Cerritos Novice Conference 2020

The United Nations General Assembly Third Committee, the Social, Humanitarian, and Cultural Committee (3rd SOCHUM)

Topic: Healthcare Inequality for Women in Developing Countries

Director: Su Lee

October 10th, 2020

To Delegates of CHSMUN Novice 2020

Dear Delegates,
Welcome to CHSMUN Novice 2020!

It is our highest honor and pleasure to welcome you all to our 2020 online novice conference here at Cerritos High School. On behalf of the Cerritos High School Model United Nations program, we are proud to host our very first virtual novice conference, where you will become more knowledgeable on international issues, participate in intellectually stimulating discussions, and create new and everlasting friendships.

The CHSMUN program continues to compete around the world as a nationally ranked MUN program. Our delegates utilize diplomacy in order to create complex solutions towards multilateral issues in the global community. Our head chairs are selected from only the best seniors of our program, undergoing a rigorous training process to ensure the highest quality of moderating and grading of debate. Furthermore, all the topic synopses have been reviewed and edited numerous times. We strongly believe that by providing each and every delegate with the necessary tools and understanding, he or she will have everything they need to thrive in all aspects of the committee. We thoroughly encourage each delegate to engage in all of the facets of their topic, in order to grow in their skills as a delegate and develop a greater knowledge of the world around them.

Although this wasn't what we expected, our advisors and staff have put in countless hours to ensure delegates have an amazing experience at the online conference. Our greatest hope is that from attending CHSMUN 2020, students are encouraged to continue on in Model United Nations and nevertheless, inspired to spark change in their surrounding communities. CHSMUN Novice 2020 will provide a quality experience for beginner delegates to develop their speaking and delegating skills.

If you have any questions, comments, or concerns, please contact us! We look forward to seeing you at CHSMUN Novice 2020!

Sincerely,

Anjali Mani and Karishma Patel

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Secretary-Generals

A Note From The Director

Delegates,

My name is Su Lee and I am extremely excited to be your 3rd SOCHUM head chair for CHSMUN 2020 As a fourth-year MUN delegate, this program has opened my eyes to discover the harsh realities of world issues discussed by the United Nations, leading me to develop a genuine passion for the environment and its inhabitants. Besides MUN, I am torturously obsessed with music (mostly R&B and hip-hop), skateboarding, binging Netflix, boba, streetwear (esp. Japanese streetwear and skate culture), and spending time with my friends. I'm also part of the varsity badminton team and am on the executive board for the Long Beach Chapter of Red Cross. I hope that by participating in this conference, you will understand the importance of the many humanitarian and human rights issues and gain experience and confidence in public speaking. Don't be afraid of stepping out of your comfort zone during the committee since this is a learning experience! If you have any questions at all before or during the committee, don't hesitate to ask me.

Sincerely,

Su Lee

Director, 3rd SOCHUM

Committee Introduction:

As a response to the rapidly developing world after the Second World War, the third committee of the general assembly of the United Nations SOCHUM (Social, Humanitarian, and Cultural) was developed in 1945 to discuss the multitude of human rights issues that began to appear. Though the committee has no power to directly authorize action, its member states discuss prevalent issues in order to establish the goals of international humanitarian policy. SOCHUM's primary focus falls on human rights with a wide variety of topics such as women's rights, rights of the child, treatment of refugees, racial discrimination, and the right to self-determination. They address social issues such as crime, justice, drug control, family issues, and people with disabilities.

Topic: Healthcare Inequality for Women in Developing Countries

Background:

