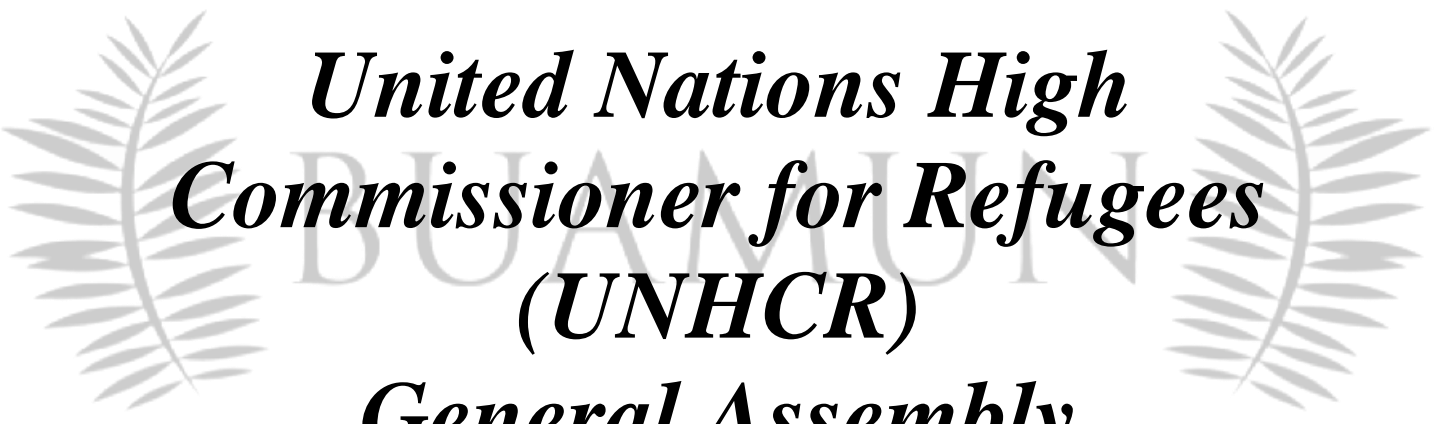




*Boston University Academy Model United Nations Conference III
Saturday, January 31 to Sunday, February 1, 2015
Boston University Academy
Boston, MA*



***United Nations High
Commissioner for Refugees
(UNHCR)
General Assembly***

Background Guide

A welcome from the chair

Hello Delegates!

Welcome to BUAMUN 2015! My name is Evelyn Huang, and I'll be your chair for this committee. Mayrose Beatty will be your vice-chair.

A little bit about me: I'm currently a junior at Boston University Academy, and have been a member of the school's Model UN team for the past two years, attending multiple conferences around New England. At BUAMUN last year I was the vice-chair of the United Nations Human Rights Council, which was a lot of fun. Outside of Model UN, I'm the captain of BUA's robotics and science team, and a member of our crew team.

I'm really excited to be chairing this committee! This conference we'll be simulating the United Nations High Commissioner for Refugees, which, as the name suggests, focuses on protecting and supporting refugees around the world. We'll be focusing on two pressing issues that UNHCR faces: refugees due to the Syrian Civil War, and health issues in refugee camps. Both when researching and when debating in committee, think of these topics not just as some arbitrary choices, but as problems you can work with your fellow delegates to solve. And while doing so, I hope you find it fun, interesting, and above all, extremely rewarding.

Looking forward to seeing you,

Evelyn Huang
BU Academy '16
unhcr@buamun.org

Position Paper Information

This committee will require a formal position paper for each of its topics. Chairs will review position papers, and well-written and well-researched papers are eligible for the committee's Best Position Paper Award, as well as influencing other award determinations.

