Cerritos Novice Conference 2020

Office of the United Nations High Commissioner for Human Rights (OHCHR)

Topic: Global Health Equity

Director: Liesel Arauz Vallecillo

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 Liesel Arauz and I am very excited to be your OHCHR committee chair this year! I started in the Cerritos Model United Nations program during my freshman year and since then I have made so many unforgettable memories. Although within this program I've gotten the opportunity to learn about a multitude of different international topics, the ones I am most passionate about are those related to human rights and health. When I'm not working in MUN, I can almost always be found either coordinating drama club events, acting in theatrical productions, teaching music as a student music director, or studying public health and epidemiology for Science Olympiad. Outside of school, I spend most of my time in music theory, voice, musical theater, and acting classes at Colburn School of Music and other online theater programs. Additionally, I also am a Los Angeles County Department of Public Health Youth Advisory Council Member which is why I chose one of the topics to be about global health equity. When I do have free time, I love reading, binging Netflix shows, or watching movies. My favorite shows currently are Criminal Minds and obviously the Avatar the Last Airbender series. Anyways, I hope you have a fun experience at the Cerritos Fall Conference and I'm wishing you the best of luck!

Sincerely,

Liesel Arauz Vallecillo

Director, OHCR

Committee Introduction:

The Office of the United Nations High Commissioner for Human Rights (OHCHR) was established on December 20, 1993, by the General Assembly resolution 48/141. The OHCHR is the principal UN program on human rights. Its goal is to promote and protect the rights of all people by encouraging the implementation and ratification of international human rights treaties. The Office of the United Nations High Commissioner for Human Rights works to sustain the three pillars of the United Nations which are peace and security, human rights, and development. Although the issues covered by the OHCHR range from climate change to violent extremism to protecting refugees and IDPs, when regarding health some of the more focused on issues are the right to health and its relation to public policy, accessibility, financing, global health, and discrimination. The OHCHR firmly believes that governments have the primary responsibility to protect the human rights of all its citizens. To ensure that global human rights are being upheld in all areas around the globe, the OHCHR is divided into three divisions which are TESPRDD, CTMD, and FOTCD which assist the international community. The Thematic Engagement, Special Procedures, and Right to Development Division (TESPRDD) provide guidance, tools, resources, and policy recommendations to strengthen the nations' human rights capacities and to raise awareness on human rights issues globally. The Human Rights Council and Treaty Mechanism Division (CTMD) assists in setting a standard for human rights by providing research and secretarial support to the Human Rights Council (HRC) and other human rights

treaty-related entities. It also aids the Universal Periodic Review (UPR) which is used to monitor human rights violations as well as progress made by governments to improve the human rights situations in their nations. The outcome of the information found by the UPR provides recommendations, commentary, and questions to the nation that the report pertains to. The Field Operations and Technical Cooperation Division (FOTCD) oversees and implements international human rights standards in the field by collaborating with governments, the UN, non-governmental organizations, and citizens. These operations can include identifying, highlighting, or developing responses to human rights challenges or issues. The FOTCD also provides training, forums, and assistance in legislative reforms to improve human rights education and ensure that human rights standards are being met.

Topic: Global Health Equity

Background:

Health equity is the absence of avoidable or unfair differences in the quality and accessibility of health care services among groups of people that are defined socially, demographically, geographically, economically, or other forms of stratification. When health equity isn't achieved, health disparities and inequalities arise which lead to numerous negative economic and health-related consequences for the international community and its citizens. Health care disparities refer to the differences in accessibility and quality of healthcare among various population groups. One of the most important factors interfering with health equity is socioeconomic in nature. Affordability and inaccessibility lead to higher rates of uninsured people. Uninsured people are less likely to have a regular doctor or to receive preventative care. Therefore, there are more likely to delay any treatment until their condition has reached a crisis stage which increases the level and cost of the care needed. Additionally, lower-income individuals tend to receive fewer diagnostic tests and medications due to cost and limited coverage. Research done by the National Institutes of Health found that regardless of race the lower the individual's income, the higher the rate of emergency department visits and amputations. Contrastingly, the higher the income level, the higher the rate of usage for preventative and diagnostic services such as mammograms or ambulatory visits. Lack of affordability is one of the most prominent obstacles deterring people from using healthcare services. This is why nations with low health equity levels are often impoverished and have a low life expectancy. For example, according to the World Health Organization (WHO), children from the poorest 20 percent of sub-Saharan Africa are nearly twice as likely to die before their fifth birthday as compared to the children in the richest 20 percent. Additionally, sub-Saharan Africa contains 27 of the world's 28 poorest countries, and children in this region are 14 times more likely to die before the age of five than the rest of the world. Disparities are not only caused by socioeconomic factors but also by racism in healthcare systems. Doctors may take an oath to treat every patient equally regardless of race or other forms of stratification. However,

