

CERRITOS CONFERENCE 2021



SOCHUM

TOPIC A:

COMBATTING HIV/AIDS RELATED
DISCRIMINATION AND STIGMA

TOPIC B:

SECURING THE LIVELIHOODS
AND RIGHTS OF REFUGEES

DIRECTOR: ANGELA HAO

October 9-10, 2021

To Delegates of CHSMUN Advanced 2021

Dear Delegates,
Welcome to CHSMUN Advanced 2021!

It is our highest honor and pleasure to welcome you all to our 2021 advanced conference here at Cerritos High School. On behalf of the Cerritos High School Model United Nations program, we are proud to host our second advanced 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 there will be a few changes to our conference due to Covid-19, our advisors and staff have put in countless hours to ensure delegates have an amazing experience. Our greatest hope is that from attending CHSMUN 2021, students are encouraged to continue on in Model United Nations and nevertheless, inspired to spark change in their surrounding communities. With this strong circuit consisting of over 500 delegates, CHSMUN Advanced 2021 will provide a quality experience for intermediate delegates to enhance their speaking and delegating skills.

If you have any questions, comments, or concerns, please contact us! We look forward to seeing you at CHSMUN Advanced 2021!

Sincerely,

Anushka Panjwani & Naima Dellawar

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Secretary-Generals

Position Papers are due on October 1st by 11:59pm to the committee email.

A Note From The Director:

Delegates,

Hello, I am Angela Hao, a senior at Cerritos High School and your chair for 3rd SOCHUM! Having been a part of the MUN program for five years, it is a great honor for me to be your chair and to continue connecting with others to address global issues. I truly believe MUN not only allows students to be more aware and think critically about global problems but also is an unique experience for delegates to have self-growth in speaking, writing, and overall becoming a more eloquent and confident person. SOCHUM is one of my favorite committees because of how versatile it is in addressing a variety of topics that overlap with other committees such as about health, refugees, and human rights. Outside of MUN, I am active in school extracurriculars, serving as co-President of American Cancer Society, co-President of EarthLinking, and being on our school's varsity badminton team. In my free time, I enjoy dancing, badminton, rollerblading, and painting while listening to kpop.

I hope from this committee, you all are able to challenge yourselves and grow from the experience. As often as this is said, winning awards at conferences is not the most important part. Rather it is the icing on the cake in which the real fruit is the growth and making connections with other hard-work driven delegates. Besides researching well and understanding the complexity and multi-faceted aspects of the topic, don't forget to have fun and enjoy the experience!

Sincerely,

Angela Hao

Director, 3rd SOCHUM

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Committee Introduction:

3rd SOCHUM is the United Nations General Assembly Third Committee. Following the Second World War, SOCHUM was established in 1947 and has 193 member states. This committee primarily addresses humanitarian affairs, human rights, and social issues. Because these topics often overlap with other aspects such as security and health, SOCHUM also works closely with other UN bodies including the Economic and Social Council (ECOSOC), United Nations Development Programme (UNDP), the United Nations Human Rights Council (UNHRC), and World Health Organization (WHO) to create general resolutions for these aspects. As stated in the United Nations Charter, SOCHUM follows the procedures of the General Assembly Just like other committees of the General Assembly, the resolutions passed in this committee are not binding and are rather recommendations for member states to ratify and have as a guide.

Topic A: Combatting HIV/AIDS related Discrimination and Stigma

Background:

HIV, also known as human immunodeficiency virus, is commonly believed to have come from chimpanzees in the Democratic Republic of Congo during the 1920s. However, the virus did not catch media attention until the mid 1970s when more and more cases began to be reported throughout the Congo. In just a few years, the virus had already been transmitted to North and South America, Europe, Africa, and Australia with about 100,000-300,000 global cases. Decades later in 2019 there were about 38 million cases of HIV, consisting of 36.2 million infected adults, and 1.8 million infected children under the age of 15 years old. Although there was about a 23% decrease in new HIV cases since 2010, there were still 1.7 million new cases of infected people. Infected people who reach the last stage of HIV infection, usually after 10 years, then have AIDS, also known as acquired immunodeficiency syndrome, which can be life-threatening. HIV is usually transmitted from contact with infected blood, semen, and vaginal fluids such as through unprotected sexual intercourse with an infected person, sharing needles, or during pregnancy. HIV cases are especially prominent in sub-Saharan Africa. In fact, the region only makes up only 6.2% of the world's population but is where 54% of people living with HIV are. HIV/AIDS also serves as the leading cause of death among the youth in Africa and the second leading cause of death among the youth globally.