Position papers are 1-2 pages in length, double-spaced, and should follow a 3-paragraph scheme:

1) Introduction to the topic, 2) delegate's stance on the topic, and 3) delegate's proposed action on the topic. Position papers should follow the following conventions on headers:

Delegate: Evelyn Huang

School: Boston University Academy

Committee: United Nations High Commissioner for Refugees

Country: Belgium

Topic: Refugees due to Syrian Civil War



BUAMUN

Topic #1: Refugees due to the Syrian Civil War

Conflict in Syria:

Syria gained independence from France in 1946. After briefly joining with Egypt in the United Arab Republic from 1958 to 1961, Syria stayed an independent republic.¹ Throughout the 1950s and 60s, Syria was in a state of political instability with many shifts in power. This ended in 1970 when General Hafez al-Assad, Minister of Defense, seized power with the Ba'ath Party and became Prime Minister, thus providing political stability to the region. He declared himself president in 1971, and stayed in office until his death in 2000, after which his son, Bassar al-Assad took power through popular referendum. After this change in power, many Syrians were hopeful for democratic and state reforms in Syria, and between July 2000 and August 2001, there was social and political debate about such reforms. These debates were not productive, and ended when activists advocating for democratic elections and civil disobedience were arrested in 2001. Assad had spoken about reform since the beginning of his presidency, but still had not acted on any of his promises. Citizens became more upset about the government, especially in high poverty areas of the country as economic inequality increased and the standard of living started to deteriorate in 2011. Prices also rose and led to higher youth unemployment rates.²

Small protests began in Syria on January 29, 2011, and eventually led to mass protests in Damascus, its capital, and Aleppo, its largest city, on March 15, 2011. The protests spread from there, and the Syrian uprising began between March 15th and 21st. The Syrian government responded with violence for the first time on March 18th to the protesters, who demanded democratic reforms, the release of political prisoners, the elimination of emergency law, and the

¹ <https://www.cia.gov/library/publications/the-world-factbook/geos/sy.html>

² http://en.wikipedia.org/wiki/Refugees_of_the_Syrian_Civil_War#2014

end of corruption in government. For these demands to be met, the entire Assad government would essentially have to end, thus sparking more violence between rebels and government forces. Meanwhile, because there is no unified rebel front against Assad, there is significant infighting amongst the Islamic Front, the Free Syrian Army, Jabhat al-Nusra, ISIS, Peshmerga, and other rebel groups. As villages and cities came under attack, numerous civilians were displaced as they fled from the violence. The first Syrian refugee camps appeared in July 2011,³ four months after the violence broke out. The spread of the fighting into other countries has caused more refugees from those countries to join their Syrian counterparts in moving to countries not yet affected by the violence. The number of unregistered refugees in Syria's neighboring countries has become a major problem, as people are arrested in the countries they flee to and in most cases are sent back to Syria. The refugees that stay in the countries as refugees receive little to no proper accommodations as a result of overpopulation of camps and therefore scarcity of resources.

Syrian Refugees and Their Destinations:

As of August 2012, the UN has reported that more than 1,000,000 people are displaced as a result of the Syrian Civil War.⁴ Syrians began to flee to Turkey more frequently in 2012 because of the increasing tension of the war and a crackdown on protests by President Assad. Turkey had prepared for large numbers of Syrian refugees coming in after the offensive before the expected ceasefire on April 10th, and the number of refugees entering Turkey reached a peak at 2,800 by April 29, 2012.⁵ After coming under siege, the city of Jisr al-Shughour, home to

³ http://en.wikipedia.org/wiki/Refugees_of_the_Syrian_Civil_War#2014

⁴ <http://data.unhcr.org/syrianrefugees/documents.php?page=1&view=grid>

⁵ http://en.wikipedia.org/wiki/Refugees_of_the_Syrian_Civil_War#2014

41,000 people, was abandoned because a Syrian army attack was anticipated, so many people crossed the Turkish-Syrian border. Many refugees early in the Civil War went to Lebanon, especially women and children who were victims of similar sieges, and the numbers were small at around 1,000 people entering the country.

By August 2011, there were 2,600 registered refugees in Lebanon, and many more unregistered and residing there illegally.⁶ By mid-June 2012, the number of Syrian refugees in Turkey was more than 10,000, and the number of refugees in Lebanon increased to 8,500.⁷ The total number of refugees in the countries surrounding Syria had reached more than 20,000 people, in addition to the millions who had fled farther to ensure safety from the violence. By September 2013, more than 6.5 million people had been displaced, with 2 million going to neighboring countries and overpopulating many smaller countries, such as Lebanon.⁸ By September 2014, more than 3,000,000 refugees had fled to surrounding countries.