misinformation and unconscious bias lead to differences in the quality of healthcare. For example, a 2016 study published by the *Proceedings of the National Academies of Science* found that half of all participants believed at least one or more false beliefs related to biological differences over race. Although this much of this information is outdated and incorrect, a meta-analysis conducted over 20 years found that in numerous settings African American patients were 22 percent less likely to receive pain medications in comparison to white patients due to 19-century incorrect information about biological differences and nerve endings spreading. Besides misinformation leading to mistreatment, racism in healthcare systems in both the past and present have also resulted in many minorities distrusting the system. For instance, in the Tuskegee experiment, the U.S. Public Health Service allowed syphilis to go untreated in about 600 African American men for 40 years so that they could record the stages of the disease and its effects inside the body. Although this occurred back in 1932, projects such as these have dissuaded many minorities from utilizing these services. Another component that obstructs health equity is resource allocation. An investigation in redlined communities in California demonstrates that residents who were segregated into specific neighborhoods based on race have faced greater health risks than in other unsegregated areas. For example, in the eight cities that they studied they discovered that there were higher incidence rates of asthma and trips to the emergency room. Modern segregation results in certain areas having more or less resources compared to other communities which can further combat achieving health equity. Aside from the lack of resources, health disparities can worsen in these communities as redlined areas have higher prevalence of poor health due to higher amounts of environmental hazards such as pollutants. Another deterrent would be the lack of a bridge between culturally-responsive medicine practices and clinical medicine. Cultural barriers, especially pertaining to mental health, can also be a challenge to many individuals who want to seek health services. The stigma surrounding mental illness, societal and familial expectations, and a lack of understanding can lead to denial or neglect of mental health or other aspects of physical health. Other groups that are affected by health disparities are the LGBTQ+ community, persons with disabilities, and immigrants. Discrimination and restrictions related to these communities inhibit achieving health equity. For example, homophobia can lead to differences in the quality and accessibility of care. About 8 percent of LGB individuals and nearly 27 percent of transgender individuals that had HIV reported being denied treatment and medication outright due to their sexual orientation. Although there have been laws implemented in many nations against LGBTQ+ discrimination, there are still occurrences where patients are discharged early or turned away from the hospital because they are LGBTQ+ or they have same-sex parents. Additionally, research indicates a connection between LGBTQ+ related health disparities and societal stigma, discrimination, and the denial of their human and cival rights. Violence and overall discrimination affect the mental health and safety of these individuals as well. Another vulnerable group would be those with disabilities. According to the World Health Organization, the two main issues for those with disabilities were not being able to afford health services and not having the transportation to get to facilities. In low income countries, about 32 to 33 percent of people without a disability are unable to afford healthcare; however, also in these areas, 51 to 53 percent with a disability claim having the same financial barrier. Additionally, research in Uttar Pradesh and Tamil Nadu states of India discovered that after cost, the lack of services in the area for those with a disability were the second most significant barrier preventing them from using facilities. Another group that is at high risk of health disparities are immigrants. A Health Equity study found that immigrant

families often are dissuaded from utilizing health care and social services because they fear interactions with public agencies. Consequently, immigrants were found to have lower rates of health insurance and lower quality of care than U.S. born populations. Immigration status as well as language barriers in some cases can make it difficult for these individuals and their families to receive adequate and accessible healthcare. Health equity is a significant issue that affects the international community as adequate and accessible healthcare is a universal human right. Health inequity leads to lower life expectancy rates and economic problems. For instance, health inequity and inequalities result in losses in productivity and other costs which can total to a large amount of the country's GDP. The European Parliament estimated that losses related to this issue cost about 1.4 percent of their gross domestic product (GDP). Conversely, when there is health equity, especially due to accessible and affordable mental health services, an effect can be lower crime rates. A study done by Jason Hockenberry, Janet R. Cummings, and Heifei Wen who is a faculty member of the Health Policy and Insurance Research indicated that the expansion of Medicaid crime-reducing effect. Graduate research assistants also conducted a similar study which showed that increases in accessibility led to a reduction in the crime rate. Besides keeping people from being incarcerated, having adequate health services within prisons can cut recidivism rates and calm chronic behavior. However, having available services for those who are incarcerated is not a reality in many countries which makes prisoners another at risk group for health disparities. This is evident in the fact that the Center for Prisoner Health and Human Rights reported that only about a sixth of jail inmates who need mental health received it while serving time.