However, HIV/AIDS transmission also comes with stigma and discrimination against those who are infected. HIV stigma are negative viewpoints and attitudes towards people living with HIV with common beliefs that only a specific population group can get the virus, only people with poor moral values can get the virus, or that people living with HIV deserved to get it because of their lifestyle and choices. The stigma can then manifest into HIV-related discrimination on a governmental, healthcare, and community level in which travel restrictions are in place, healthcare workers refuse to provide services or treat HIV patients, people refuse to engage in casual physical contact, and community members isolate the infected person. Currently, 86 countries are still punishing HIV transmission and failure to disclose HIV cases and have travel restrictions against people living with HIV. For example, Iraq and the United Arab Emirates restrict people with HIV from entering the country, Malaysia, Russia, and Nicaragua have restrictions for long-term stays, and Canada, Australia, and Poland require HIV testing for long-term visits. On a healthcare level, about one in eight people living with HIV do not have access to healthcare services due to stigma and discrimination and people who face HIV-related stigma and discrimination are 2.4 times less likely to seek healthcare aid and care. In

a study done in Guangzhou, China 78% of healthcare workers displayed discriminatory actions and attitudes towards HIV patients and that 65% of those healthcare providers tested patients for HIV without their consent, 51% would treat HIV patients differently than other patients, 46% would leak information about the HIV patient to other colleagues without permission, and 39% would refuse to treat HIV patients.

Community stigma is also prevalent as seen through employment discrimination. For example, in Nigeria, 45% of the workers surveyed lost their jobs because of disclosing their HIV positive status and 54% of Malaysian employers demonstrate discriminatory behaviors after discovering their employees' HIV status. There are also certain population groups that are particularly vulnerable to HIV-related stigma and discrimination, including the LGBTQ+ community, women and girls, and sex workers. When the HIV epidemic was first discovered among gay men in the United States, public response was largely negative, labelling the virus as gay-related immunodeficiency syndrome. Due to heavy discrimination, members of the LGBTQ+ community, especially men who have sex with men, known as MSM, are 28 times more vulnerable to acquiring HIV/AIDS, making up 1/3 of all HIV/AIDS cases globally. Another vulnerable group are the youth and women. HIV was the leading cause of death for women and girls ages 15-49 in 2017. This is due to the lack of knowledge many young girls in developing nations have regarding their own reproductive health and their rights. In an interview with South African girls, many admitted they did not want to use vaginal pills or gels, which can prevent HIV transmission, because of their fear of being falsely accused as having acquired HIV/AIDS. Similarly, many women need consent from their spouse or parents for HIV protection services but the shame and disgust that may come with asking discourages many women and girls from seeking the care they need.

Lastly, because the nature of sex workers' jobs is surrounded with stigma, the topic of HIV transmission receives even more stigmatization from the public and healthcare. Sex workers are 13 times more vulnerable to acquiring HIV than the general public due to discrimination and unstable economic status. Family members and neighbors also tend to shun sex workers away after learning about their HIV status. In Malawi, South Africa, and Zimbabwe, more than half of all their sex workers have HIV.

United Nations Involvement:

The World Health Organization (WHO) held its first meeting regarding HIV/AIDS in November 1983 to record and monitor the spread of the virus. Two years later in 1985 WHO held its first AIDS conference and established December 1st as AIDS day in 1988.

A subsidiary organization of the United Nations Economic and Social Council (ECOSOC) is the Joint United Nations Programme on HIV/AIDS also known as UNAIDS, which was created in 1994. It is a joint programme dedicated to eliminating HIV/AIDS as a public health threat by 2030. In 2016, UNAIDS created the United Nations Political Declaration on Ending AIDS, setting Fast-Track goals for cities to meet to end the HIV/AIDS epidemic. Such goals included improving legislation to eliminate discrimination against those living with HIV, stop discriminatory behaviors in healthcare settings, and ensure 75% of people living with HIV have accessible HIV protection care by 2020. Additionally, the UNAIDS created their 90-90-90 goal of having 90% of people with HIV know of their HIV status, 90% of those people

taking antiretroviral therapy (ART), and 90% of those people seeing viral suppression by 2020. Despite these goals, data shows that the total number of cases of HIV was three times greater than the 2020 goal the UNAIDS set. Furthermore, the 90-90-90 goals have not been met with only 81% of people who have HIV know of their status, 67% of those people are taking ART, and 59% of those people are seeing viral suppression.