Many countries are not open to receiving new refugees from Syria, but for example, Uruguay has started to receive Syrian refugees as of October 2014, and according to the UNHCR, the total number of refugees of the Civil War has exceeded nine million. Places such as the European Union have made it clear that they do not accept any refugees in light of many common concerns of overpopulation, health issues, legal problems, and becoming possible targets of violence from the war. Nearly half of all Syrian citizens have been displaced by the conflict.

The increase in Syrian refugees causes overpopulation of both refugee camps and the countries that hold them as a whole. This overpopulation leads to more unrest within countries as

⁶ <http://data.unhcr.org/syrianrefugees/documents.php?page=1&view=grid>

⁷ http://en.wikipedia.org/wiki/Refugees_of_the_Syrian_Civil_War#2014

⁸ <http://www.unhcr.org/pages/4a02db416.html>

refugees often displace the native populations and deplete the availability of resources. Overpopulation can also make countries and camps more susceptible to disease and poverty rates, as well as human rights violations. Highly populated refugee camps can become targets for violence related to the Civil War, and this makes the refugees unsafe even in the countries harboring them, and can even endanger the countries' security as they become more involved in the Syrian conflict because of the threat to civilians.

UNHCR Involvement:

The UNHCR has created a large response to the refugee problem by organizing the Regional Response Plan (RRP) with other agencies to help the displaced people in Syria along with the national Syrian Humanitarian Assistance Response Plan (SHARP).⁹ Because the problem has grown since the plan was first implemented, the response will continue through 2014. As long as refugee numbers continue to grow in countries surrounding Syria, refugee camps will become overpopulated and dangerous. Overpopulation in refugee camps leads to disease and an increase in unregistered and therefore illegal refugees and stateless people residing in other countries. Overpopulation can also cause some Syrian rebel groups to target large refugee camps. The UNHCR is working with other agencies and countries to resettle many refugees who have been in camps for longer periods of time and reduce the number of stateless people. As of 2014, the UNHCR has focused on helping vulnerable refugees with access to health, education, and social services within their host countries so that they can ultimately be resettled.¹⁰ There have also been plans to create national asylum systems and laws so that countries hosting large numbers of refugees have a better support system to prevent

⁹ <http://www.unhcr.org/pages/4a02db416.html>

¹⁰ <http://www.unhcr.org/pages/4a02db416.html>

overpopulation and increase in stateless people. Because of the immensity of the Syrian refugee problem and the number of programs required to handle it, the UNHCR has run into funding issues despite the many connections they have made with non-governmental organizations (NGOs) and host governments. By 2015, the UNHCR along with other agencies and governments will have spent almost 2 billion dollars on operations to manage the Syrian refugee crisis.¹¹

In solving the Syrian refugee problem, there are many factors to consider. Because the UNHCR has had funding issues in carrying out their initiatives to solve the problem, better methods of funding, possibly with the help of NGOs or even willing national governments, would help this problem and alleviate concerns about the refugee crisis. Many countries around Syria are both involved in the Civil War and harbor refugees, and this endangers the refugees in these countries. Solutions should be considered to protect these refugees, and it would help the problem if more countries that are not as involved were open to taking in refugees. This aid would decrease the number of countries overpopulated by refugees, and could decrease the poverty and disease rate in these countries. It would also keep neighboring countries from being targets of the violence from the Civil War, as some radical groups target civilians within refugee camps.

¹¹ <http://www.unhcr.org/pages/4a02db416.html>

Questions to Consider:

1. How has your country been affected by the Syrian refugee crisis? What has it done to manage the large refugee numbers, and can these methods be used by other countries?
2. If your country has not been directly affected by the Syrian refugee crisis, would it be willing to harbor refugees and/or provide funding?
3. What can the UNHCR do to increase funding for programs to manage the refugee problem?
4. What can the UNHCR do to protect refugees and refugee camps further from the violence of the war, and how could your country contribute?
5. How can resources such as health care, education, and social services be better provided to refugees?

Bloc Positions:

Countries that Host Refugees:

(Lebanon, Turkey, Jordan, Iraq, Ethiopia, Kenya, Colombia, Chad, Ecuador, Thailand, Uganda, UAE, Brazil, Pakistan, Sudan, South Sudan, India, Nepal, Democratic Republic of Congo)

These countries are concerned with their refugee camps and would be interested in increased funding for them, as well as programs that would provide services to refugees to help them either relocate or return to their home countries. Many of these countries are also overpopulated by the refugees, and as a result have shortages in resources and increased poverty rates. They would be open to solutions concerning these issues, especially funding and overpopulation. Particularly, Lebanon, Turkey, Jordan, and Iraq host millions of Syrian refugees, owing to their adjacency to Syria, making them eager to solve the Syrian refugee crisis.

