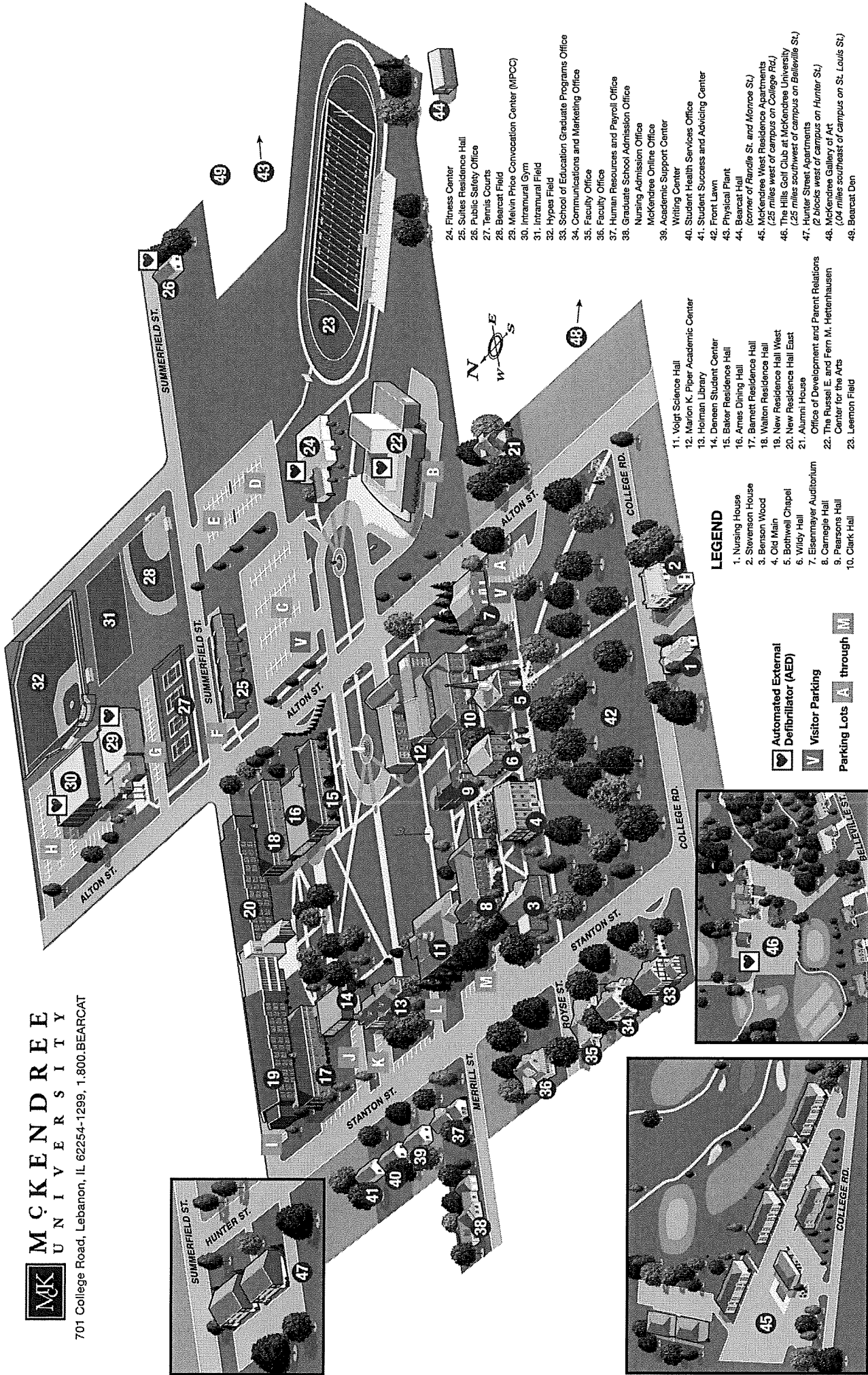


McKENDRÉE UNIVERSITY

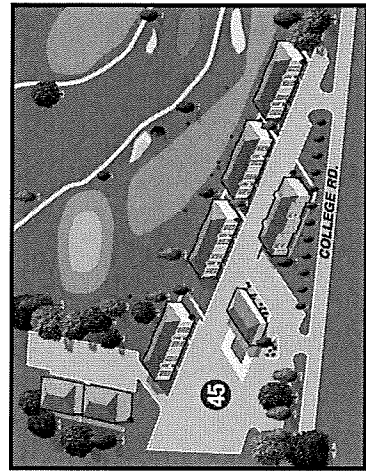
701 College Road, Lebanon, IL 62254-1299, 1.800.BEARCAT