Case Study: Haiti

The Republic of Haiti is the poorest country in the Western Hemisphere, ranking 68th by the Human Poverty Index scale. The country faces political violence, drug trafficking, and inflation. Haiti also has the highest infant and maternal mortality rates, highest malnutrition rates, and highest amount of HIV/AIDS in North and South America. Historically, Haiti was the stepping stone that allowed HIV to be spread from Africa to other areas of the world and turned it into an epidemic. All the different HIV viruses can be traced back to the HIV-1 group M subtype B that came from Haiti. Later when the virus reached the United States, the media influenced people to believe that only certain populations could get the virus including hemophiliacs, homosexual men, heroin addicts, and Haitians which were grouped together called the four-H club.

Stigma and discrimination against Haitians who were living with HIV/AIDS was high not only within the country but also abroad in the U.S. Discrimination was also prominent among children. Of the caregivers interviewed, 32% stated that children were being discriminated against because they were living with HIV/AIDS. As of 2019, Haiti has about 160,000 cases of HIV with the adult prevalence rate to be about 5.6% and the MSM prevalence rate to be about 18.2%. AIDS is also the leading cause of death among adults and teens and the surrounding region of the country is the second worst-impacted area by HIV/AIDS, behind sub-Saharan Africa. Leading causes of HIV transmission include from unprotected heterosexual contact as well as unprotected sexual contact among the MSM community. In the country, sexual behavior among homosexuals is considered a strict taboo, which encourages MSM to conceal and hide their sexual activity and refrain from seeking healthcare services. Due to the political instability, the country has an inadequate healthcare system and frequent hurricanes and earthquakes add onto the burden the country's healthcare system faces, further weakening the country's ability to respond to its HIV epidemic.

Bloc Positions:

Western Bloc: The Western bloc is mainly composed of developed nations and so HIV prevalence is low among West European and North American countries part of this bloc. In fact, most countries can reach about 80% of those who need antiretroviral therapy. However, members of the MSM community and drug users who inject themselves using needles disproportionately have higher rates of HIV infection than other groups in this bloc as there is continued resistance and stigma surrounding these communities.

Latin America and the Caribbean Bloc: Besides Africa, the Caribbean is the second-most impacted region by HIV/AIDS. HIV prevalence is high among female sex workers and men who have sex with men. Because of poor economic and political conditions, the major problems this bloc faces is the inadequate and weak fundamental healthcare infrastructure and social barriers that prevent these marginalized populations from receiving the aid they need.

African Bloc: East and South Africa are the regions most impacted by HIV infection and accounts for the greatest number of HIV cases globally. In the African bloc, young women, MSM, sex workers, and transgender people are populations that are particularly vulnerable to HIV transmission. Many cultural and traditional barriers prevent people from receiving the care they need. High rates of sex trafficking in these regions, lack of proper education, and lack of gender equality also contribute to the high rates of HIV transmission and stigma.

Asian-Pacific Bloc: HIV was spread to Asia much later compared to other regions of the world. Larger countries such as China were a significant contributor to the spread of HIV. Recently, the major cause of HIV infection is through sexual activities, especially among the MSM community who face heavy discrimination and stigma against homosexuality. It is important to take into consideration the cultural values in this region that counters and fuels the stigma against this community.

Basic Solutions:

Considering SOCHUM is a social and humanitarian based committee, solutions should heavily be geared towards humanitarian aid and social barriers rather than governmental and political change. Another important thing to consider is that SOCHUM is different compared to other committees in that it deals with cultural and social issues which are different and unique for each country, and therefore it is especially important for this committee to have feasible solutions that can be adapted to fit different countries' circumstances and not have "one size fits all" solutions.