Countries Allied with Syria:

(Russia, China, Syria)

These countries may not be as concerned with the countries harboring refugees, and would be more interested in solutions focusing on more local problems, such as protecting displaced and stateless people from the violence of the war, as well as keeping the number of refugees leaving Syria down. These may also be countries not open to accepting refugees themselves, and may be interested in preventing refugees from entering their countries through programs to return refugees to their home countries or relocate closer to Syria.

Countries that Provide Aid:

(USA, France, Germany, Italy, Netherlands, Poland, South Korea, Spain, Sweden, Norway, Australia, Japan, United Kingdom)

These countries would be more invested in getting more contributions to the refugee problem, either through increased contributions themselves or by getting more countries to donate money and employ NGOs. 85% of UNHCR's funding comes from governments and the European Union.¹² In 2012, the top five donors for UNHCR were the United States, Japan, the European Union, Sweden and the Netherlands.¹³ In comparison to developing countries, the United States and the European Union are better able, both socially and economically to host refugees. Yet while many first world countries have been quick to donate money towards UNHCR and refugee crises, and have donated significant amount of money, they are less willing to host refugees. Currently, 80% of the world's refugees currently reside in developing countries,

¹² <http://www.unhcr.org/pages/49c3646c1a.html>

¹³ <http://www.unhcr.org/pages/49c3646c26c.html>

which usually have fewer resources to sustain a large refugee population.¹⁴ For example, while the European Union has donated over \$2 billion in humanitarian aid for the Syrian refugee crisis, they've only hosted 130,000 Syrian refugees (in comparison, Lebanon hosts around 1 million Syrian refugees).¹⁵

Topic #2: Health Issues in Refugee Camps

Introduction:

As of 2013, the number of refugees of concern to UNHCR is 10.4 million.¹⁶ These refugees are located around the world and are living in conditions ranging from established refugee camps to makeshift shelters or out in the open. Even in refugee camps, however, the conditions are less than ideal. One of the most common problems is a lack of food. Although the UNHCR recommends that each refugee receives 2,100 calories, most camps don't meet this standard, and the food received often lacks essential nutrients and vitamins, leading to diseases such as scurvy and anemia.¹⁷ Another similar issue is a lack of clean water. Although the UNHCR recommends a minimum daily requirement of 20 liters of water, it estimates that more than half of the refugee camps in the world are unable to provide this amount.¹⁸ Other issues faced by refugee camps include poor housing, overcrowding, and inadequate sanitation, which further contribute to the lack of clean water.

¹⁴ <http://www.unhcr.org/4dfb66ef9.html>

¹⁵ <http://www.unhcr.org/pages/49e486676.html>

¹⁶ <http://www.unhcr.org/pages/49c3646c1d.html>

¹⁷ <http://www.uniteforsight.org/refugee-health/module3>

¹⁸ <http://www.unhcr.org/pages/49c3646cef.html>

Health Issues:

Conditions in refugee camps often correlate with or even cause many of the health issues in refugee camps. The overcrowding in refugee camps makes it easier for contagious diseases to spread, and the living conditions are often poor. For example, at a Palestinian camp, 72.5% of the houses had dampness, 50.5% had mold, and 37% had leaks, leading to symptoms and illnesses such as aches and pains, digestive disorders, and respiratory tract infections.¹⁹

Malnutrition is both a primary and secondary cause of death, especially in children. Among refugees from South Sudan, the amount of malnourished children ranged from 25.8% to 30.3%, twice the WHO emergency threshold of 15%.²⁰ Likewise, at Dadaab refugee camps in Kenya in 2011, of the 44 reported deaths, 33 were malnourished at the time of death. Of the 29 children who died, 90% were reported to be malnourished.²¹