LEGEND

- 1. Nursing House
- 2. Stevenson House
- 3. Benson Wood
- 4. Old Main
- 5. Bothwell Chapel
- 6. Wilby Hall
- 7. Eisenmayer Auditorium
- 8. Carnegie Hall
- 9. Pearsons Hall
- 10. Clark Hall
- Automated External Defibrillator (AED)
- Visitor Parking
- Parking Lots A through M

- 11. Volgt Science Hall
- 12. Marion K. Piper Academic Center
- 13. Holman Library
- 14. Deneen Student Center
- 15. Baker Residence Hall
- 16. Ames Dining Hall
- 17. Barnett Residence Hall
- 18. Walton Residence Hall
- 19. New Residence Hall West
- 20. New Residence Hall East
- 21. Alumni House
- Office of Development and Parent Relations
- 22. The Russell E. and Fern M. Hettenhausen Center for the Arts
- 23. Leemon Field
- 24. Fitness Center
- 25. Suites Residence Hall
- 26. Public Safety Office
- 27. Tennis Courts
- 28. Bearcat Field
- 29. Melvin Price Convocation Center (MPCO)
- 30. Intramural Gym
- 31. Intramural Field
- 32. Hypox Field
- 33. School of Education Graduate Programs Office
- 34. Communications and Marketing Office
- 35. Faculty Office
- 36. Faculty Office
- 37. Human Resources and Payroll Office
- 38. Graduate School Admission Office
- Nursing Admission Office
- McKendree Online Office
- 39. Academic Support Center
- Writing Center
- 40. Student Health Services Office
- 41. Student Success and Advising Center
- 42. Front Lawn
- 43. Physical Plant
- 44. Bearcat Hall
- 45. McKendree West Residence Apartments (corner of Randle St. and Monroe St.)
- 46. McKendree West Residence Apartments (25 miles west of campus on College Rd.)
- 47. The Hills Golf Club at McKendree University (25 miles southwest of campus on Belleville St.)
- 48. Hunter Street Apartments (2 blocks west of campus on Hunter St.)
- 49. McKendree Gallery of Art (0.4 miles southeast of campus on St. Louis St.)
- 49. Bearcat Den



Spain
World Health Organization
Sara Bushway

Preparing for the Next Pandemic Spain

Spain has taken everything into consideration when it came to the COVID-19 pandemic. In order to travel into the country, you must be up to date with COVID-19 vaccines. Any U.S. citizen that wishes to enter the country must be vaccinated within the last nine months.

When the pandemic hit the world in early 2020, many countries didn't take action until outbreaks had already occurred, our goal is to make sure that doesn't happen again.

As of February 14, 2022 at 5:45 PM, Spain has 10,555,197 confirmed cases of COVID-19 and 96,000 deaths. Spain has a very high vaccination rate, which has led to many restrictions being lifted. As of September 20, 2021 many indoor venues have been not limiting capacity if masked and or vaccinated. On February 10, 2022 masks are now optional outside.

The first reported case of COVID-19 in Spain was in late January 2020. The patient was hospitalized and then released two weeks later. The country believed the virus was an external threat, and therefore wouldn't affect them. Because of this, when the first outbreak in the country hit in late February, the government didn't know how to react.

Our goal now is to create a plan on how to react to another pandemic, even if they are unpredictable. Having a plan can help save millions of lives.



