government of Afghanistan. Following the invasion, the United Nations organized a meeting with Afghan political leaders in Bonn, Germany, to plan the establishment of an effective Afghan government. The resulting agreement, known as the Bonn Agreement, established the Afghan Interim Authority and paved the way for the Security Council to pass Resolution 1386, which authorized the North Atlantic Treaty Organization (NATO) led International Security Assistance Force (ISAF). ISAF helped the fledgling Afghan government begin a prolonged war against the Taliban. The Security Council also established the United Nations Assistance Mission in Afghanistan (UNAMA) in 2002 to support the work of the Bonn Conference.

While ISAF terminated operations in 2014, UNAMA continues to work to create Afghan democracy and bring Afghanistan fully into the world community. It has overseen Afghanistan's democratic elections and worked to promote and protect human rights, especially women's rights. UNAMA continues to work toward integrating Afghanistan with its neighbors, particularly through the 2011 Heart of Asia – Istanbul Process. The regional initiative is ongoing, pushing for increased cooperation on mutual goals and building interstate ties amongst 14 States in the Middle East and Central Asia.

In 2014, Afghanistan exited Inteqal, the three-year process of transitioning combat roles from ISAF to Afghan troops. The Security Council quickly welcomed NATO's post-2014 non-combat Resolute Support Mission, focusing on training. However, the Taliban are making a strong return, taking back areas held by ISAF and Afghan forces for over a decade. In the fall of 2015, the Taliban overran the city of Kunduz in northern Afghanistan, capturing it from Afghan security forces. Although those security forces reclaimed the city days later, this event shows that the Taliban are still a major threat, and the ISAF-trained Afghan National Army appears far from ready to fight alone. Civilian casualties continue to climb, with over 11,000 killed or wounded.

Looking ahead, a new combat role in Afghanistan is one solution for bolstering the government. Aside from reviving ISAF, an international recommitment to fighting could take the form of a broader anti-ISIS movement, as the Taliban have considered joining the group. At the same time, rapprochement between the warring parties could be preferable. During 2015, representatives of the Taliban and Afghan government officials began conducting informal peace talks in Qatar, even while Taliban forces continued operations against NATO and Afghan troops. The Security Council renewed the mandate of the UNAMA again in March 2016, and pledged to continue engagement with the Taliban.

Constant conflict has enabled a variety of human rights violations. The Taliban continue to target civilians, especially government workers and aid workers. UNAMA also reported last year that one-third of detainees have been tortured by government security forces. Despite the efforts of rights groups and the government's own statements on human rights, abuses continue. International fatigue with Afghanistan among major donors has led to decreased aid. The most recent aid conference last September saw little enthusiasm from donors to tie Afghanistan's aid to human rights benchmarks. With the economy and security issues taking priority, further work on rights will require providing new incentives for the government to follow through with reforms.

Despite the military and humanitarian work completed during the last fifteen years, results have been mixed. The issues remain complicated and challenging, ranging from local politics to relations with neighboring countries. The Afghan economy has been unable to recover from the decades of war and regime changes. This is compounded by allegations of corruption and inefficiencies in the central government, which has little to show for the large amount of foreign aid it has received. A recently resurgent Taliban also creates problems on multiple fronts, by taking back government territory, promoting the opium trade and further hampering economic growth through murder and destruction of property. ISAF troop withdrawal, combined with poor Afghan army training and funding, contributes to the situation. Amidst the violence, human rights continue to worsen. Taliban election attacks, government-sponsored torture and women's rights violations represent just a few of the problems facing the country. As the Afghan government continues to takes on more and more responsibilities in the coming decade, the United Nations will continue to provide a vital support structure.

Questions to consider from your government's perspective on this issue include the following:
- How can Member States support security and economic development in Afghanistan? How can economic aid be allocated more effectively?
- Are there ways for Member States to enable greater cooperation or trade integration in the region? What effect could that have on the situation in Afghanistan?
- How might Member States balance support for security with the protection of human rights in the region?

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