The issue of malnutrition is further complicated by the fact that refugees' food sources are usually food rations from UNHCR, so their food source is often dependent on international support and aid.²² For example, this past summer, when global aid funding was cut, 800,000 refugees in Africa had their food rations decreased by as much as 60%, worsening the already unacceptable rates of acute malnutrition, stunting and anemia.²³ Similarly, 400,000 Syrian refugees in Lebanon, due to current funding levels, weren't able to receive food assistance unless more funds were raised.²⁴ When incidents like these occur, UNHCR calls upon nations and

¹⁹ <http://www.uniteforsight.org/refugee-health/module3>

²⁰ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a5.htm>

²¹ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a4.htm>

²² <http://www.unhcr.org/469b6b0c2.pdf>

²³ <http://www.theguardian.com/global-development/2014/jul/02/food-rations-slashed-african-refugees-un>

²⁴ <http://www.unhcr.org.uk/news-and-views/news-list/news-detail/article/funding-gap-threatens-refugee-response-in-lebanon.html>

organizations to donate more money. The amount donated, however, is often dependent on the global economic situation.

Lack of clean water also contributes to health issues in refugees because the untreated water causes diseases such as cholera and diarrhea. Many refugee camps don't have adequate sanitation facilities, leading to a high potential for epidemics. In fact, a study conducted in Bengali refugee camps showed that camps without sanitation facilities had cholera rates that were 4 times as high. Overcrowding in refugee camps increases this potential for epidemics, as communicable diseases are more likely to spread. In total, diseases such as measles, diarrheal diseases, acute respiratory infections, malaria, and malnutrition are the major causes of morbidity and mortality, accounting for 60% to 80% of all reported causes of death.²⁵

One method of preventing diseases is through vaccinations. UNHCR spends \$200,000 each year on vaccines for hundreds of thousands of refugee children and pregnant women, as well as their host communities to prevent diseases such as polio, measles, and tuberculosis.²⁶ Its partners are also undergoing a mass immunization campaign for children. Another way to prevent diseases is to improve the currently living conditions of refugee camps. Currently, 30% of refugee camps do not have adequate waste disposal services or latrines.²⁷ In response, UNHCR supports water and sanitation projects, including either installing or upgrading sanitation facilities as well as increasing the distribution of soap and plastic sheeting, providing more bed mosquito nets, and building more latrines.²⁸ UNHCR also implements programs to promote good hygiene and sanitation among refugees to further prevent the spread of diseases.

²⁵ <http://www.unhcr.org/3ae68bf424.html>

²⁶ <http://www.unhcr.org/485fca5f2.html>

²⁷ <http://www.uniteforsight.org/refugee-health/module3>

²⁸ <http://www.unhcr.org/503881659.html>

Another health issue faced by refugees is mental health issues. Often, many experience traumatic events such as sexual violence, genocide, political persecution, and loss of loved ones. Thus, refugees have a higher risk of developing mental health issues, such as depression and PTSD. For example, a survey conducted among Sudanese refugees living in Uganda revealed that 50.5% of them had PTSD.²⁹ Stresses from everyday living in refugee camps, such as poor living conditions and uncertainty over food and water, also contribute to these issues. Children, who consist of 41% of the world's refugees,³⁰ are especially vulnerable to psychological trauma. They arrive at refugee camps, having witnessed those events, and are sometimes alone, having been abandoned by or separated from their parents and loved ones. Additionally, these children may have also forced been to join militias as child soldiers, and are threatened to kill or be killed.³¹

To deal with the mental health issues of refugees, UNHCR currently uses the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, which gives advice to humanitarian workers on how to address these mental health issues. There has yet, however, to be successful implementation as the UNHCR currently lacks the internal capacity to support mental health issues, with staff members noting that “there is [also] a lack of knowledge and understanding and capacity in the staff to really monitor on this issue” and that there’s “no availability of resources.”³² Thus, as of 2008, the current focus has been on those with severe psychological issues, although UNHCR has begun integrating intervention in existing programs

²⁹ <http://www.uniteforsight.org/refugee-health/module2>

³⁰ <http://www.un.org/en/globalissues/briefingpapers/refugees/>

³¹ http://www.uniteforsight.org/refugee-health/module2#_ftn13

³² <http://www.refworld.org/docid/51de9f7a4.html>

for sexual and gender violence, community, and shelter provision.³³ Furthermore, an internal review in 2013 evaluated UNHCR's mental health and psychosocial support (MHPSS), and gave recommendations including creating and articulating its MHPSS strategy, building the internal capacity to support MHPSS activities, and engaging partners who are experts in mental health issues.³⁴

UNHCR's Strategy and Involvement:

UNHCR's strategy for public health is divided into four sectors: public health, human immunodeficiency virus (HIV) and reproductive health, food security and nutrition, and water, sanitation and hygiene (WASH). Furthermore, their strategy is guided by seven principles, including the following.

