



2022 - 2023

Model Arab League BACKGROUND GUIDE

Special Council on Medicine and Health

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**National
Council
on US-
Arab
Relations**



Original draft by Sasha Giniger, Chair of the Special Council on Medicine and Health at the 2023 National University Model Arab League, with contributions from the dedicated staff and volunteers at the National Council on U.S.-Arab Relations

Honorable Delegates,

My name is Sasha Giniger and I am so excited to be a part of the 2022-2023 Model Arab League season! I hope you all are prepared to have a great year of debate. I am currently a sophomore at Northeastern University majoring in Political Science and International Affairs with a minor in Jewish Studies and a Masters in Political Science. I am excited at the opportunity to be the Chair of the Special Topic committee and to be exploring the topics of health and medicine. Following the pandemic, I gravitated towards this topic as it is important to take note of what this crisis revealed about the structural weaknesses in global health and begin to take steps to correct them. This is extremely prevalent in the Middle East and North Africa where stability, health care, and governing systems vary wildly from one country to the next. There are many specific issues in this topic that can be focused on through a committee like this, and I think the topics being addressed in this committee this year provide an interesting lens through which to tackle the issues.

I originally decided to participate in Model Arab League because, although I learned debate through the Model UN format, I found that this offered more of a chance to dig into policy and cooperation, forcing me to learn both inside and out of committee. I attended both NERMAL and NUMAL as a delegate, in the Political Affairs Council and Special Council respectively, last year. This will be my second year in the International Relations Council and the model debate team at Northeastern University. I learned how to chair through the various conferences that Northeastern University runs in partnership with the United Nations Association of Greater Boston and I look forward to working with you all.

Please use this background guide as a starting point for an in-depth exploration of the topics and understand the situation both globally and in the Arab region. Make sure to dig deep into your countries policies as well to deliberate during debate with the position that your country would take on these issues. Finally, both in your preparation and during debate, I expect you to display the highest level of respect for your fellow delegates, the country you represent, and all groups who may be discussed in committee. I will tolerate no ableism, antisemitism, homophobia, Islamophobia, racism, sexism, or any other form of bigotry in this committee. I look forward to seeing you all at conferences in this 2022-2023 Model Arab League season.

All the best,

Sasha Giniger

Topic 1: Designing and improving strategies to ensure the safety of medical professionals in active combat zones

I. Intro to the Topic

A. General Background

In a war zone, having a medical team is the difference between life and death, between winning and losing. However, despite international law commanding the protection of medical forces such as the Red Cross and Red Crescent, they are often targeted, injured, and killed.¹ An International Red Cross report from the years 2012-2013 has documented over 1,000 instances of assault, abduction and threats made against health care workers. This includes 168 killed, 267 injured, 564 kidnapped or arrested, and 212 threatened². Ambulances carrying patients or vital vaccines may find themselves targets of sniper fire or raids from enemy forces.

Most recently, we have seen these attacks on healthcare professionals take place in the Russia-Ukraine conflict. In addition to the more than 3,000 civilian casualties in the first six weeks of the war, the World Health Organization (WHO) Surveillance System for Attacks on Health Care claims that more than 60 medical personnel and their patients have been killed or injured in Ukraine since early March as of March 31st.³ Russia's aggression has also destroyed vital health infrastructure, such as hospitals and clinics, in and around Ukraine's largest cities, making it impossible for thousands of people to access health care in a time of desperate need.

B. History in the Arab World

Across the Arab World, there have been many reports of abuses against medical professionals in active combat zones. In Syria, the conflict has killed more than 191,000 people and created one

¹ ICRC. "Medical Personnel." Medical personnel | How does law protect in war? - Online casebook. Accessed July 26, 2022. <https://casebook.icrc.org/glossary/medical-personnel>.

² ICRC. "International Committee of the Red Cross - Incident Report." International Committee of the Red Cross. Accessed July 27, 2022. <https://www.icrc.org/en/doc/assets/files/2014/hcid-indidents-report-infographie-2014.pdf>.

³ "Ukraine: Civilian Casualty Update 31 March 2022." OHCHR, March 31, 2022. <https://www.ohchr.org/en/news/2022/03/ukraine-civilian-casualty-update-31-march-2022>.

of the largest refugee crises of the century, with three million fleeing the country and 6.5 million being displaced within Syria. According to the Physicians for Human Rights Forum, 560 medical workers have been killed in Syria in the last three years and 155 medical facilities have been attacked⁴. Most trained Syrian doctors have already fled the country, leaving behind a system, often in hospitals that have been forced to move underground, staffed by individuals with no prior medical training.⁵ The Syrian people who refuse to leave and the doctors who remain, dodge bombs and missiles on a daily basis.