McKendree Invitational

MODEL UNITED NATIONS



Subject: Addressing the Diabetes and Obesity Pandemic

Sponsored By: Niger

Submitted To: WHO

1. The health of a nation can only be measured by the health of the individuals whom it
2. is composed of. The WHO is responsible not only for an individual nation, but for
3. every nation in this regard. Attention will be applied from the World Health
4. Organization to the qualms both particularly subtle and alarmingly overwhelming.
5. Obesity, and consequently diabetes, fall under both descriptors. While the attitude
6. towards physical health varies grossly, the medical standpoint of obesity views it as a
7. pandemic of external circumstance. The UN regards it as a problem due to
8. malnutrition, and explicitly discourages the view that gluttony should be associated
9. with clinical obesity. This is supported by the research from as early as 1975 in the
10. Caribbean and Latin America that identified both malnutrition and obesity to occur in
11. the same consequential proportions. Diet is the key factor, but it is the excess of
12. processed goods being consumed that have in turn consumed the wellbeing of over
13. 2.3 Billion people circa 2019.
14. The International Obesity Task Force (IOTF) was established in 1996 with the end
15. goal of providing support and care for those at risk for obesity. Their studies show that
16. a sustainable diet is achievable only through the adjustment of the environment that
17. lacks nutrition. Such environments are laden with processed “fast” foods, in which the
18. integrity is lacking and still remains largely unchecked when compared to more
19. expensive, higher quality foods.
20. As a result of lifelong commitment to a devastating (and cheap) diet, a relational rise
21. in type two diabetes is present. To combat type two diabetes, South Africa introduced
22. a severe sugar tax in 2018 called The Health Promotion Levy on Sugary Beverages. It
23. has brought in revenue (214 million USD) for the nation itself, along with guiding
24. consumers to avoid what could be their downfall. It is not unwillingness to become
25. healthy that promotes obesity, but the financial burden of inflated produce cost that
26. limits access to ideal diet. Such movements are most respectable, and potentially most
27. beneficial, in the WHO’s fight to support healthful living. The public need will be met
28. only by legislative change, and a pressure to implement quality control on food
29. globally will support this mission to guide those in need to opportunities for health.



Submitted To: World Health Organization

Topic: Addressing the Diabetes and Obesity Epidemic

Submitted By: Kenya

1 Diabetes and obesity are two of the largest health concerns countries across the globe
2 have to be concerned with. Many citizens' health and well-beings are affected negatively
3 through the advancements of the diabetes and obesity epidemic. This epidemic cannot be
4 ignored due to its increasing rates. Kenya recognizes the many contributing factors
5 towards the severity of obesity in its country. Obesity and diabetes are affected by a
6 person's Body Mass Index (BMI), physical activity, family history, produce/food
7 availability, and sedentary lifestyle. Kenya notes that in a study conducted in 2018 by the
8 CDC, 60.3% of urban residents were obese. In the same study, 19.5% of rural residents
9 were obese; this large gap is caused by the occurrence of the increased consumption of
10 high-calorie, high-fat diets in urban areas. Obesity will continue to develop and worsen in
11 Kenya due to the high amount of sedentary lifestyles seen, decreased amount of exercise,
12 and consumption of high-calorie dense foods. This study is further evidence of the
13 growing obesity epidemic. Out of 4,069 participants in a study conducted on pre-diabetic
14 tests, 3.1% were found to show signs of future diabetic tendencies. In the same conducted
15 study, 2.4% of participating persons were found to have either type-1 or type-2 diabetes.
16 Overall diabetes prevalence in Kenya is consistent with other Saharan African countries.
17 It is estimated that the prevalence of diabetes in Kenya will rise to 4.5% in 2025. Kenya
18 notes that two-thirds of diabetics may be undiagnosed. In 2008, 1.3 million deaths were
19 caused by a form of diabetes, this is expected to rise to over 2 million by the year 2030.
20 The burden of diabetes can be found predominantly in low-middle class countries.
21 Although these countries can be seen as low-middle class, populations are prone to
22 putting on weight due to the large availability of food. Kenya's health systems are
23 primarily geared towards the combating of other diseases not including diabetes or
24 obesity.
25

26 Kenya calls upon other nations to support its own health systems funding, structure,
27 and administration to help bring the country's diabetes and obesity epidemic to a slow and
28 steady decline. Kenya welcomes the further funding and push toward the Leadership for
29 Education and Access to Diabetes Care in aiming to provide insulin at lower prices to
30 lower income communities in less developed countries. Kenya urges nations that have yet
31 to set up a plan to decrease cases of obesity in their country to begin doing so. Kenya
32 further expresses its hope for many countries to further come together to help those
33 struggling with medical issues of diabetes and obesity.
34