Though met with many advances, the international community, especially developing nations, has failed to meet the standards of healthcare for women. This includes maternal care and the health of young women. Though the Global Strategy for Women's and Children's Health was launched by the UN's Secretary-General in 2010 and then renewed in 2015 to focus worldwide attention, many roadblocks stand in the way of adequate healthcare for women. Every year, 529,000 girls and women die due to preventable causes related to pregnancy and childbirth. 95% of these deaths occurred in Africa and Asia, and 4% occurred in Latin America And the Caribbean. Poverty-stricken women in remote areas are the least likely to receive health care. This was a result of the lack of infrastructure in these areas and the lack of education on the topic of maternal care. Maternal mortality in resource-poor or low-income countries has been associated with three delays. These delays include a delay in deciding to get health care, a delay in obtaining care in time, and a delay in receiving quality treatment. Due to women experiencing these delays in developing countries, the maternal mortality rate is much higher in these low-income countries. To compare developed countries and underdeveloped countries' ability to tend to maternal health, the maternal mortality rate in low-income countries is 462 deaths per 100,000 live births, whereas in high-income countries the maternal mortality rate is 11 deaths per 100,000 live. African countries, as well as the Middle East, have shown to be the most problematic when dealing with maternal health, with South Sudan, Somalia, Central African Republic, Syria, Yemen, the Democratic Republic of the Congo, Sudan, Afghanistan, Chad, Haiti, Iraq, Zimbabwe, Guinea, Ethiopia, and Nigeria all being considered to be on high alert to improve maternal health availability. Women in these remote areas are the least likely to receive adequate health care in part, due to the lack of skilled health workers. In fact, The WHO Millennium Goals Progress Report showed that 36 of 40 countries with the highest maternal mortality rates are in Africa. In sub-Saharan Africa, the maternal mortality risk is 1 : 30 compared with 1 : 5600 in the developed countries.Though the situation seems grim in the present, some strides have been made in order to combat the situation. South Asia has experienced a fall from 550 per 100,000 live births in 1990 to 190 per 100,000 births in 2013. The maternal mortality rate in Sub-Saharan Africa has dropped by almost 50%. These causes of maternal death can include severe bleeding, infections, high blood pressure during pregnancy, complications from delivery, and unsafe abortion. Most maternal deaths are preventable, and high-quality care during and after childbirth can make the difference between life and death.Access to contraceptives has also proved to be an integral part of this issue, with more than 214 million girls and women worldwide wanting to avoid pregnancy, but do not have access to modern contraceptives. Access to contraception is critical to providing adequate health care because it enables women to have the number of children they want and it allows them to have their babies safely. However, access to contraceptives has been limited especially in developing

countries due to the cultural stigmas surrounding the topic of contraception and the lack of economic stability. This inequality of health care is often a result of the social stigmas and norms surrounding women. Ingrained in the culture of many nations is the prioritization of the role of women as mothers. There is an implicit hierarchical prioritization of men in society seeing facts such as married women in 27 countries require their husband's consent for the use of contraceptives.5 Even in their own health care, despite the fact that 75% of the health workforce are women, men hold double the positions of power in public-private health partnerships and only 25% of women have senior roles. 42% of organizations offer 2 weeks or less paid leave for fathers indirectly forcing women to take up household over corporal roles. Due to factors such as arranged marriages or the duty of women to bear children, around 13 million girls under 20 give birth every year which endangers their livelihood. This is even more detrimental seeing as delaying early marriage could add $500 billion to the annual global economic output by 2030. This numbers magnitude is also related to the stigma surrounding abortions which are often illegal no matter if a woman was raped, abused, or the baby threatens the mother's life.

United Nations Involvement:

As concerns regarding maternal health have started to arise, measures have been taken by the World Health Assembly and the United Nations to improve health standards globally. On 30 September 2016, the Human Rights Council passed Resolution 33/18 in order to prevent maternal mortality and morbidity. This resolution focussed on addressing the issue specifically in developing states seeing as they lack adequate infrastructure in their health systems. It encourages developing states to adopt frameworks based on the 2030 Agenda for Sustainable Development. Despite its call to action, a majority of developing states were incapable of either adopting this framework or enforcing its actions.The Millennium Development goals were also created by UN member states as an attempt to highlight the main issues that plagued the world in 2000. Maternal Health was also included as one of these issues. Idealistically, their goal had been to reduce maternal mortality by 75% by 2015. But, lack of efficient indicators, check-ups, and medical personnel had the opposite effect. The maternal mortality rate ended up increasing during those 15 years and has not stopped since. Rather than simply focusing on laws and governmental policies regarding maternal health, the United Nations tested different methods to help reduce concerns. Security Council Resolution 1325 adopted on October 20, 2000, called for women to participate in decision making, female perspective on data collection, peacekeeping support operations, and training for new medical workers. It had also emphasized the importance of the four pillars-participation, prevention, protection, and relief, and recovery-by dividing the resolution into four distinct sections. Though a fresh approach to the issue, it only helped raise awareness. The International Federation of Medical Students Associations (IFMSA) developed a program focusing on medical students, future healthcare providers, and current healthcare professionals. Noticing its successful efforts, in March 2015 the United Nations adopted the IFMSA program into the United Nations General Assembly to expand their previous projects. This progress had tremendous positive effects, leading it to expand and create guidelines known as Maternal heald and Access to Safe Abortion. These guidelines were established in the UN