In Yemen, as of November of 2019, over 130 attacks on medical facilities in their civil war could constitute war crimes by all parties of the conflict. The Yemen Archive said that the Saudi-led coalition fighting Iran-aligned rebels was allegedly responsible for 72 attacks, while the rebels, known as Houthis, were blamed for at least 52 attacks.⁶ Less than 50% of health facilities across Yemen are currently functioning at capacity and those that are operational lack specialists, equipment, and medicines.⁷

In all situations, attacks on medical workers have long lasting consequences, beyond the immediate loss of life. The unsafe and unsanitary conditions created by the lack of qualified medical professionals often cost more lives. Medical professionals are neutral parties who only want to save lives, protect the injured and diseased, the vulnerable and abused. The violence they face often does nothing more than deprive patients from life-saving care.

⁴ "Physicians for Human Rights." PHR, July 22, 2022. <http://physiciansforhumanrights.org/>.

⁵ Capitanini, Tammy Leitner and Lisa. "Chicago Doctors Risk Lives in Underground Syrian War Zone Hospitals." NBC Chicago. NBC Chicago, December 9, 2014. <https://www.nbcchicago.com/news/local/syrian-american-medical-society/59897/>.

⁶ Magdy, Samy. "Report: Over 130 Attacks on Medical Facilities in Yemen War." AP NEWS. Associated Press, November 14, 2019. <https://apnews.com/article/8cae880768a849158756a03deefc1ce2>.

⁷ "Yemen: UN Humanitarian Coordinator Condemns Hospital Attack." OCHA, March 20, 2020. <https://www.unocha.org/story/yemen-un-humanitarian-coordinator-condemns-hospital-attack>.

C. Finding a Solution to the Problem: Past, Present, and Future

It is the goal of this body to find a solution to this issue, but we must remember, in war time, even the best solutions often cannot be implemented. Your solutions need to be flexible and wide reaching solutions that can be enacted by other members of the League when necessary without infringing on national sovereignty. Your solutions can begin with refocusing on the meaning of the legal basis of medical neutrality. This refers to a globally accepted principle derived from IHL, International Human Rights Law and Medical Ethics. The principle is based on a commitment to non-interference with medical services in times of armed conflict and civil unrest⁸. A major part of this is the requirement of doctors to treat those who are in front of them, without regard to their allegiance, as well as the need for the doctrine to remain unpolitical. A commitment to these principles by the entire League, as well as a framework in which to enforce them would be a welcome place to begin.

The League must also recommit to policing its own affairs, rather than allowing the United Nations and Western nations to attempt to do so for them. Internal censuring and economic sanctions on governments or ruling parties that attack their health care professionals, unified action by the League, and a clear methodology through which this could be uniformly done would also strengthen deterrence. These same actions can also be utilized against non-governmental actors who might take actions against their health care professionals.

II. Questions to Consider in Your Research

- What is my country doing to contribute to the issue?
- What is my country doing to combat the issue?
- Is there a conflict my country is engaged in, at home or abroad, where this is a concern?
- Are there any reasons my country would not want a specific solution or course of action?

⁸ Druce, Philippa, Ekaterina Bogatyreva, and Frederik Francois Siem. "Approaches to Protect and Maintain Health Care Services in Armed Conflict – Meeting Sdgs 3 and 16 - Conflict and Health." BioMed Central. BioMed Central, January 29, 2019. <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-019-0186-0>.

III. Questions a Resolution Might Answer

- Is it a multi pronged approach?
- Have I played to my country's strengths in addressing it?
- Have I looked at a solution that will be acceptable across different cultures and situations?
- Is my solution sustainable and enactable by the Arab League?