McKendree Invitational

MODEL UNITED NATIONS



Submitted To: World Health Organization

Topic: Addressing the Diabetes and Obesity Epidemic

Submitted By: Kenya

1 Diabetes and obesity are two of the largest health concerns countries across the globe
2 have to be concerned with. Many citizens' health and well-beings are affected negatively
3 through the advancements of the diabetes and obesity epidemic. This epidemic cannot be
4 ignored due to its increasing rates. Kenya recognizes the many contributing factors
5 towards the severity of obesity in its country. Obesity and diabetes are affected by a
6 person's Body Mass Index (BMI), physical activity, family history, produce/food
7 availability, and sedentary lifestyle. Kenya notes that in a study conducted in 2018 by the
8 CDC, 60.3% of urban residents were obese. In the same study, 19.5% of rural residents
9 were obese; this large gap is caused by the occurrence of the increased consumption of
10 high-calorie, high-fat diets in urban areas. Obesity will continue to develop and worsen in
11 Kenya due to the high amount of sedentary lifestyles seen, decreased amount of exercise,
12 and consumption of high-calorie dense foods. This study is further evidence of the
13 growing obesity epidemic. Out of 4,069 participants in a study conducted on pre-diabetic
14 tests, 3.1% were found to show signs of future diabetic tendencies. In the same conducted
15 study, 2.4% of participating persons were found to have either type-1 or type-2 diabetes.
16 Overall diabetes prevalence in Kenya is consistent with other Saharan African countries.
17 It is estimated that the prevalence of diabetes in Kenya will rise to 4.5% in 2025. Kenya
18 notes that two-thirds of diabetics may be undiagnosed. In 2008, 1.3 million deaths were
19 caused by a form of diabetes, this is expected to rise to over 2 million by the year 2030.
20 The burden of diabetes can be found predominantly in low-middle class countries.
21 Although these countries can be seen as low-middle class, populations are prone to
22 putting on weight due to the large availability of food. Kenya's health systems are
23 primarily geared towards the combating of other diseases not including diabetes or
24 obesity.
25

26 Kenya calls upon other nations to support its own health systems funding, structure,
27 and administration to help bring the country's diabetes and obesity epidemic to a slow and
28 steady decline. Kenya welcomes the further funding and push toward the Leadership for
29 Education and Access to Diabetes Care in aiming to provide insulin at lower prices to
30 lower income communities in less developed countries. Kenya urges nations that have yet
31 to set up a plan to decrease cases of obesity in their country to begin doing so. Kenya
32 further expresses its hope for many countries to further come together to help those
33 struggling with medical issues of diabetes and obesity.
34
35
36
37
38



McKendree Invitational

MODEL UNITED NATIONS



Subject: Addressing the Diabetes and Obesity Epidemic

Sponsored By: Vietnam

Submitted To: World Health Organization (WHO)

1 Over the past years we have seen a dramatic increase in diabetes cases in the world. In
2 Vietnam alone there are 5.76 million people diagnosed with diabetes, which was 17% of the
3 entire population in 2020. Compared to the 2017 study that had only 6% of Vietnam's
4 population with diabetes. Within three years we saw an 11% increase in recorded diabetes
5 cases. As of right now there are four known types of diabetes: Type 1, Type 2, Prediabetes,
6 and Gestational Diabetes. Type 1 is a genetic disorder that affects the pancreas making it
7 produce little to no insulin. Type 2 is mainly a diet-related disorder that is developed over
8 time, when your body has issues processing blood sugar (glucose). Prediabetes is when a
9 person's blood sugar is high but not high enough to be Type 2. Lastly Gestational Diabetes
10 which is high blood sugar in only pregnant women. Since type 2 is the most connected to
11 obesity we will be using it as the center point of this discussion. In 2015 in Vietnam there
12 were 53,457 deaths recorded, all related to diabetes. If this is the case for just Vietnam, then
13 imagine what it is for the world. According to an infographic found on the Center of Disease
14 Control (CDC) website (2020), "Today 415 million worldwide are living with diabetes. In
15 2040 more than half a billion will have diabetes" (pg. 1). With this in mind of the total
16 population, there are 5% of people currently living with diabetes in 2022. As a whole there
17 hasn't been a growth of diabetes up to this magnitude since the 1990s. And in 1994 it was
18 officially classified as an epidemic by the Center of Disease Control and Prevention (CDC).
19 The diabetes and obesity epidemic shouldn't be taken lightly considering the amount of
20 people being affected by it to this day.

