

# WESMUN 2025

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## SAMPLE RESOLUTION

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FORUM: Political Committee

QUESTION OF: Malaria

MAIN SUBMITTER: Kenya

CO-SUBMITTERS: *Will be filled in at the conference during lobbying (See debate procedure document for further guidance).*

Heading shows the four required categories.

The General Assembly, *Resolutions should be addressed to the GA (except for SC and SpC).*

*Deeply regretting* that the WHO report approximately 655,000 die each year as a result of malaria, and that approximately ninety to ninety-five per cent of malaria related deaths occur in Sub-Saharan Africa, Asia, Latin America, the Middle East, and even some parts of Europe,

*Noting* that every year between 2001 and 2010 the General Assembly passed a resolution pertaining to malaria in Africa,

*Fully aware* that currently approximately US \$5.1 billion is needed every year until 2020 to ensure that there is universal access to malaria interventions, but only US \$2.3 billion is available, and that reports such as that of the MDG Gap Task Force recognise that the 0.7% GNI target is essential to ensuring that humanitarian goals, such as the MDGs, are achieved,

*Recalling* the international community's commitment to the sixth goal of the Millennium Development Goals (to combat HIV/aids, malaria and other diseases), and especially part C of the sixth goal: to have halted and begun to reverse the incidence of malaria by 2015, as adopted in General Assembly resolution 55/2,

*Alarmed by* the fact that life-saving medicines for malaria are kept in monopoly by individual companies and are slow to be released,

*Emphasising* that malaria is the leading cause of death in many countries, including Kenya, according to the Kenyan Medical Research Institute,

*Observing* that counterfeit malaria medication is prevalent and around a third of malaria medication is bad quality,

*Noting* that educational campaigns, mosquito nets, mosquito reduction, and vaccination campaigns have been successful in reducing the number of cases of malaria,

*Deeply conscious* that pesticides have been very effective in reducing the populations of mosquitoes, the main vector of malaria, but that these can lead to toxification of soil and damage ecosystems,

1. Urges the Governments of Member States to create financial incentives through measures including but not limited to tax-deductibles and subsidies for pharmaceutical companies to release life-saving malarial medicines from patent protection in less developed countries so that financial means do not pose a barrier to treatment and further research can be carried out on these medicines;

Preambulatory clauses use italicised participles and refer to statistics, and past UN actions.

2. Encourages the Governments of Member States to provide essential healthcare services, in collaboration with NGOs like *Médecins sans Frontières* and national health systems where they exist, free of charge to the poorest people, and to make them more efficient by introducing measures including but not limited to:
  - a. Building more accessible healthcare facilities, especially in remote areas, so that the number of people being treated can increase
  - b. Applying central government oversight to efforts to distribute medicines and other preventative items in order to ensure resources are being used efficiently;
  
3. Recommends the UN encourage more developed member states to donate and/or subsidise pesticides in less developed areas where malaria is a major challenge, and most importantly to conduct research through government agencies and grants into pesticides including but not limited to the issues of
  - a. The threat to soil, agriculture and human habitation caused by some pesticides –  
N.B. no punctuation at end of sub-clause.
  - b. The development of resistance to pesticides amongst the insect population;
  
4. Draws the attention of Governments to simple educational measures in the form of public advertisement campaigns in simple language that can limit the spread of malaria, including but not limited to:
  - a. Advising people to cover of stagnant water in order to limit mosquito breeding grounds
  - b. Helping people to recognise early symptoms
  - c. Stressing the importance of healthcare professionals in treatment;
  
5. Trusts that NGOs active in countries afflicted by malaria, in co-ordination with the National Health Services (where they exist) of Member States, will share information about outbreaks of the disease using the existing WHO databases, which can also be:
  - a. Shared in an increased number of languages through UN translators
  - b. Simplified for use by communities and aid workers who lack technical training
  - c. Used by Governments to assess anti-malarial policies;
  
6. Expresses its hope that developed nations will seek to further their links with developing nations and help the distribution of vaccines and medication in ways including but not limited to:
  - a. Donation of off-road vehicles so that doctors and medication can reach remote rural areas
  - b. Long lasting insect nets which can be used for many years as a long-term preventative measure
  - c. Increased funding in aid to at least the 0.7% GNI level agreed on as key to fulfilment of the MDGs and adopting Official Development Assistance timetables in order to help them reach this goal.

The sub-clauses identify different specific issues that guide the enactment of the main clause, and give it clear impact.