United Nations Involvement:

The United Nations has actively participated in providing healthcare rights and leading the way for adequate and affordable health services internationally in many different ways. The UN has created two crucial documents that explicitly state the rights entitled to every individual. These two documents are the Universal Declaration of Human Rights and the International Covenant on Economic, Social, and Cultural Rights. The Universal Declaration specifically pertains to health in Article 25 where it states that everyone has the right to health. The OHCHR explained in their Right to Health report that this included far more than just access to health care and building hospitals. It includes determinants and factors that lead to a healthy life. This includes sanitation, potable water, adequate nutrition and shelter, healthy working and environmental conditions, and health literacy. The right to health also calls for systems that provide equality and prevent discrimination. Although there are many specific facets elaborated on by the OHCHR relating to health, one of the main components of this right is that all resources, facilities, and services must be available, accessible, and of good quality. The International Covenant on Economic, Social, and Cultural Rights which was ratified in 1966 recognized that every human being has the right to the highest attainable standard of physical and mental health. It mandates that State Parties to this Covenant ensure this right by providing resources for healthy child development and infant mortality mitigation. It also calls for improving all facets of environmental and industrial hygiene and health. Lastly, this covenant

encourages countries to create programs or policies that assure that all medical services and attention are available in the event of illness. The UN has also created resolutions that promote health equity and recommend action plans to achieve it. The United Nations General Assembly (GA) adopted A/RES/67/81 on December 12, 2012, which incentivizes member states to work toward universal health coverage and equity by bringing attention to the link between health accessibility and sustainable development and national finance mechanisms. This resolution requests that member states improve their health care systems and services with a strong focus on removing any socioeconomic obstacles. The United Nations Human Rights Council also adopted A/HRC/32/L.24/Rev.1 on June 30, 2016, which increases access to medicines by using TRIPS flexibilities that respect the protection of new medicines being intellectual property while also expressing concerns on the medicines' prices. It recommends that the Member States invest in new medicines and vaccines while building on existing mechanisms and forming partnerships with institutions that create new medicine-related innovations. Lastly, the resolution invites the United Nations High Commissioner for Human Rights to prepare a report on health frameworks that could aid in the implementation of the health-related sustainable development goals. Additionally, in 2017, the General Assembly also adopted A/RES/72/139 which addresses the most vulnerable groups in regards to health disparities. This resolution depicts ensuring that physical, mental, and social wellbeing are being completely attainable for the members' citizens is a precondition to having sustainable development. It also urges nations to use policy measures and programs to establish community-based health services that are gender-responsive and human rights-based. To enhance health equity and equality, A/RES/72/139 promotes Member States financing initiatives that make medicines, vaccines, and antimicrobials more affordable. It also recognizes the impact of discrimination within the realm of health which is why it also invites nations to take action in creating a more inclusive society for vulnerable populations. Other actions the UN has taken to promote health equity are creating International Universal Health Coverage Day and delegating related responsibilities to other UN bodies. Since 2017, the United Nations has declared December 12 to be the International Universal Health Coverage Day. The purpose of this event is to raise awareness of the issue and to urge leaders to make larger investments in health. Aside from raising awareness, the UN delegates responsibilities related to the promotion of health equity to not only the Office of the United Nations High Commissioner for Human Rights but the World Health Organization (WHO) as well. WHO is responsible for leading global health initiatives, providing technical support to nations, setting the standards for health, and monitoring international health trends. WHO created the *Engaging for Health, Eleventh General Programme of Work: A Global Health Agenda* which highlights seven priority areas which include universal coverage and health related human rights issues. It has partnered with UNICEF and other nation's Ministries of Public Health to support community projects that improve accessibility to health services as well.

Bloc Positions:

Western Bloc: Most of the countries that have the highest life expectancy are from the Western bloc. This could partially be influenced by the fact that many of the nations in this region are considered to be first world countries and have high Gross National Incomes (GNI). However, the nations in this bloc still struggle with disparities caused by differences in educational and socioeconomic levels as well as inequalities caused by discrimination. In many western European countries, inequalities are caused by educational level differences. For example, the difference between having upper secondary education or having an education equivalent to a university degree can add or reduce life expectancy by about 8 years. Another issue for many western nations is accessibility, especially in rural and remote areas. Additionally, a lack of doctors and nurses make it difficult to provide timely services to all their citizens. For the EU countries specifically, one of their major policy issues is the long waiting times for elective surgeries. In the US, one of the major issues affecting Americans is the lack of insurance. About 44 million Americans lack insurance and another 38 million have inadequate health insurance. The following are factors that left many Americans uninsured: high coverage costs, not having an occupation that offers coverage, not being aware of what financial assistance is available, residing in a state without expanded Medicaid coverage, and immigration status.