21 Since three out of the four types of diabetes are non hereditary, taking simple precautions
22 such as promoting healthy foods and exercise through advertisements can help immensely
23 when trying to prevent the continuation of this epidemic. Although there are other options for
24 solving this issue. For example, an idea that Vietnam is putting to use, which is to offer both
25 public and private healthcare providers, that are able to help patients outside of the hospital
26 who are in need of care. By just having someone near to make healthy choices can help. In
27 Vietnam there are also four separate types of hospitals available to the public: central,
28 provincial, district, and commune health stations (CHS) along with the National Institute of
29 Nutrition to help out. In 2017 it was recorded to have had 47 central facilities, 459 provincial
30 facilities, 982 district facilities, and 11,120 CHS's. All of which are there to provide universal
31 coverage and prevent any illnesses including weight related illnesses. With all of these places
32 open to the public, Vietnam has been able to lower health risks related to weight. Vietnam
33 encourages other nations to follow their example and to share their own ways to prevent or
34 solve the diabetes and obesity epidemic.

35
36
37
38



McKendree Invitational

MODEL UNITED NATIONS



Subject: Addressing the Diabetes and Obesity Epidemic

Sponsored By: United States of America

Submitted To: World Health Organization

1 In today's society, there is an urgent concern surrounding the global diabetes and obesity
2 epidemic. Obesity in adults is classified as someone whose BMI is greater than or equal to 30.
3 According to the World Health Organization, in 2016 over 1.9 billion adults were overweight
4 and of that 650 million were classified as obese. Furthermore, this issue is not only being seen
5 in high-income countries but there is also a rise in low- and middle-income countries. This now
6 global issue has become more and more pressing due to the various fundamental causes. For
7 instance, many states have seen an increase in energy-dense food which include high fat and
8 sugar contents. Another fundamental cause is the decrease of physical activity due to a more
9 modern, and increasingly sedentary world. In many states we are seeing an increase of
10 sedentary jobs, various ways of transportation, and from a child's perspective, less time
11 outdoors. Working through the Covid-19 pandemic many organizations choose to move their
12 work online so their employees could work from home. While this was a necessary precaution
13 to slow the spread of Covid-19, it has had an inverse effect on physical activity. Children,
14 predominantly in low- and mid-income states, are not receiving an adequate amount of food
15 with high nutritional quality. Therefore, their chances of childhood obesity increases rapidly.
16 The overall consequences, other than the rapid increase and spread of obesity, are the multitude
17 of health issues that come alongside obesity. Not only is there a much higher chance for diabetes
18 but also a higher chance for cancer, cardiovascular disease, osteoarthritis, breathing difficulties,
19 and even premature death.
20
21
22

23
24 The United States of America urges other member states to become more involved in the
25 obesity and diabetes epidemic in order to prevent greater health concerns. The United States
26 encourages all member states to collectively engage in a program that promotes advertisement
27 of food with high nutritional value and an increase of physical activity. Lastly, The United
28 States hopes that all member states can find an effective program that aids their populations in
29 decreasing the rates of obesity and diabetes in order to decrease the rate globally.
30



McKendree Invitational

MODEL UNITED NATIONS



B6

Subject: Obesity and Diabetes Epidemic

Sponsored By: The Peoples' Republic of China

Submitted To: World Health Organization (WHO)

1 Obesity and Diabetes are a pressing set of related health issues that affect large
2 populations across the world. These conditions can lead to cardiovascular disease, and
3 obesity can lead to type 2 diabetes, which increases risk for stroke, neuropathy, kidney issues,
4 eye problems, depression, and can result in amputation or death. This, diabetes and obesity
5 are serious issues.

6 Diabetes occurs when the body does not use the hormone insulin, which is produced in
7 the pancreas, properly. It can be the result of excess weight, which causes insulin to not be
8 used properly. Obesity, or when an individual has a body mass index (BMI) over 30, is
9 generally caused by an unhealthy diet and physical inactivity. This is one of the major causes
10 of diabetes.

11 Diabetes is a chronic condition that cannot be cured, so prevention of the development
12 of diabetes is imperative. The World Health Organization must implement programs to
13 educate the public about the risk of diabetes and obesity, as well as create campaigns to make
14 healthy food and exercise easier to attain. These programs could include creation of public
15 gardens or parks, as well as education campaigns to help citizens choose healthy foods. This
16 is imperative to help prevent diabetes in people who are at high risk. These people include
17 those with a family history of diabetes or obesity and those who live in urban settings.
18 According to Dr. Bernhard Schwartlander, a WHO representative in China, "We know... that
19 the disease's [diabetes] prevalence is higher among urban residents and people living in
20 economically developed regions." As nations develop, access to unhealthy foods increases,
21 which increases risk for obesity and by extension diabetes.

