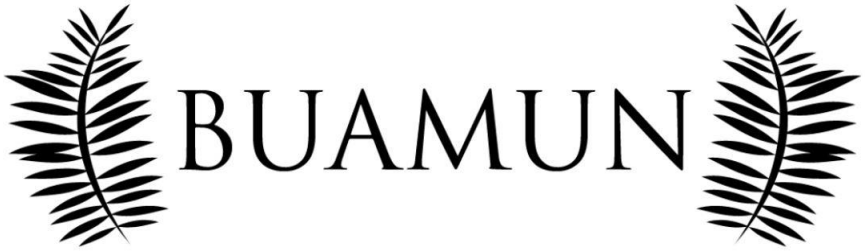

Boston University Academy Model United Nations Conference VII

Saturday, February 2nd to Sunday, February 3rd, 2019

Boston University Academy

Boston, MA

UNHRC

Hello, Delegates!

My name is Matthew Auguste. I am a senior this year at Boston University Academy, and I will be your chairman for BUAMUN 2019. Outside of BUAMUN, I participate in a number of activities, including Science team, Polytropos, Swamp Cats, Admissions Ambassadors, and book club. Your vice chairwoman will be Brooke Skinner, another senior at Boston University Academy. She is involved in a number of extracurricular activities like Women's Empowerment Group, Admissions Ambassadors, and Art Club. In this year's conference, we will be simulating the United Nations Human Rights Council, one of the UN's vital organs.

I know many of you may be nervous if it's your first year in Model UN. I was definitely nervous when I started as an 8th grader at my middle school. But as soon as I learned how to correctly use parliamentary procedure, it all became very natural to me. Be confident in your ideas and have fun! MUN is a place to speak out, so make sure you do so.

My advice to you would be to approach this with a positive mindset and come prepared. This is meant to challenge you and prepare you for more critical thinking and analysis. Try to know as much as you can about the situations we will be discussing, your country, and your allies. If you have any questions about committee, the topics, position papers, or just MUN in general, feel free to email me. I look forward to hearing all of your brilliant solutions to the problems we have given you.

Yours in diplomacy,

Matthew Auguste
BU Academy '19
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Committee Information

I hope you are all excited to begin your debates in this year's BUAMUN simulation of the United Nations Human Rights Council (UNHRC). The UNHRC is a United Nations body whose purpose is to promote and protect human rights around the world. The UNHRC has 47 members who are elected for staggered three-year terms on a regional group basis. The UNHRC has its headquarters in Geneva, Switzerland.

The UNHRC is the main body responsible for the investigation of breaches of human rights in UN member states, and addresses important thematic human rights issues such as freedom of association and assembly, freedom of expression, freedom of belief and religion, women's rights, LGBT rights, and the rights of racial and ethnic minorities.

It was established by the UN General Assembly in 2006 by resolution A/RES/60/251 in order to replace the UN Commission on Human Rights (UNHCR), which had been under heavy fire for allowing countries with poor human rights records to be members.

UN Secretaries-General Kofi Annan and Ban Ki-moon, former president of the council Doru Costea, the European Union, Canada, and the United States have accused the UNHRC of focusing disproportionately on the Israeli–Palestinian conflict. The Council, however, has arrived at more resolutions condemning Israel than the rest of the countries in the world combined. The UNHRC works closely with the Office of the High Commissioner for Human Rights (OHCHR) and employs the UN's special procedures.

Elected members of the United Nations Human Rights Council:

African States (13):

- Angola
- The Democratic Republic of the Congo
- Nigeria
- Senegal
- Egypt
- Rwanda
- Tunisia
- South Africa
- Burundi
- Ivory Coast
- Ethiopia
- Kenya
- Togo

Asian States (13):

- Afghanistan

- Nepal
- Qatar
- Pakistan
- China
- Iraq
- Japan
- Saudi Arabia
- South Korea
- Kyrgyzstan
- Mongolia
- Philippines
- United Arab Emirates

Eastern European States (6):

- Slovakia
- Ukraine
- Croatia
- Hungary
- Georgia
- Slovenia

Latin American & Caribbean States (8):

- Chile
- Mexico
- Peru
- Brazil
- Cuba
- Ecuador
- Panama
- Venezuela

Western European & Other States (7):

- Australia
- Spain
- United Kingdom
- Iceland
- Belgium
- Germany
- Switzerland

***Separate bloc positions for each of the topics can be found in those sections of the background guides, after the topic explanations.**