VI. Additional Resources

- <https://www.frontiersin.org/articles/10.3389/fpubh.2022.886394/full>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4527929/>
- <https://journalofethics.ama-assn.org/article/what-does-ethics-demand-health-care-practice-conflict-zones/2022-06>
- <https://www.ama-assn.org/about/leadership/targeting-civilians-and-health-care-war-unconscionable>
- <https://www.globalcitizen.org/en/content/the-dangers-faced-by-healthcare-worker-in-combat-z/>
- <https://www.latimes.com/archives/la-xpm-1993-11-28-me-61949-story.html>
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Topic 2: Coordinating within the Arab League in order to improve methods of increasing equitable access to medical care

I. Intro to the Topic

A. General Background

Today, half of the world's population lacks access to essential health services. Each year, around 100 million are pushed into poverty due to out-of-pocket healthcare costs. According to recent figures presented in a report by the World Bank and the World Health Organization (WHO), around 800 million people are spending at least ten percent of their household incomes on healthcare for themselves or a family member. For around 100 million people, these expenses are pushing them into extreme poverty. As a result, they are forced to live on \$1.90 a day or less. For example, only 17 percent of mothers and children in the poorest fifth of households in low- and lower-middle income countries received at least six of seven basic maternal and child health interventions compared to 74 percent for the wealthiest fifth of households.⁹

There is good and bad news in the world of health care. While there are wide gaps in the availability of services in Sub-Saharan Africa and Southern Asia, in other regions, basic health care services such as family planning and infant immunization have become more available than they were even ten years ago. However, lack of financial protection means increasing distress for families as they pay for these services without any assistance. This is even a challenge in more affluent regions such as Eastern Asia, Latin America and Europe, where a growing number of people are spending at least ten percent of their household budgets on health expenses.

⁹ "World Bank and WHO: Half the World Lacks Access to Essential Health Services, 100 Million Still Pushed into Extreme Poverty Because of Health Expenses." World Health Organization. World Health Organization. Accessed July 27, 2022.
<https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>.

Inequalities in health services are seen not just between, but also within countries: national averages can mask low levels of health service coverage in disadvantaged population groups.¹⁰

B. History in the Arab World

The Arab world is unique when it comes to health and medicine. It has life expectancy and infant mortality indicators that are at or better than the global averages. Life expectancy and under-5 mortality have improved more in the Arab world in the past 30 years than in any other region. The population of the Arab world has more than doubled since 1990, with approximately 400 million inhabitants, excluding the large expatriate populations in the Gulf states. However, Arab states have a poor track record of investing in public health. The most recent data available from 2016 shows that, on average, they expended just five percent of GDP on health, which is lower than the average for low- and middle-income countries as a whole (5.4 percent).¹¹

The coronavirus outbreak has exposed weaknesses in healthcare systems across the globe. In the Arab world, where public health investment is notoriously low, these weaknesses have been made wholly obvious. Broadly speaking, the Arab region has been in a period of some positive transition, with significant increases in life expectancy, literacy, and access to sanitation and electricity in the past several decades. However, other regional trends bode poorly for public health in Arab states. More than three quarters of the population of the Arab League live within just eight countries, most of which are in some stage of political conflict: Algeria, Saudi Arabia , Iraq, Yemen, Egypt, Sudan, Syria, and Morocco. The lack of a strong system combined with the coronavirus and ongoing conflict has exacerbated the inequality of healthcare access within the League.

¹⁰ “World Bank and WHO: Half the World Lacks Access to Essential Health Services, 100 Million Still Pushed into Extreme Poverty Because of Health Expenses.”

¹¹ “Current Health Expenditure (% of GDP).” World Bank. Accessed July 27, 2022. <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS>.

C. Finding a Solution to the Problem: Past, Present, and Future

Despite annual fluctuations in expenditure, many Arab states report some of the highest military budgets in the world. This emphasis on national security at the expense of human security has increased negative effects on health care subsidies and access throughout the region. Refocusing the direction of both one's own country as well as the overall goals of the League is essential to creating a stronger system.

In a separate vein, today, heart disease is the top cause of death for countries throughout the Arab world. This is a by-product of a transition that occurs when populations are less threatened by communicable disease and starvation and instead suffer from ailments related to lifestyle choices, such as smoking and minimal physical activity. These health risks can be effectively countered with public health investment and health promotion. However, Arab states still pursue an outdated model of medicine that focuses on treatment rather than prevention.

A solution that could be considered and modified is Universal Health Care to be provided by the League. UHC is a solution whereby every person would obtain access to the health services they need, when they need them, without facing healthcare costs that force them into financial hardship. The United Nations (UN) have included achieving UHC as one of their sustainable development goals that each nation must work toward. This target was set in 2015 and reaffirmed at the United Nations General Assembly High-Level Meeting on UHC in 2019. In progressing towards UHC, countries simultaneously meet other health-related targets set by the UN.