22 While much concern must be directed to preventing the development of diabetes and
23 obesity, citizens who experience these conditions cannot be ignored. Although diabetes is
24 incurable, it can be managed with the same steps that can help to prevent it. Obesity can also
25 be managed with healthy eating and exercise. In addition to creating education programs and
26 healthy infrastructure, medical facilities must also be created to diagnose and treat diabetes.
27 Many citizens who have diabetes do not notice symptoms or do not have access to diagnostic
28 medical facilities, so the disease goes untreated and serious issues develop which could have
29 been avoided by early detection. Thus, the People's Republic of China urges governments
30 with large populations affected by these diseases to increase funding for medical facilities.

31 Diabetes and obesity are two conditions that can have detrimental effects on human
32 health. Therefore, nations must increase funding for programs that educate the public about
33 the dangers of diabetes and obesity, as well as create diagnostic centers. Diabetes and obesity
34 are serious conditions, but with a combination of personal accountability and government
35 programs, these dangers to human health can be managed and potentially prevented.

36
37
38



McKendree Invitational

MODEL UNITED NATIONS



Subject: World Health Organization

Sponsored By: Health Consequences of Air Pollution

Submitted To: North Korea

1 Air pollution is a huge issue in our current world, and the issue just keeps progressing.
2 Air pollution is responsible for about 7 million premature deaths a year. Along with those 7
3 million, air pollution attacks many peoples' respiratory systems and cardiovascular systems,
4 causing them to be more vulnerable to illnesses such as colds, flus, COVID-19, and other
5 common illnesses . Air pollution can also cause cancers, heart disease, diabetes, mental
6 health issues, and many more WHO data shows that about 99% of the population breathes
7 in air that is toxic. Items like coal, wood, and vehicles release many airborne toxins that could
8 be harmful to humans and our ecosystems. Pollutants include: gasses, cadmium, mercury,
9 chromium, and many fossil fuels. Fossil fuels are a huge part of our everyday lives, which is
10 why it is important that we begin to transition over to more eco-friendly power sources.
11

12 North Korea is asking more developed countries and ourselves to make a plan to switch
13 to more eco-friendly power sources for safer and healthier air. North Korea also asks more
14 developed countries for financial support to switch due to common pollutants being very
15 important to many countries' economies. Although this plan could take a while to fully
16 accomplish, we as a whole need to take action to solve this global issue.
17

18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34



McKendree Invitational

MODEL UNITED NATIONS



Subject: Health Consequences of Air Pollution

Sponsored By: Israel

Submitted To: WHO

1 The world is currently ravaged by many air pollutants that are warming up the globe,
2 but also affecting our health, which this paper will address. According to WHO, 99% of the
3 global population live in an area that currently exceeds their guideline limits that gives risk
4 for respiratory infections, lung cancer, and heart disease. The main culprits of these life
5 threatening conditions are PM10 and PM2.5. These are particulate matter, which are the
6 particles in smog, liquid droplets, and other sources of fine particles. The number after the
7 PM represents a diameter, in micrometers, smaller than said number. The problem arises
8 when these particles are inhaled and start to build up in the respiratory system. The PM2.5
9 variety, otherwise referred to as fine particles, is even more dangerous, since due to it's
10 smaller size, they will lodge into the lungs. There have been roughly 8 million deaths
11 annually due to these pollutants. Though these have mainly affected low - middle income
12 nations, many within those richer nations are affected by these issues. There are 2 different
13 types distinguished by WHO, ambient and household. Ambient has accounted for roughly
14 4.2 million premature deaths a year and is the air that is outside and in our atmosphere.
15 While household accounts for the other 3.8 million annually and is mainly caused mainly by
16 household cooking and stove heating, specifically the smoke from it. These deaths are
17 mainly from ischaemic heart disease, chronic obstructive pulmonary disease, lower
18 respiratory infections, and lung cancer. With these grave issues apparent, the solutions for
19 these issues are very similar to those trying to reduce greenhouse gasses. These solutions
20 include the reduction of pollutants put into the air by factories, coal and other fossil fuel
21 power plants, and from engines (especially vehicular) that require petroleum to function. As
22 well as more unique ones, such as inefficient stoves or open hearths to be eliminated
23 wherever possible due to the burning fuels that they use. Those inturn can spread the
24 particulate matter across the interior of a building. It is also good to take note that volatile
25 organic compounds (VOC) can also affect your health in very similar ways. VOC can be
26 released via kerosene and wik candles. Many solutions were also proposed in resolution
27 WHA 68.8 during the 68th World Health Assembly on the 26th of May. 2015. This
28 resolution brings light to this topic and brings in a myriad of different solutions, mainly on
29 the basis of having WHO in addition to other member states and UN organizations to come
30 together and create solutions that are tailored for each of those said member states. To further
31 emphasize, the PM2.5 and PM10 in our atmosphere is so great as to be affecting roughly
32 99% of us. These cause many respiratory and cardiac conditions, 4 of which are in the top 10
33 causes of death. 3 of those in the top 5. 8 million die every year to these conditions, so the
34 reduction of these harmful pollutants should be more known. Solutions to this issue are also
35 probably going to help out the environment. Just even more of a reason on why we should
36 solve this issue outright.