How to Write a Position Paper

This committee will require two formal position papers, one on each topic. Chairs will review position papers. Well-written/well-researched papers can influence award determinations for this committee, and if you do not submit any, you are automatically disqualified from earning awards. Position papers should be 1-2 pages in length, double-spaced, and should follow a 3-paragraph scheme: 1) Introduction to the topic, 2) delegate's stance on the topic, and 3) delegate's proposed action on the topic. The headers for the position papers should be formatted as follows:

Delegate: Victor Orlov [your name]
School: Boston University Academy [your school]
Committee: United Nations Human Rights Council (UNHRC)
Country: Belgium [your country]
Topic: The Protection of Women in War Zones

Topic 1: The Protection of Women in War Zones

The effects of war are long lasting, especially for those who bear the burden of living in war-torn areas. The inhabitants of war zones are often victims of the worst possible forms of treatment. Women, in particular, are faced with gender-related violence in conflict areas, as sexual violence against women is often used as a war tactic. The Democratic Republic of the Congo, on the extent of conflict-related sexual violence, reports range from 18 - 40% among women and girls and between 4 - 24% among men and boys. Domestic violence, trafficking, and child marriage are only some examples of the ways in which women's rights are being violated in areas of conflict.

With women being mistreated in places like Mali, Syria, the Democratic Republic of the Congo, and other conflict-stricken countries, the world must ramp up support and efforts to ensure their vital voices are heard, heeded, and included in peacekeeping and peacebuilding. Women play a major role in the advancement of worldwide peace and restoration of fractured societies post-war, but many governments are not doing enough to support this vulnerable group.

The UN has employed international commitments to address gender-related violence in conflict, including the UN Security Council resolution of 1960, which provides a system of accountability for conflict-related violence against women. It also stipulates a coordinated and timely collection of information on such violence, while calling for countries to establish specific time-bound commitments. Furthermore, Security Council resolution 2122 establishes the need for humanitarian aid to ensure access to sexual and reproductive health services, including services for pregnancies resulting from rape.

UN Women's programmes on women, peace, and security support women's engagement in all aspects of peacebuilding, towards more inclusive and egalitarian societies that can end gender discrimination and resolve conflicts without the use of violence. Along with the cooperation of the Department of Peacekeeping Operations, UN Women piloted a scenario-based training programme for UN peacekeepers, which uses audio-visual tools to educate commanders about sexual violence in conflict. After watching context-setting videos, the participants are presented with real-life scenarios and are encouraged to discuss how best to address the situation. Since April of 2011, more than 500 military officers have been trained in seven of the top UN troop-contributing countries, and hundreds more have been trained in over a dozen other countries, as this training has been incorporated into regular courses.

It is as important as ever to draw attention to the protection of women in situations of armed conflict because women experience war differently than men due to the fact that they participate as both active combatants as well as targeted members of the civilian population.

Irrespective of their capacity as civilians or combatants, women face systematic disadvantages that are the product of gender inequality, which is generally intensified in the midst of armed conflict. That is why the International Humanitarian Law (IHL) and other bodies of law, such as international human rights law, refugee law, and domestic law, which all have specific protections in place for valuable women.

The IHL provides women with a multi-layered protection against discrimination in treatment during times of conflict. For example, women are entitled to the same general protection, without discrimination, as men during times of conflict – regardless of their status as combatants or as civilians. The four Geneva Conventions of 1949 and their Additional Protocols of 1977 and customary IHL provide this general protection. IHL requires humane treatment for the wounded and sick, prisoners and civilians caught up in a conflict, without any "adverse distinction" based on sex, race, nationality, religion, political opinions, or any similar criteria. The provisions of IHL also forbid hostage-taking and the use of human shields.

Women are also entitled to special protection, which takes into account their specific needs. For example, female prisoners must be housed separately from men. IHL further requires that expectant mothers and mothers of young children, nursing mothers, in particular, be treated with exclusive and individualized care. This applies to the provision of food, clothing, medical assistance, evacuation, and transportation.

Many experts increasingly emphasize that IHL should do more for women. In 2011, the 31st International Conference of the Red Cross and Red Crescent adopted a four-year action plan. It encourages States and components of the International Red Cross and Red Crescent Movement to take specific action to improve implementation of IHL, which includes enhancing protection for women in armed conflict.

It should be explicitly stated that the protection of women in war zones is crucial not only for humanitarian reasons, but also for political and security reasons. According to the Head of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), Under-Secretary-General Michelle Bachelet, "wherever there is conflict, women must be part of the solution."