Delegates should also keep in mind that specific NGOs should not be the entire solution but rather incorporate the NGO as one aspect that enhances their solution. Solutions should address how to alleviate and reduce stigma and discrimination towards different population groups, such as the MSM community, LGBTQ+ community, young women and girls, victims of human and sex trafficking, and sex workers. Delegates should also consider how their solutions can overcome cultural and social barriers for different countries. Often the first step in doing so is to promote dialogue among community members and different population groups so that the topic of HIV/AIDS is not so stigmatized and forbidden to be talked about and the initial shame or uncomfortable feeling is overcome. Finally, delegates should have solutions that address HIV prevention strategies that communities should follow to reduce further HIV transmission. This can be done through addressing gender inequality, easy access to reproductive health services, reduction in healthcare discrimination, and more accessible ways to get tested and treated for HIV.

Questions to Consider:

1. What is the HIV prevalence rate in my country?
2. What is my country's response to HIV infection and cases?
3. What are and how do the cultural and social barriers limit the effectiveness of HIV-related healthcare services in my country?
4. Which marginalized populations are hit hardest by HIV/AIDS and why?
5. What sort of discrimination (employment, healthcare, government) does my country have against people living with HIV?
6. How has the media portrayed HIV in my country? Has the view from the media changed to be more positive or negative?
7. What if any has my country done to support the marginalized populations affected by HIV/AIDS?
8. How have people living with HIV/AIDS's daily lives been impacted by the virus?
9. Is there a correlation between HIV transmission and education levels in my country?
10. How has my country's healthcare system developed to aid marginalized communities?

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Topic B: Securing the Livelihoods and Rights of Refugees

Background:

The beginnings of refugee concerns and issues in the modern day can be traced back during the post World War II time period with about seven million displaced people. The majority of refugees from the global war were taken in by western European nations and the United States. Currently the only definition for refugees is from the Geneva Convention of 28 July 1951 or commonly known as the 1951 Refugee Convention, which states that a refugee is a person who has crossed an international border “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion”. However, the definition being about 70 years old is outdated and does not offer much protection for refugees to secure their livelihoods and rights. Their rights and livelihoods are still an issue with an estimated amount of 70.8 million people forced to flee due to conflict and persecution during the end of 2018.

Political persecution, economic instability, violence, famine, and the environment such as floods and droughts all are factors that push people to flee their countries and search for refuge in other countries. The instability within developing nations such as the environmental instability, political instability, economic instability, and social instability cause millions of people including young children to flee to host countries, which in turn disrupts their lives as well as the host communities. According to the United Nations High Commissioner for Refugees (UNHCR) about 145 million people have been displaced over the course of the past six years, which makes up about two percent of the global population. Adding onto that amount, UNHCR predicts that displacement caused by the environment will impact an additional 250 million people over the course of the next 35 years. Top contributors of refugees currently are Syria which contributes 6.6 million refugees due to the Syrian crisis, Afghanistan with 2.7 million refugees due to decades of economic and political insecurity, South Sudan with 2.2 million refugees due to the civil that took place in 2013, Myanmar with 1 million refugees, and Somalia with 0.9 million refugees due to food insecurity, natural disasters and hazards. In Somalia, the Al-Shabaab, a militant and terrorist group, created a ban which denied the World Food Programme from entering the southern and central regions of Somalia, which stripped a significant source of food for the Somalian people. The food famine, further worsened by the COVID-19 pandemic, thus caused many people to emigrate to neighboring countries such as Yemen, Kenya, and Ethiopia.

However, despite the aid other countries provide to refugees, refugees still face discrimination, xenophobia, violence, and other social, political, and economic challenges that prevent refugees from establishing a stable livelihood and being integrated into their host community to live their lives. Refugees have typically been treated by the government as a human rights matter, but now it is continuously being reframed to be a national security issue. Legally, refugees face numerous detention and interrogation and later can be placed in refugee camps in which they do not have access to legal aid, face frequent attacks from armed forces, and women and children especially undergo physical and sexual violence. Politically, many political leaders in developed nations commonly have xenophobic speeches such as having stereotyping and dehumanizing comments about immigrants, law enforcements have selective enforcement, and civilians loot or vandalize refugee-managed businesses and shops. Socially, many citizens from the host countries fear that the refugees will steal their jobs and increase job competition by decreasing the amount of available jobs. Other racist ideologies also come up with people viewing refugees as dirty or all being criminals. Nations need to deal with the balance between refugees and their citizens and the issues that arise during the integration of refugees such as economic and resource competition and xenophobia. And moreover, refugees struggle with the protection of all their rights including: the right to life, protection from torture and ill-treatment, the right to a nationality, the right to freedom of movement, the right to leave any country, including one's own, and to return to one's country, and the right not to be forcibly returned.

