



## SRMUN Charlotte

March 26-28, 2021

*Unity: Coming Together to  
Address a Changing World*

### Resolution 1-1

Committee: General Assembly Plenary

Subject: Developing Disaster Risk Reduction and Socio-Economic Resilience Strategies

Sponsors: Argentina, Chile, Cuba, Colombia, Denmark, Estonia, Germany, Italy, Netherlands, South Africa, Spain, Sweden, Ukraine, United Kingdom

Signatories: Australia, Bulgaria, France, India, Israel, Korea, Lithuania, Morocco, Peru, Russia,

The General Assembly Plenary,

*Acknowledging* the effectiveness of preventative action in mitigating human and economic losses from natural and sudden onset disasters and that the best way to prevent one is to plan ahead,

*Alarmed* by the fact that only 81 of 196 Member States have prepared disaster risk reduction plans,

*Noting* that the creation of a framework by the United Nations for regional and international responses is more effective than local efforts,

*Expressing* a common desire amongst Member States to expand the mandate of programs and infrastructure under the United Nations Office for Disaster Risk Reduction (UNDRR),

*Having considered* that once a disaster has occurred it is paramount that a prompt, sustainable, and culturally responsible plan be implemented to Build Back Better (BBB),

*Recalling* the lack of regional and international cooperation in response to the COVID-19 pandemic,

*Viewing with appreciation* the Inclusive Plan for Emergency and/or Disaster Situations which coordinates actions for Disaster Risk Reduction (DRR) between Non-Profit Organizations, municipalities, and people with disabilities,

*Emphasizing* existing preventative measures like the World Health Organization Mental Health Action Plan (WHOMAP) Objective 3 in preventing additional catastrophic mental health crises,

*Deeply disturbed* by the lack of assistance of those in vulnerable populations, including refugees, those with disabilities, indigenous peoples, and those who are below the poverty line, have in disaster response aid,

*Recognizing* that such ambitious programs cannot be fully realized without comprehensive and targeted funding,



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1. *Affirms* the standardization of best practices in provisions of international and humanitarian aid (per Sendai Framework Goal 4) by promoting Minimal Technical Standards in disaster response work and international and humanitarian aid, as outlined in “*Technical Guidance for Monitoring and Reporting on Progress in Achieving the Global Targets of the Sendai Framework for Disaster Risk Reduction (2017)*,” through;
  - a. Cooperating with minimum standards and metadata for disaster-related data for each Member State, including:
    - i. Engagement of national government focal points, national disaster risk reduction offices, national statistical offices, the Department of Economic and Social Affairs and other relevant partners;
    - ii. Cooperating with standard methodologies for the measurement of indicators and the processing of statistical data with relevant technical partners, such as:
      1. Applicable definitions and terminology,
      2. Computational methodologies; and,
      3. Hazards and indicators;
  - b. Recognizing that this standardization recommendation is meant to encourage coordinated disaster response across local levels, across Member States, and throughout regional bodies;
2. *Endorses* the creation of a program known as the Regional Disaster Assistance Programme (RDAP) under the purview of the United Nations Office for Disaster Risk Reduction (UNDRR) that;
  - a. Seeks to prioritize regional cooperation in order to promote DRR and the ability for Member States to BBB after a disaster has struck;
  - b. Encourages the creation of Regional Disaster Response Teams (RDRTs) within the established Regional DRR Offices of Africa, the Americas, Arab States, Asia and the Pacific, and Europe that are culturally aware, sustainable, able to be rapidly deployed, and can teach the technical skills needed within the vast field of disaster management;
  - c. Urges Member States to contribute voluntary assistance to the RDRTs in the form of trained professionals in fields including but not limited to healthcare, mental health, engineering, and construction professionals; and,
  - d. Proposes the deployment of the RDRT within its region of operation to assist disaster-affected Member States within the region which have requested assistance from the RDAP;



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- e. Requests Primary Funding for the RDAP and the RDRTs from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the United Nations Central Emergency Response Fund (CERF);
  - f. Designates Auxiliary Funding for the Programme to come from Member State donations as well as donations from Private Sector partners; and,
  - g. Recommends cooperation with other related United Nations organizations, including the United Nations Disaster Assessment and Coordination (UNDAC), the World Health Organization (WHO), the United Nations Development Programme (UNDP), the United Nations Refugee Agency (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP) the OCHA, and CERF among others;
3. *Encourages* the creation of the Department of Cooperative Strategies under the UNDRR that will facilitate global cooperation between international governments and the private sector to help create standardized disaster-risk reduction strategies for implementation by Member States in the United Nations;
- a. Basing strategies on but not limited to:
    - i. Geographical region,
    - ii. Type of disaster,
    - iii. Socio-economic resilience;
  - b. The department will ensure Member States, who have not had the time to assess or create their own DRR strategy, to have and provide their citizens with an emergency plan for any disaster;
  - c. To keep up with how fast the climate is changing, this department will aim to provide these strategies once every two years for each Member State;
  - d. The department will help eliminate the need for developing Member States who face obstacles from within and outside their government to create their own strategy right away;
  - e. In regards to international cooperation, this department will work with many international bodies such as:
    - i. Association of Southeast Asian Nations (ASEAN),
    - ii. Pacific Islands Forum (PIF),
    - iii. Organization of American States (OAS),
    - iv. Central American Integration System (SICA),
    - v. Caribbean Community (CARICOM),
    - vi. The African Union (AU),
    - vii. Pacific Alliance,