II. Questions to Consider in Your Research

- What is my country spending the most money on?
- What are the barriers to an expansive and equitable health care system in my country?

- What are the most common causes of death in my country and how does that statistic look different for women?
- What does the political system look like in my country and how would this affect equity?

III. Questions a Resolution Might Answer

- Is my solution inclusive of women and focusing on their specific (and often under represented) needs?
- Is my solution applicable across a wide range of countries, with marked differences in wealth and stability?
- Is my solution flexible to allow for care in the case of a major event, such as a pandemic or an armed conflict?
- How does my solution promote coordination and cooperation between states rather than leaving them on their own?

VI. Additional Resources

- <https://www.news-medical.net/health/How-Can-We-Achieve-Equal-Global-Health-Access.aspx>
- <https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>
- <https://www.globalcitizen.org/en/content/unequal-health-care-access-covid19/>
- <https://arabcenterdc.org/resource/health-care-in-the-arab-world-outcomes-of-a-broken-social-contract/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4176927/>

Topic 3: Establishing strategies and frameworks to retain health and medical professionals in Arab League member states

I. Intro to the Topic

A. General Background

A core problem in many poorer nations is intelligent, highly educated, productive citizens of less developed states moving out of the region for the better job prospects, stability, and safety of other, often Western, nations. This is also known as Human Capital Flight or, more colloquially, “Brain Drain”. Wealthy countries have the fewest problems with brain drain. Qatar tops the list of countries to retain talent in the GCI 2013 out of 148 economies globally while Switzerland has the capacity to attract the most talent, also out of 148 countries.¹² While this is an issue for the countries who are losing their most educated citizens to “Brain Drain,” richer, Western, countries have attempted to increase the “brain gain” effect that they’ve been enjoying.

An instance of this is the American Competitiveness in the Twenty-First Century Act of 2000, which raised the number of work visas granted to highly skilled professionals issued by the United States from 115,000 to 195,000 per year. The act also redefined the terms of the work visa program for highly skilled workers, making the programs much more attractive.¹³ The issue of human capital flight means that developing countries struggle to develop because their best-skilled labor leaves the economy after that economy has supported their education up to that point. Thus it becomes difficult to break the cycle of losing the best workers.

¹² “Qatar in 2030: The Future Demographic.” Euromonitor . Accessed July 29, 2022.

<https://www.int.euromonitor.com/qatar-in-2030-the-future-demographic/report>.

¹³ “Global Perspective of Brain Drain.” Stanford Computer Science. Accessed July 28, 2022.

https://cs.stanford.edu/people/eroberts/cs201/projects/2010-11/BrainDrain/Global_Perspective.html.

B. History in the Arab World

While this is a major issue around the world, it is particularly salient in the Arab League and MENA region. According to one study, 54% of the Arab students studying abroad do not return to their country once they have finished their education.¹⁴ On average, about 100,000 scientists, engineers, and doctors each year leave from eight Arab countries: Egypt, Jordan, Iraq, Tunisia, Morocco, and Algeria and travel into the West to study and practice¹⁵. These losses are devastating to a country's development and the strengthening of their infrastructure.

In the Arab world, pervasive fears of a massive surge in departures by skilled professionals and young adults have turned into reality. This is particularly true with the intensification of Arab Spring protests, escalations in the war on terror, religious extremism, poor economic conditions, severe income inequality and high unemployment, especially among the young. One of the fundamental bases of the Arab Spring was the issue with unemployment and lack of opportunity, and while some states have taken steps to combat this issue, there is still a great deal of work to be done.

Egypt is one such nation that has been facing a massive crisis in the medical sphere. During debates in the nation's Parliament, one lawmaker quoted statistics which show that about 110,000 doctors have left the country in the past three years - half of Egypt's estimated 215,000 doctors.¹⁶ There are a handful of factors in this dispersion, from low wages, low capacities and supplies, and lack of opportunity. There is also often an issue of lack of safety, even outside of

¹⁴ Zaidiseed. "The Brain Drain in the Arab World." Reach Immigration, September 26, 2021. <https://reachimmigration.com/en/blog/the-brain-drain-in-the-arab-world>.

¹⁵ Ibid

¹⁶ "Arabic Press Review: Half of Egypt's Doctors Left Country in Unprecedented Brain Drain." Middle East Eye. Accessed July 29, 2022. <https://www.middleeasteye.net/news/egypt-half-doctors-left-country-unprecedented-brain-drain-arabic-press-review>.

war zones. There are often little to no legal protections for the doctors, who are subjected to verbal and sometimes physical abuse inside hospitals by patients' families.