UN Involvement:

In 2011, the UNHCR created the guideline Promoting Livelihoods and Self-reliance Operational Guidance on Refugee Protection and Solutions in Urban Areas, which has key principles focusing on access, integration, assessment, targeting, self-reliance, partnership, participation, monitoring and evaluation, and handing over. The standard for access is to ensure refugees have livelihood opportunities such as access to work and jobs. Integration includes avoiding the creation of parallel services and investing in UNHCR resources in communities. The guidelines also stated to assess the socio economic status of refugees in order to plan a strategy for integration, to target the needs of refugees and the market, to only provide temporary food, cash, and rental aid, to establish partnerships with various stakeholders, to encourage participation from all community members, to frequently monitor the gradual disengagement of aid, and lastly to decrease the assistance and livelihood support provided.

Besides the UNHCR, the United Nations Relief and Works Agency for Palestine Refugees in the Near East known as the UNRWA has been offering resources to Palestine refugees in the Middle East since 1950, working with 750,000 refugees. They provide primary and secondary education, health and relief services, infrastructure building for refugee camps, and microfinance resources. In May 2016, the Secretary General mentioned his recommendations in the Safety and Dignity: Addressing Large Movements of Refugees and Migrants. The report identified three topics: new frameworks that address the root causes of migration, how to protect those who undergo the journey of traveling to another country, and the stigma and xenophobia refugees face. The General Assembly also hosted the UN High-Level Summit for Refugees and Migrants in September 2016 to address the mass movement of

refugees and migrants and unify state governments to combat the refugee crisis. Heads of state governments, ministers, UN leaders, leaders from the private sector, and leaders from international organizations were all present at the summit. Likewise former US president Barack Obama co-hosted with Canada, Ethiopia, Germany, Jordan, Mexico, and Sweden the Leaders' Summit on Refugees, which persuaded governments to dedicate additional commitments for refugees.

Case Study: South Africa

South Africa currently hosts about 266,700 refugees with about 30% of refugees from Somalia, 29% from the Democratic Republic of the Congo, 20% from Ethiopia, and the remaining amount from Zimbabwe and the Republic of the Congo. Poverty, political violence, and war are the most common reasons for refugees to seek refuge in South Africa. The country has one of the most progressive refugee and asylum laws such as the Refugee Act of 1998 in which asylum seekers are not forced in camps but rather have the opportunity to apply for asylum, work and live anywhere in the country until the country determines whether they qualify as a refugee, and have relatively the same access to public services as South African citizens. However, although South Africa has better laws compared to other countries, about 90% of the refugees do not meet the country's refugee status. Additionally, it takes years for the country to determine if a person meets a refugee status, resulting in the asylum entryway being clogged with hundreds of thousands of people. In 2015, there were more than one million people whose status was pending. South Africa also faces high rates of xenophobia with the infamous May 2008 xenophobic attacks. More than 60 people were killed, 670 were wounded, dozens were raped, and millions of rands worth of businesses and property were vandalized and destroyed in just over two weeks. This was sparked mainly from the growing xenophobic ideals against Zimbabwe refugees and migrants.

Bloc Positions:

Western Bloc: Many countries in the western bloc are host countries rather than contributors to the refugee population. However, in recent years, anti-immigrant sentiment has been growing and thus many western countries have been decreasing the amount of refugees they take in. For example, of the Italians, Greeks, and Hungarians who were interviewed, more than 70% stated that they preferred if their countries let in fewer immigrants. Additionally, rescue ships to Europe carrying refugees from war-torn countries were denied access to Italian ports. And in 2017 alone, more than 3000 people onboard of these ships died. Then in 2019 according to the International Organization for Migration's Missing Migrant Project, more than 1900 people drowned in the Mediterranean Sea, attempting to enter European countries. There are also disparities among genders for refugees. Studies hinted that refugee women were more likely to have somatic symptoms and emotional outbursts. There is a lack of policies among European countries that address specific provisions to aid refugee women in settling in their host community.