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- viii. League of Arab States (LAS),
  - ix. The European Union (EU);
  - f. Promote regional cooperation for disaster mitigation and reduction programs such as the Mixed-Reality Preparedness Platform (MRPP) implemented by the Netherlands in 2019; and,
  - g. Utilizes the UN-DATA framework established in S-1 to organize the different disaster-risk reduction strategies through publicly shared information such as;
    - i. Voluntary National Reviews,
    - ii. Environmental impact; and,
    - iii. Infrastructure development;
4. *Establishes* resilient, efficient, and dependable infrastructure in natural disasters and manmade disasters through the following initiatives;
- a. Developing global health infrastructure through UN efforts such as vaccine campaigns for diseases that cause undue burden on developing countries through:
    - i. Collective research efforts for diseases that do not currently have a viable vaccine and:
      - 1. Creation of the New Undiscovered Vaccine Task Force (NUVAX), modeled after the COVID-19 Vaccines Global Access (COVAX) facility, and under the supervision of the World Health Organization, a global tool to procure and deliver vaccines to developing Member States and coordinate the following:
        - a. Cooperation between the scientific community and pharmaceutical research companies; and,
        - b. Triangular cooperation between NGOs, IGOs, and Member States that work to benefit developing countries;
      - 2. Funding for this program will be requested through:
        - a. General Assembly Plenary Budget,
        - b. WHO annual budget,
        - c. UNDAC,
        - d. United Nation Emergency Response Fund(UNCERF),
        - e. Public-private partnerships such as the Global Alliance for Vaccines and Immunization (GAVI),
        - f. Official Development Assistance (ODA);
    - ii. Distribution of medication for diseases to developing and underdeveloped Member-States that are dealing with outbreaks of treatable pathogens; and,
      - 1. Utilizing the distribution arm of NUVAX to:



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- a. Mobilize pharmaceutical companies and key industry actors,
  - b. Encourage regional leadership in developing distribution programs; and,
  - c. Involve international diplomatic organizations;
- iii. Ensuring that medication, vaccine, and medical resources are provided to developing and underdeveloped Member-States that are vulnerable to severe disease outbreaks;
- b. Developing a DRR protocol of recommended physical infrastructure practices encouraged to be implemented by Member States, including:
    - i. Using Chile's rigorous building codes as a successful model, encourages Member States to adopt codes that require buildings to be able to withstand an appropriate magnitude earthquake depending on member states risk,
    - ii. Installing adequate water walls and other infrastructure for rising sea levels in affected areas basing efforts on research done in Rottem, Netherlands for disaster risk with the rising sea level,
      1. Strongly recommending the development of such infrastructure for Member States that are at higher risk for natural or sudden-onset disasters, such as small-island developing states (SIDS);
    - iii. Conducting annual building condition checks for any public building that holds more than 1000 people such as school buildings, hospitals, event venues, etc.;
    - iv. Recommending annual evacuation drill of urban areas of high risk of natural disasters to familiarize local residents and government officials of protocol, hoping to decrease stress related to sudden evacuation and increase efficiency;
    - v. Creating guidelines for local construction workers on building practices that the buildings more resistant to the common natural disasters that affect the area; and,
    - vi. Strongly suggest that those Member States use natural methods to purify water to prepare for potential natural or man-made disasters, some examples including:
      1. Greywater Wetland Streams,
      2. Mangroves planted in bodies of water with a salinity ranging from 10-65 parts per million (depending on the variety of Mangrove)



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- due to the mangrove's natural ability to absorb salt from water;  
and,
3. Alternative energy powered water purification units;
5. *Emphasizes* the central role urban regions play in both contributing to and combating disasters;
- a. Increasing the allocation of urban green spaces in order to employ the mitigative and adaptive opportunities urban green spaces offer in terms of natural disaster risk management, particularly flooding;
    - i. Encouraging all new and existing rooftop spaces of at least 400 square meters in urban regions to be converted into green roofs;
  - b. Advocating for increased use of urban green spaces so that residents reap the benefits of improved physical, mental, and social health and well-being, including boosted immunity; and,
  - c. Urging equity in access to urban green spaces given their equigenic nature and ability to reduce inequality and thus reduce vulnerability;
6. *Calls upon* Member States to support education and training of local populations in the following manners;
- a. Supporting the incorporation of education and training in the workforce that increases the overall public awareness of DRR procedures which in turn yields a quicker, more efficient turnaround for citizen recovery after onset disasters; and,
  - b. Utilizing modern mass media to suggest new methods of correctly and safely implementing DRR programs;
7. *Further encourages* the creation of the 'Heal One's Mind' (HOM) opt-in program based on WHOMAP's Objective 3 that will be;
- a. The UN is to delegate a collection of social workers, psychologists, and sociologists that are currently employed by the UN that will go to areas seeking assistance on bolstering their therapeutic sector;
    - i. Professionals will be selected through Member State volunteer programs as well as international organizations including Doctors Without Borders, Minds Foundation, the World Federation for Mental Health and the World Health Organization among others;
    - ii. Professionals will cooperate with local universities in the pre-existing departments educational facilities to augment pre-existing educational resources focused on training mental health professionals;