Questions to Consider:

1. Should the protection of women be left to the discretion of each individual country? Are the national systems that are currently in place sufficient?
2. What are some other ways nations could address the presence of bias in dealing with this type of situation?
3. How could the United Nations Human Rights Council encourage the development and enforcement of laws that would increase the general standard of the protection of women in war zones?

Sources:

http://www.unwomen.org/en/news/in-focus/end-violence-against-women/2014/conflict
https://www.icrc.org/en/doc/resources/documents/field-newsletter/2013/india-e-newsletter/legal-opinion-05-2013.htm
https://www.gatesfoundation.org/Who-We-Are/General-Information/Foundation-Factsheet

Bloc Positions

African States:

Members of the African States would generally be in favor of increasing the general protection of women in war zones so that women and men could equally participate in society and the economy.

Asian States:

Members of the Asian States should be the most concerned with this issue because the majority of the conflicts in the world right now are taking place in one of these countries.

Eastern European States:

Members of the Eastern European States should have an interest in this topic due to their close proximity to some of the more conflict ridden nations. The support of women in other countries would be advantageous as a way to set up a better standard for future conflicts that may arise.

Latin American & Caribbean States:

Since Latin America is a bit removed from most of the world's conflict areas, this topic may not be something that excited the member states. But, there should still be some appeal since the establishment of better standards in war and areas of conflict would be beneficial for everyone.

Western European & Other States:

Like the Latin American & Caribbean States, the Western European & Other States don't have a very strong reason to pay attention to this topic, but its resolution would lead to better standards that would benefit them as well. Western European states also have more resources than some of the states with ongoing conflict, which is why their help may be quite valuable to reach a resolution.

Topic 2: Healthcare Inequity in Low-Middle Income Countries

As defined by the World Health Organization, health is not merely the absence of disease or infirmity, but a state of complete mental, social, and physical wellbeing. One's access to healthcare of any kind is dependent upon both social determinants and physical factors. Social determinants of health include socioeconomic status, cultural norms and practices, transportation availability, and exposure to violence, among other things. Cultural norms can negatively affect one's health, but can also be advantageous, such as in cultures with primarily vegetarian diets. There is also an inextricable direct relationship between health status and economic status, which is extremely prevalent in low to middle income countries (LMIC). The cost of healthcare can often push families into poverty. Infirmity also reduces one's daily earning potential, which can push families further into or near poverty.

In the past forty years, there have been many international efforts to establish healthcare as a basic human right and reduce health inequities. This was in response to the Nazi medical experiments during World War II and the US Tuskegee trials in the early 20th century. The Nazi medical experiments included forced sterilizations, mass killings, targeting minority groups, and experimental work on non-consenting people (i.e. prisoners of war). The Tuskegee trials were a study of the natural course of syphilis in 600 African American men. These men were under the impression that they were being treated for their disease, when, in actuality, the United States Public Health Service was directly preventing these men from receiving treatment, even after penicillin was widely available as treatment after World War II.

In 1948 in response to these human rights and health violations, the Universal Declaration of Human Rights (UDHR) was created to assert that every human is deserving of a standard of living that ensures health and well-being. While this document cannot be legally enforced, it has a moral power that has been used as the basis for national legal documents. This means that not all countries recognize the UDHR as law or valid. The UDHR eventually became a part of the International Bill of Rights, which also included the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social, and Cultural Rights. The International Covenant on Civil and Political Rights was created in 1996 and focuses on individual well-being, as well as one's right to fair working conditions and wages. The International Covenant on Economic, Social, and Cultural Rights was also established in 1996 and emphasizes liberty, equality, freedom of speech and religion.

More recently, the United Nations has enacted the Millenium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) to continue global development, particularly in the areas of poverty, education, and healthcare. The MDGs were eight goals developed in 2000 at the Millenium Summit as a fifteen-year development plan. The set goals were to reduce poverty and social exclusion, achieve universal primary education, promote

gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS and tuberculosis, ensure environmental sustainability, and partnership for development. All 191 UN member states in 2000 agreed to work towards these goals, all of which of have positive direct or indirect effects on population health. The success of the MDGs comes from the purposeful goal-setting, as millions were lifted from poverty and the child, as well as maternal mortality rates, have declined by almost half. The shortcomings of the MDGs were apparent in the unequal rates of global development. For example, the poverty rate in Eastern and Southeastern Asia decreased from 35% in 1999 to 3% in 2013, while 42% of people in sub saharan Africa remained in extreme poverty (earning below $1.90 per day) as of 2013. The SDGs were created at the 2015 UN Summit and declare seventeen goals, also all directly or indirectly related to health, that aim to end more types of poverty and inequity, while also protecting the planet and addressing climate change. The most notable SDGs in terms of health include, no poverty, zero hunger, good health and wellbeing, quality education, and clean water and sanitation.