C. Finding a Solution to the Problem: Past, Present, and Future

Human capital flight is a complex issue, with no single solution. However, there are some general truths. One of those is that a large percentage of migrants move primarily in response to economic incentives. As labor moves across markets and migrant workers earn higher incomes, both employers and consumers benefit. Once fully settled in destination countries, educated and skilled migrants are able to contribute to society by helping boost productivity and generating growth for the local economy. However, too often when we talk about migration, we view the social and economic impacts through the lens of destination countries. The public debate tends to boil the migration question down to a set of numbers and short-term impacts on employment, wages and social services. These are important issues, certainly, but we should not ignore the reasons people leave home in the first place.

When we look at human capital flight from the perspective of the countries losing citizens, rather than the ones gaining them, both the issue and the solutions take on a very different light. Over the long-term, governments need to address fundamental issues with their own policies, as well as those of the League at large, aimed at improving governance, strengthening institutions, and improving delivery of public services. But there are several specific policy options governments also need to think about.

One of those is the difference between private and public spheres and the role that the governments have in them. Increasing productivity in high-skilled occupations, many of which are in the public sector, and making wages more competitive would entice workers to remain. At

the same time, private sector development and job creation need to be complemented with public sector reforms – without which, high-skilled professionals will continue to emigrate.

II. Questions to Consider in Your Research

- What opportunities for education, specifically higher education, exist in my country?
- What opportunities for work that match education opportunities exist in my country?
- How are citizens incentivized to remain within the country following the completion of their education?
- What percentage of citizens leave the country to pursue higher education, and of those, what percentage come back?

III. Questions a Resolution Might Answer

- How does my resolution take into account conflict and other disasters?
- Does my resolution serve both higher and lower income Arab League States?
- Does my resolution address pull factors as well as push factors?
- Is my resolution multifaceted and encourage cooperation within the League rather than only focusing on my own country's issues?

VI. Additional Resources

- <https://www.euromonitor.com/article/special-report-brain-drain-a-global-problem>
- https://tcdata360.worldbank.org/indicators/gci?country=BRA&indicator=632&viz=line_chart&years=2007,2017

Topic 4: Ensuring the Existence of and Access to Disability Care and Treatment in the Arab League

I. Intro to the Topic

A. General Background

Rights and protections for people with disabilities are a key facet of global justice. Studies show that individuals with disabilities are more likely than people without disabilities to report having poorer overall health, having less access to adequate health care, and engaging in risky health behaviors, including smoking and physical inactivity.¹⁷ Patients with disabilities also face barriers when they attempt to access health care. These barriers can include physical barriers to health care establishments and lack of accessible equipment, as well as social and cultural barriers, such as stigmas against seeking help and taboos surrounding disabilities. While information remains limited, recent studies indicate that people with disabilities experience both health disparities and specific problems in gaining access to appropriate health care, including health promotion and disease prevention programs and services. They also frequently lack either health insurance or coverage for necessary services such as specialty care, long-term care, care coordination, prescription medications, durable medical equipment, and assistive technologies.¹⁸

One billion people, or 15% of the world's population, experience some form of disability, and disability prevalence is higher for developing countries. People with disabilities are more likely to experience barriers to education, poorer health in the long term, lower levels of employment, and higher poverty rates. Poverty, in turn, can increase the risk of additional

¹⁷ "Disability and Health Information for Healthcare Providers." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, September 15, 2020.

<https://www.cdc.gov/ncbddd/disabilityandhealth/hcp.html>.

¹⁸ "The Current State of Health Care for People with Disabilities." NCD.gov, January 23, 2022.

<https://www.ncd.gov/publications/2009/Sept302009>.

disabilities or worsening of existing ones through malnutrition, inadequate access to health care, unsafe working conditions, and lack of access to safe water and sanitation.¹⁹

B. History in the Arab World

The Arab Organization of Persons with Disabilities (AOPD) is an independent non-profit organization founded in 1998 in Cairo, Egypt. It is a regional organization composed of DPOs operating in the different Arab Countries. AOPD's main objectives are to "promote the rights of people with disabilities, to empower people with disabilities and to represent Arab people with disabilities in the world at large".²⁰ Globally, between six and ten percent of the world population are estimated to be living with disability. By contrast, only two percent of the Arab population is reported to be in the same situation. This data varies significantly for different countries in the region from 0.2 percent and one percent in Qatar and Mauritania to 4.8 percent and 5.1 percent in Sudan and Morocco²¹. Overall, the numbers are remarkably low given the widespread occurrence of risk factors and disability causes in the region, including armed conflicts, natural disasters, road traffic accidents, and the high prevalence of noncommunicable diseases and intermarriages. This discrepancy in data reporting on disability is caused by challenges in data collection, such as the different definitions of disability that each country uses, and other factors such as social stigma that discourages people from reporting disabilities.