General Assembly in 2017 and addressed the stigma faced by the women surrounding individual reproductive choices and rights.More recently, Resolution A/HRC/39/L.13 was created for the same purpose but collaborated with the Center for Reproductive Rights (CRR) to engage these developing states in the creation. Focusing on sexual and reproductive health and rights for girls and women, this resolution created specific solutions to address emergency contraception and stereotypes within these developing states. With more specifications, this resolution had a more potent impact than those previous to it, but it still hasn't been enough to provide adequate maternal healthcare for women throughout developing states around the globe.The UN has taken significant action in order to account for healthcare inequality for women. One of the biggest steps has been the CEDAW which defines sex-based discrimination as well as calls for the end of gender roles and equal rights seeing the pivotal role women play.10 Moreover, in the UN's SDGs adopted by A/RES/70/1, Article 5 specifically calls for gender equality by 2030.11 The UN has also adopted A/RES/2011/1 which declares the right of women to reproductive health as well as stresses the need for education and prevention of STDs, namely HIV/AIDS.12 Additionally, the UN has implemented the Secretary-General's Global Strategy for Women's and Children's Health which supports numerous national strategies to significantly reduce the number of maternal, newborn and under-five child deaths and scales up a priority package of high-impact interventions and integrating efforts. To add, the UN has set forth a Programme of Action which advocates for gender equality and women's rights as the cornerstones for population and development and has been successful seeing as they extended the program with A/RES/ 65/234. The Beijing Platform for Action as the Cairo Programme of Action also works towards the end of healthcare inequality for women through the prioritization of education and breakdown of norms.

Bloc Positions:

Western: In the western world, women's healthcare has been polished to a fine degree especially in the most developed of western countries. In high-income countries, the maternal mortality rate is 11 deaths per 100,000 live. This statistic shows the mass developments that were made in the western sector to fight the issue of women's healthcare. Countries such as the United States have provided equal access to healthcare for women however European countries such as Finland and France have provided healthcare for women that is not only affordable but more accessible as well. The European Institute for Maternal Health has worked with governments in the past in order to create guidelines for healthcare centers to follow which has led to mass women healthcare. Countries in this bloc should focus on bringing accessibility to healthcare in countries where more mass stigma is present.

Latin America and the Caribbean: Due to the lack of financial stability in these regions, healthcare for women has not been as advanced as its western counterparts. The Latin America region consists of 4 percent of all maternal deaths, and while not as bad the African bloc, still needs development. Countries in these regions have shown to be accepting of healthcare equality however slow to act upon the topic. This was evident in Venezuela where the lack of

infrastructure and crumbling economy has shown to be a detriment in providing healthcare for women as the maternal mortality has stagnated in the past 8 years.

African: Though the African bloc would benefit greatly from advanced medical care for women, the lack of infrastructure and financial security creates a large barrier for the African Bloc. The African bloc constitutes a majority of all maternal deaths (95 percent) and issues such as war and natural disasters are no strangers to the area as well, limiting the development of a proper healthcare program catered towards women. The situation in Yemen is a great example of healthcare being ignored due to the intense civil war in the area, but over one million women have reported post pregnancy depression, difficulties in motherhood, and illnesses related to pregnancy.

Asian-Pacific: Developed Eastern Asian countries have been successful in developing healthcare for both men and women, without much stigma. However, some South Asian countries have been struggling to develop adequate healthcare systems, due to the lack of proper infrastructure. Countries such as Indonesia and the Philippines have shown slow improvements in infant and maternal mortality due to the weak economy. Countries such as Thailand have shown tremendous growth however, as though one of the more impoverished asian countries, Thailand's mortality rate fell from 58 per 1000 live births in 1980 to 30 in 1990 and to 23 in 2000. Since 2002, the government of Thailand has provided universal health coverage to al Thai citizens.

Basic Solutions:

In order to increase maternal health standards, there are a variety of solutions that can be implemented. Solutions can range from technological solutions in order to improve maternal health, to policy-based solutions in order to reduce stigmas surrounding the topics that are vital to healthcare for women, such as contraception, pregnancy, and skilled healthcare officers. For instance, the utilization of the Gates Family Planning Strategy have been aiding countries to educate their citizens on proper maternal healthcare and family planning. The Bill & Melinda Gates Foundation developed this program to assist women in families that are poor and live in areas with a strong stigma surrounding women's choice in their maternal health. Volunteers of this program would focus on identifying gaps and barriers in a community mental health system as well as testing technological inventions to see their feasibility in a certain area. They then coordinate with governments and community leaders to create partnerships and expand resources to teach women of maternal health and increase contraceptive access.

Questions to Consider:

1. What are some ways that women are able to be educated in the face of a language and cultural barrier?
2. How should governments work with ngos to create more substance around healthcare inequality?
3. What are some ways to destigmatize techniques that aid women's healthcare in countries where religion and culture play a huge factor?
4. What has your country done to explore and develop women's healthcare and how could these policies and solutions be implemented in less privileged countries?
5. How should women be educated on the use of contraceptives?

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