There have also been global conventions to address the rights and health of specific populations, such as women and children. In 1979, the United Nations held the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). This piece of literature has been used by social justice advocates to force individual countries to recognize the equal rights of women. Some countries, such as the United States, Iran, Somalia, and Sudan, have not ratified this international agreement on the equal rights of women. In terms of health, women face specific risks. These risks include complications during childbirth, which include death, obstetric fistula, anemia, an increased biological risk for STI and HIV/AIDS contraction, child marriage, female genital mutilation, as well as sexual abuse and domestic violence. The risk for these health conditions increases in LMIC, where women may not have access to health services or resources to obtain them and where cultural stigmas and norms may encourage young maternal age and short birth intervals.

Additionally, children are another particularly vulnerable population to different health problems. Biologically, children suffer from an underdeveloped immune system and socially, they are reliant on their caregivers for breastfeeding, immunizations, hygiene, and healthcare. The child mortality rate (the number of deaths of children under five years of age per 1,000 live births measured annually) has decreased in LMIC since 1999 but is still almost ten times higher than in developed nations. In particular, high child mortality rates persist in Sub-Saharan Africa. The main driver of child deaths is acute respiratory infections (ARI). An acute respiratory infection is an infection that prevents normal breathing, including pneumonia. These are more prevalent in children living in LMIC. In 2000, 1.9 million children died from ARIs, 70% of which were in southeast Asia or Sub-Saharan Africa. A driver of the prevalence of ARIs is indoor air pollution, which comes from burning solid fuel in confined areas, such as cooking inside over an open fire. In many cultures, however, this is considered traditional cooking. To

reduce the risk of exposure to indoor air pollution, it is suggested to have interventions that focus on improving the ventilation of homes, temporarily improved stovetops, and eventually a switch to gas or liquid fuel sources for cooking.

High income countries are major drivers in the global health community. Many high income countries facilitate the development of new technologies that can be utilized in low-middle income settings. Philanthropists from high income countries also fund a large portion of NGOs and researchers in low-middle income countries in order to determine what interventions are successful and effective. For example, the Bill & Melinda Gates Foundation has a 50.7 billion dollar endowment that they use to invest in the development of health systems internationally. The health inequities in low-middle income countries are also important to high income countries because infectious diseases and agents do not recognize national borders, meaning epidemics can become pandemics if there are not preventative measures taken, which are usually facilitated by high income countries that more resources.

Current interventions to address healthcare inequities focus on cost effectiveness, ethics, and perceived benefits. There are many problems that global health interventions work to address. Many countries have the problem of distribution of resources. Especially in low-middle income countries, there are not enough paved roads, or roads in general. With vaccines in particular, they need to be refrigerated in order to be effective, which poses another problem with securing air conditioned transport. Distribution of medicines and supplies to rural regions is also difficult because many villages and communities are isolated by mountainous regions, rivers, and other natural obstacles. Geography is also a problem for doctors, skilled birth attendants, nurses, and health professionals from reaching rural regions. This is also a problem in the way of building health facilities.

Questions to Consider:

1. To what extent does policy and governmental or organizational action have an effect on the quality of a country's healthcare systems?
2. What are ways in which nations can improve the healthcare situation for minority and underrepresented populations?
3. How could the United Nations Human Rights Council develop global programs to encourage countries to improve their own health systems?
4. Are there other ways the UNHRC can indirectly improve national healthcare systems?

Sources:

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
http://www.un.org/en/universal-declaration-human-rights/

Bloc Positions

Rwanda/Switzerland/United Kingdom
These countries all have stable health systems that they invest in with both the private and public sectors. These countries believe that healthcare is a human right and that minority populations should not be excluded from health services. Countries should invest a large portion of the national GDP to their healthcare systems.

Kenya/Afghanistan/Iraq/Nigeria
These countries think that government spending should be allocated to other areas of the country. By spending more money on transportation infrastructure, education, water and sanitation, and improving the economy, the health outcomes of the population will increase indirectly. Minority populations should not be the primary receivers of health services.

Remaining Countries
Do research on your country's past and current views/actions on healthcare, as well as how the UN guidelines have affected your country, to form your position as a delegate.