- Protection:

The primary purpose of UNHCR is to protect the rights and well-beings of refugees, and this should be reflected in their public health programs. Some important conventions about this include the 1951 Refugee Convention, which states that refugees should enjoy access to health services equivalent to that of the host population, the Universal Declaration of Human Rights of 1948, which calls for all people, including refugees, to enjoy the right to a standard of adequate living for the health and well being of himself and his family, and the Committee on Economic, Social, and Cultural Rights' General Comment No. 15 (November 2002), which states the human right to water.

³³ <http://www.psychotraumanet.org/en/unhcr%E2%80%99s-potential-and-its-challenges-implementing-iasc-guidelines-mental-health-and-psychosocial>

³⁴ <http://www.refworld.org/docid/51de9f7a4.html>

- Sustainability:

UNHCR ensures that the various public health and WASH sectors are integrated within national systems when feasible, and supports relevant government organizations and departments so that refugees and the host citizens have access to similar services rather than developing parallel systems.

- Appropriateness and reliability:

High quality, cost-effective, evidence-based services in public health is a priority for UNHCR. Thus, essential health care takes precedence over more specialized medical care. Food should be provided with appropriate methods (ex. food, cash and/or

vouchers), and there should be adequate access and availability to nutritious food. The services should be supported by a select number of quality service providers and facilities, and integrated into already existing national services if possible.³⁵

Effects on of Refugees on Host Countries:

Hosting refugees can be both positive and detrimental to the host country. Most of the time, although the host country provides the physical space, UNHCR funds the refugee camps. Despite this, hosting refugees often requires substantial amounts of money. For example, Jordan has spent \$1.7 billion to host Syrian refugees, with costs including the price of running and maintaining the urban water delivery system (\$102.30 per person per year), and hospitalization (every 10,000 people requires the construction of 20 new hospital beds, costing \$197,000 per bed).³⁶ In terms of health issues, hosting refugees can decrease the food and water supply of the

³⁵ <http://www.unhcr.org/530f12d26.html>

³⁶ <http://www.irinnews.org/report/99083/hosting-syrian-refugees-the-cost-conundrum>

country's own citizens. The arrival of refugees also can cause an increase in the amount of infectious diseases, straining local health services.³⁷ At the same time, the influx of refugees may also benefit the host country, leading to better health and sanitation in the community. Due to possible tension between refugee and host communities, when UNHCR provides health care for refugees, they also ensure that a similar standard of care is available to the host population as well.³⁸ UNHCR also provides improvements in the host country's infrastructure for areas including water and health, such as providing new or improving existing health services.

How much each host country deals with refugees and spends on refugee camps is based on the amount of international aid provided, as well as how much it is willing to invest. A prime example of this is Turkey's refugee camp for Syrian civilians in Kilis, a refugee camp described as "the perfect refugee camp."³⁹ Indeed, this refugee camp has none of the poor conditions that contribute to the various health issues that refugees face. There is no rotten garbage or raw sewage, as the streets are swept and washed by Turkish workers. Rather than suffering from lack of food rations, Kilis invited the World Food Program to implement a new pilot program. In this program, rather than having meals made and served, each refugee family is provided with a debit card with around \$40 each month to purchase food from grocery stores with produce sections, meat counters, refrigerated dairy cases etc.

Although this "perfect" refugee camp deals with many of the health issues from refugee camps rather well, it does come at a high cost for the Turkish government. Turkey has spent \$2.5 billion on its Syrian guests and Kilis costs the Turkish government at least \$2 million a month to run. These high costs create resentment among Turkish citizens. Furthermore, it is important to

³⁷<http://www.unhcr.org/517a5d589.html>

³⁸<http://www.unhcr.org/4bdfe1699.pdf>

³⁹<http://www.nytimes.com/2014/02/16/magazine/how-to-build-a-perfect-refugee-camp.html>

note that this camp also isn't run by UNHCR; however, it was built on UNHCR camp guidelines, and UNHCR does contribute money to its programs. Regardless, Kilis does offer potential solutions to health issues faced by refugees. Moreover, it shows how well-run refugee camps can be if enough funds are invested, whether by host countries or other organizations.