Latin America and Caribbean Bloc: All Latin American countries are members to the 1951 Refugee Convention with the exception of Cuba and Guyana. These countries also host thousands of refugees with Colombia contributing a significant amount of refugees. Many Colombian refugees are fleeing from violence and human right violation to neighboring countries of Ecuador, Venezuela, Bolivia, Panama, and Costa Rica. But many of the refugees entering these countries do not have the status as a refugee. Overall, many countries in this region have positive attitudes towards admitting refugees, however Bolivia had a few instances of violence towards immigrants. There is a growing amount of refugees who have access to humanitarian, social, and economic programs. For example, in Brazil, many refugees have access to government welfare programs, scholarship, legal aid, and self-reliance programs. However, some problems that are prevalent in this region are the high unemployment rates and lack of access to many job opportunities and the labor market to ensure refugees can be self-sustainable as well as lack of protection by the government against trafficking at Mexico's southern border.

African Bloc: Over 26% of the world's refugee population is located in Africa according to UNHCR. However, continuous crises in the Central African Republic, Nigeria, and South Sudan have contributed to the growing refugee population. Similarly, problems of violence and violations to human rights caused more refugees to come from Burkina Faso, Cameroon, and Ethiopia. There has been progress with local integration with Guinea-Bissau, Liberia, and Mali granting nationality to 7100 Senegalese refugees as well as identity documents to 300 Sierra Leonean refugees. Zambia is also issuing temporary residency permits to refugees and has already granted more than 1500 permits. However, overall, the African bloc requires the most amount of resettlement and reintegration aid.

Asian-Pacific Bloc: There are about 4.4 million refugees and asylum-seekers and 3.3 million internally displaced people in the Asia and Pacific region and holds about 20% of the world's refugee population. Many of the refugees from Myanmar are the Rohingya people. Afghanistan produces the second largest population of refugees while Pakistan is the second-largest host country. Less developed countries in this bloc such as Afghanistan have limited supply of aid for refugees to return back to the country such as lack of adequate land, water, shelter, and access to basic services to secure their livelihood. Many countries in this bloc have relatively positive attitudes with hosting refugees with the Philippines affirming their pledge to strengthen its policy, legal, and operational framework to protect the full rights of refugees. However, countries such as Thailand have growing concerns over refugee movement and thus have adopted more limiting policies and legislation for the asylum process. China also has restrictive legislation in which refugees are not allowed to stay in the country unless they are already resettled in another country. And Myanmar is struggling with providing refugees with access to services due to inadequate supplies in their health and education sectors.

Basic Solutions:

Countries need to address security of refugees' livelihood and rights on multiple levels: in refugee camps, host communities, and when refugees voluntarily return to their home country.

Diverse solutions are strongly recommended to address prevention measures that decrease the flow of refugees into other countries, protect the rights for refugees who have fled from their home country, integrate refugees into the host country and communities, and lastly reintegrate the refugees back into their country and protect their livelihood after they voluntarily return. For example, if the core cause of refugees inflow into a country is due to poverty, an aspect of a country's solution should be how to alleviate the issue to some extent. Delegates can also consider how to model after the work of previously successful programs aimed to decrease xenophobic sentiments in host countries. For example, Ukraine's Diversity Initiative reduced the amounts of violence towards refugees and migrants caused by xenophobia. This program was established in 2007 and worked with various NGOs on a domestic and national level to provide aid to victims, advocate for more government intervention, and helped governments collaborate with civil society actors for a joint governmental and social response. The initiative also worked closely with UNHCR and the International Organization for Migration (IOM) and received support from these bodies. It is also worth noting that hate crimes increased when the key actors' commitment to the Diversity Initiative declined. And thus, delegates should consider how to ensure key actors of their initiatives are firmly committed to the initiatives.

Questions to Consider:

1. Is my country a host country or a contributor to the refugee population?
2. Does my country have restrictive or limiting policies regarding asylum?
3. How can your country expand refugees' rights and access to economic and social opportunities?
4. How can your country secure access to education for refugees to help them secure economic stability in the future?
5. What methods and dialogue can you foster between the host communities and the refugees so xenophobic sentiments can be decreased?
6. How can your country help other countries who have high amounts of refugees to ensure all countries have adequate services and resources for the refugee population?
7. What should countries do to reduce the language barrier and legal barriers that prevent refugees from securing their livelihoods?

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