37
38

Russia

World Health Organization

Health Consequences of Air Pollution

After years under the Soviet Union, Russia's air quality has significantly worsened just like most countries have. With an increase in population, there has also been an increase in cars on the roads.

What the world is seeing is long term health problems caused by air pollution. Some things Russia has seen is an increase in strokes, heart disease, lung cancer and chronic respiratory system. With these increases in adults and children, we have also seen birth defects in children, affecting all generations.

Any country that refuses to see the problem created, has put the well being of not just our planet and our current population at risk, but the future generations of all countries. The WHO has the responsibility and the resources to solve this problem now and as a committee we are obligated to try to find a safe and reliable solution.

Russia calls on countries to stop air pollution around the world by funding doctors that can help the victims of this crisis, researchers to find more sustainable products and crews to clean up the mess the world has made.



McKendree Invitational

MODEL UNITED NATIONS



Subject: Health Consequences of Air Pollution

Sponsored By: Republic of Estonia

Submitted To: World Health Organization (WHO)

Since its creation, the WHO has made great progress towards its goals of maintaining international health and safety. However, this progress can generate new issues, such as the growing complications of air pollution. Air pollution is created by the release of particulate matter (PM) that, upon inhalation, can cause an array of negative health effects. As the world continues to modernize, large amounts of PM are being released, worsening the health conditions of the general population in every nation.

Perhaps the most worrisome problem regarding air pollution is its strong negative health effects. According to the WHO, air pollution can lead to cardiovascular and respiratory diseases, as well as certain cancers. It also exacerbates the effects of common diseases such as asthma (WHO). Conditions like these are capable of lowering life spans, quality of life, and general abilities. It is in the interest of general health and safety that we ameliorate these effects as swiftly and efficiently as possible to limit its current and possible future health consequences.

Additionally, the urgency of this issue is enhanced by its widespread effects across the globe. A study in 2019 revealed that 99% of people worldwide breathe air that does not meet WHO's safety guidelines for air quality. Without access to clean air, the health of the public is being risked each day that they breathe this contamination and PM. Another injustice of air pollution is its disproportionate effects on less wealthy nations. In 2016, a reported 91% of premature deaths attributable to air pollution occurred in low to middle income nations (WHO). This is partially explained by the fact that air pollution can be even more harmful when it occurs in the home, due to the use of fossil fuels for heating and cooking. With such dangerous and boundless complications of air pollution, the WHO must take action to slow this ever-growing issue.

The Republic of Estonia commends the work of previous WHO committees who have laid out strong guidelines for dealing with air pollution that can aid in the construction of future plans. For example, Estonia recommends the continuation of the goals outlined in the 2016 road map such as increasing education, monitoring, and coordination of action against air pollution threats. However, it is important that these guidelines continue to evolve and adapt with air pollution issues. According to the United Nations Environmental Programme (UNEP), around 31% of countries worldwide have no standards in place to protect against air pollution. This highlights the need for greater coordination and cooperation among member states, to ensure that all nations are doing their part in the reduction and elimination of air pollution.

The Republic of Estonia encourages all nations to take part in the control of air pollution if possible by means such as reducing the emission of PM, funding the construction of renewable infrastructure, and researching means of particulate removal. Without working collectively and efficiently, air pollution will continue to put the global population at risk. For this reason, Estonia supports the incentivization for nations to work towards a safer air quality through research and national action. With international cooperation, Estonia hopes that every nation can one day provide clean air for each and every citizen.