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- iii. Students attending the university can choose to be taught by the UN sent professionals in ways to help those that are to assist those affected by mental illnesses of all kinds;
    - iv. The program is on an 'Opt-in' basis, those Member States who do not need for such a program can choose to opt out;
    - v. Primary funding would originate from WHO's annual budget, United Nations International Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA);
    - vi. Auxiliary funding would be requested from UNCERF;
  - b. The program is meant to train those within each Member State in order to generate circular revenue, reinvest into Member States' human capital, promote mental health, and allow the local population to help themselves,
    - i. Utilizing the WHO framework from the Mental Health Action Plan; and,
    - ii. Granting access to the WHO QualityRights toolkit, that provides access to improve quality of mental health and social care facilities.
  - c. Allowing for the creation of community-based treatment options that work in conjunction with health care workers to provide for personalized and relatable care while also reaching poverty stricken areas similar to those being currently introduced in Ukraine,;
    - i. Health care providers will work with treatment facilities to provide adequate care in response to natural and sudden-onset disasters in cases where health care is needed;
    - ii. Utilizing localized treatment facilities that know their demographic and emphasizes individualized treatment plans to more accurately distribute care throughout poverty and conflict zones;
8. *Calls upon* the international disaster preparedness and response effort to focus on helping populations that are most vulnerable, specifically by:
  - a. Assisting refugees and displaced persons by;
    - i. Classifying individuals displaced by climate change as refugees;
    - ii. Encouraging able Member States to welcome and support climate refugees;
  - b. Ensuring the safety of people with disabilities by collaborating with organizations that represent people with disabilities;
    - i. Encouraging the growth of public-private partnerships through increased communication in regionally affected areas;



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- ii. Recognizing that partnerships between the public sector, the private sector and civil society can assist in highly coordinated disaster relief;
  - c. Emphasizing cultural competency and respect for local and indigenous cultural practices, following the UN Universal Declaration on Cultural Diversity such as:
    - i. Respecting local cultures and human rights first and foremost,
    - ii. Remaining cognizant of indigenous issues and the rights of indigenous populations,
    - iii. Remaining accepting of cultural differences,
    - iv. Understanding and Managing the “Dynamics of Difference”,
    - v. Recognizing Cultural diversity and cultural pluralism as a factor in development and disaster relief;
  - d. Recommending that Member States designate disaster relief funding specifically to publishing Disaster Risk Reduction materials such as Emergency Action Plans (EAP), and educational literature regarding climate change and risk management that are accessible to all communities, including those who are:
    - i. Deaf or hard-of-hearing,
    - ii. Blind or visually impaired,
    - iii. Physically disabled,
    - iv. Neurodivergent,
    - v. Elderly,
    - vi. With limited access to technology; and,
    - vii. Speakers of non-native languages;
- 9. *Encourages* Member States to implement strategies to improve socio-economic resilience among populations through national and regional policies;
  - a. Considering Indonesia’s Concerning Disaster Management legislation to save and invest a small percentage of its Gross Domestic Product (GDP) in DRR strategies;
  - b. Invites each Member State to account for impacts of disasters on populations by having a National Permanent Disaster Relief Impact Fund (NPDRIF) to be distributed to local and regional governments by allocating a percentage of their GDP to DRR strategies;
  - c. Requesting each Member State assess the disasters facing them and develop strategies to account and reduce the impacts on populations in the form of National Agencies as directors and coordinators of DRR responses and local agencies such as The Republic of India’s National Disaster Management Authority (NDMA) which is responsible for enforcing policies, plans, and



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guidelines to manage natural and onset disasters and ensure a timely response to all disasters;

10. *Strongly encourages* additional funding for organizations that boost DRR in the immediate aftermath of a catastrophic event, such as:
  - a. Diverting more of the UN's and GA's annual budget to the UN Central Emergency Response Fund (CERF) to enable timelier and more reliable humanitarian assistance to those affected by natural disasters, armed conflicts, and other sudden onset catastrophes;
  - b. Cooperating with various UN affiliated organizations such as the OCHA and UNDAC in the event of a disaster to speed up recovery efforts and better coordinate humanitarian efforts; and,
  - c. Request the assistance of reputable NGOs such as All Hands Volunteers, Direct Relief International, and React International to bolster regional grass roots recovery and preventative preparation.