Questions to Consider:

- Given that there is limited funding, how can UNHCR best allocate their money to deal with these health issues? What methods would be most effective?
- How should UNHCR address the mental health issues faced by refugees?
- What role should host countries play in these solutions?
- What role should developed countries play in these solutions?

Bloc Positions:

Countries Refugees Originate From:

(Syria, Iraq, Sudan, South Sudan, Democratic Republic of Congo, Colombia)

Currently, UNHCR's preferred long term solution for refugees is voluntary repatriation, where refugees return to their country of origin. The return of some refugees to their home countries would relieve the strain on refugee camps and host countries, decreasing sources of health issues. Yet repatriation is not always ideal, depending on the nature of the conflict. Indeed, the majority of Iraqi refugees who returned to Iraq ultimately regretted their decision to do so.⁴⁰ Moreover, refugees may still face health issues in their home countries; depending on

⁴⁰ <http://www.unhcr.org/4cbd6c9c9.html>

the country, the state of health care, water, and sanitation may be just as or worse than in refugee camp.

Countries Hosting Refugees:

(Lebanon, Turkey, Jordan, Ethiopia, Kenya, Chad, Ecuador, Thailand, Uganda, UAE, Brazil, Pakistan, India, Nepal, Russia)

Countries who host refugees would like to see more international aid or some form of compensation provided to lessen the cost of hosting refugees. This is especially important because many of these countries themselves are developing countries. Citizens of countries who host refugees often feel resentment towards refugees, who, among other things, have access to better health services than them. Thus, any solution towards health issues that refugees face should also account for the sentiments of citizens in the host country to prevent conflict.

Countries who Provide Aid:

(USA, France, Germany, Italy, Netherlands, Poland, Sweden, Spain, United Kingdom, Norway, Australia, Japan)

85% of UNHCR's funding comes from governments and the European Union.⁴¹ In 2012, the top five donors for UNHCR were the United States, Japan, the European Union, Sweden and the Netherlands.⁴² In comparison to developing countries, countries like the United States and the European Union are better able, both socially and economically to host refugees. Yet while many first world countries have been quick to donate money towards UNHCR and refugee crises, and have donated significant amount of money, they are less willing to host refugees. For

⁴¹ <http://www.unhcr.org/pages/49c3646c1a.html>

⁴² <http://www.unhcr.org/pages/49c3646c26c.html>

example, while the European Union has donated over \$2 billion in humanitarian aid for the Syrian refugee crisis, they've only hosted 130,000 Syrian refugees (In comparison, Lebanon hosts around 1 million Syrian refugees).⁴³ Currently, 80% of the world's refugees currently reside in developing countries.⁴⁴ This is in part because developing countries often border refugees' country of origin. Because they are developing countries, however, they have fewer resources to sustain a large population of refugees, contributing to the health issues faced by refugees.

Other Countries:

(China, South Korea)

These countries don't fall into the other three blocks. Both, however, are currently dealing with refugee issues. How their government deals with such issues are a good indicator for their stance on refugees. Delegates should also see whether or not their country has signed the 1951 Refugee Convention, a United Nations treaty that defines who refugees are, what their rights are, and the legal obligation of states. Delegates can also consider their country's political alliances and role in the international community, which may also influence their actions regarding health issues in refugee camps.

⁴³ <http://www.unhcr.org/pages/49e486676.html>

⁴⁴ <http://www.unhcr.org/4dfb66ef9.html>

Further Resources

- CIA World Factbook:

<https://www.cia.gov/library/publications/the-world-factbook/>

- United for Sight's Refugee Health Online Course:

<http://www.uniteforsight.org/refugee-health/>

- UNHCR's Global Strategy for Public Health:

<http://www.unhcr.org/530f12d26.html>

- NY Times: How to Build a Perfect Refugee Camp:

<http://www.nytimes.com/2014/02/16/magazine/how-to-build-a-perfect-refugee-camp.html>