Latin America and the Caribbean Bloc: The International Labor Organization reported that more than 140 million people are being denied access to health care services in Latin America and the Caribbean. Even with healthcare coverage, cultural, financial, and geographical barriers prevent them from fully utilizing that resource. One of the major issues facing countries in this bloc is socioeconomic inequality especially its relation to infant and maternal mortality. Many diseases that kill children in these regions could have been prevented had the families had the financial capabilities and resources to treat the child. Another important health issue in Latin America and the Caribbean bloc was the gaps in health due to the status of their occupation and the sanitation resources offered in their area.

African Bloc: Although countries in the African bloc have reduced health inequity, these nations still face disparities arising primarily from socioeconomic factors, lack of healthcare professionals and infrastructure, and inadequate healthcare systems. In many sub-Saharan African countries, healthcare services are only offered in urban areas if at all. This leads to fewer children receiving vaccinations or necessary treatment for basic illnesses which can lead them to develop lifelong preventable disabilities or health ailments. Many of the lower or middle-income areas in Africa lack testing or funding for health-related services. A survey done in May by Reuters found that in Africa there is less than 1 intensive care bed per 100,000 people. Other health equity challenges in African countries are barriers set by cultural beliefs that stigmatize disabilities. Additionally, differences in traditional versus clinical medicine may lead to some individuals being discouraged from going to a hospital instead of seeing a traditional herbalist or healer.

Asian-Pacific Bloc: According to the Organization for Economic Cooperation and Development, women in low-income households in rural areas are less likely to access healthcare services due to distance and financial barriers. In Nepal, Pakistan, and the Solomon Islands, about two in three women reported having unmet care needs due to distance.

Additionally, 40 percent of women from households even with the highest income also reported having financial difficulties with accessing care in Cambodia. Aside from socioeconomic status, education level largely influences the standard of health an individual has in the Asian Pacific. In Cambodia, mothers who have no education have a 136 in 1000 chance of their children dying; whereas the infant death rate for children of mothers who have the highest level of education is about 53. Another major issue for these nations is health inequity relating to poor living conditions and malnutrition. This is a significant issue to the Asian Pacific bloc as food insecurity and poor living standards can lead to more health ailments and needing more treatment.

Basic Solutions:

When trying to promote health equity, it is important to keep in mind the different populations that are being largely affected by the issue as well as the different factors that contribute to the problem. Feasible solutions relating to this issue should be cost-effective as those who are most affected are third world countries. Delegates are encouraged to not use commonly mentioned solutions and instead look for more innovative ones. Additionally, although education and lack of resources such as nutrition or shelter are important parts of this topic, the overall focus should be on increasing accessibility, inclusivity, and affordability of healthcare services. Delegates are also recommended to analyze different health initiatives, programs, or services to determine their effectiveness and shortcomings. Before presenting these as possible solutions to the committee, delegates should think about how that program could be improved or altered to fit other countries that have a similar problem but have different resources or obstacles.

An example of a successful solution that has been implemented in Africa is the usage of programs that teach clinical medicine to traditional herbalists to combat cultural barriers. This program was created to uphold the 1961 Convention on Psychiatry and Pan African Tradition. It trained over 100 Kenyan herbalists who were then able to identify more than 675 cases of mental illness and subsequently refer people seeking traditional help to psychiatric services. It led to a 15 percent increase in the number of Kenyans who sought mental health services. Delegates are also encouraged to not use NGOs as the main source for solutions and instead formulate unique solutions that cover the issues most significant to their country.

Questions to Consider:

1. How is your country dealing with health inequality and inequity and what steps has it taken to ensure better coverage for all its citizens?
2. Are there any groups in your country that are at high risk or are highly discriminated against? What actions can be taken to reduce stigma or make healthcare more culturally sensitive?

3. How can you ensure that healthcare is accessible in rural areas or areas that lack resources? What transportation methods can make healthcare more accessible to certain individuals?
4. How can you make healthcare more accessible and affordable for lower-income individuals and in third world countries?
5. Are there any solutions that help alleviate determinants of health besides just enhancing healthcare systems and updating policy?
6. What healthcare systems and programs have been successful in your country? How can these be altered or improved to work for other nations in the committee?

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