At the regional level, 15 Arab countries have signed and 19 have ratified the Convention on the Rights of Persons with Disabilities (CRPD). Additionally, seven Arab countries have signed and eight have ratified the Optional Protocol. All of these developments have led

¹⁹ "Disability Inclusion Overview." World Bank. Accessed July 29, 2022. <https://www.worldbank.org/en/topic/disability>.

²⁰ "Arab Organization of Persons with Disabilities." International Disability Alliance. Accessed July 29, 2022. <https://www.internationaldisabilityalliance.org/AODP>.

²¹ "Disability in the Arab World: From Charity to Agency." United Nations Economic and Social Commission for Western Asia, December 5, 2017. <https://archive.unescwa.org/disability-arab-world-charity-agency>.

governments to devise new laws, strategies, and policies in support of persons with disabilities. 13 countries have established national coordination mechanisms on disability mainly in the form of national disability councils.²²

C. Finding a Solution to the Problem: Past, Present, and Future

When speaking about disability in the Arab world, generally, the topic is either met with silence, ignorance, or able bodied people expressing their sympathy. This only continues the stigma and promotes ignorance surrounding disability. What's worse is that it silences the very debates that are crucial in bringing an end to discrimination against disabled people in the region and the rest of the world. There is a strong social component to combating the stigma against those with disabilities and to being able to work towards ensuring legal and medical protections for them. Any solution created for this issue must bring in the individual social structures of countries such as religious leaders, high profile social figures, and other non governmental figures.

Another issue that needs to be addressed is not only the lack of legal protections but, more importantly, the lack of implementations of those protections. In Egypt, for example, there is a quota system that mandates that five percent of workers in all sectors must be people with disabilities, yet only 0.4% are. In fact, many employers do not even know that the law exists, as it is part of social affairs, rather than employment law.²³ Unfortunately, with the ongoing armed conflicts raging across large swathes of the Arab world, the prevalence of disability is likely to

²² Mourad Wahba UNDP Associate Administrator (a.i.); Regional Bureau for Arab States Fr:Administrateur Associé a.i.; Bureau régional des pays arabes , Mourad Wahba UNDP Associate Administrator (a.i.); Regional Bureau for Arab Statesfr:, and Sarah Poole Director a.i. "Towards Disability-Inclusive Development in the Arab States: United Nations Development Programme." UNDP. Accessed July 29, 2022. <https://www.undp.org/arab-states/blog/towards-disability-inclusive-development-arab-states>.

²³ Mohammad Ali Musawi & Nada Ramadan. "Disability Rights in the Arab World: Progress and Challenges." The New Arab. The New Arab. Accessed July 29, 2022. <https://english.alaraby.co.uk/analysis/disability-rights-arab-world-progress-and-challenges>.

grow, forcing the region's laws and already strained resources to catch up, so any solution considered by this body will need to take that possibility into account.

II. Questions to Consider in Your Research

- What opportunities for education and access exist in my country?
- What kind of recognition and protections are there for those with disabilities in my country?
- What is the most common cause of disabilities in my country? Birth defects, war, etc?
- How are those with disabilities thought of and treated in my country? Is it a taboo topic? Is there support for them?
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III. Questions a Resolution Might Answer

- How does my resolution take into account disruptions from conflict?
- Does my resolution serve both higher and lower income Arab League States?
- Does my resolution address both structural and social causes of this issue?
- Is my resolution multifaceted and does it encourage cooperation within the League rather than only focusing on my own country's issues?

VI. Additional Resources

- <https://english.alaraby.co.uk/analysis/disability-rights-arab-world-progress-and-challenges>
- <https://www.middleeastmonitor.com/20161203-fighting-the-taboo-of-disability-in-the-arab-world/>
- <https://www.undp.org/arab-states/blog/towards-disability-inclusive-development-arab-states>
- <https://www.cdc.gov/ncbddd/disabilityandhealth/hcp.html>