

NWMMUN 2010



The Premier Model United Nations Conference in the Northwest

Background Guide:
Economic and Social Council



Northwest Model United Nations | November 12-14 | Hotel Deca Seattle



August 1, 2010

Dear Delegates,

Welcome to the 2010 Northwest Model United Nations (NWMUN) Conference and the Economic and Social Council (ECOSOC). We are immensely pleased to present to you the background guide, written by your highly experienced and capable Director, Sarah Chambers, and Chair, Kitty Bond. We are very excited to work with you in November and appreciate the hard work and research you are undertaking in preparation for what we are confident will be a great conference!

The topics for this year's Economic and Social Council are:

- I. International Cooperation on Humanitarian Assistance In The Face Of Natural Disasters**
- II. Implementing the Internationally Agreed Upon Goals for Public Health as a Means to Achieving Gender Equality**

Every participating delegation is required to submit a position paper prior to attending the conference. NWMUN will accept position papers by **Sunday, November 7th at 11:59 pm Pacific Time. Please submit all position papers to: positionpapers@nwmun.org**. Please refer to the sample position paper on the NWMUN website for paper requirements and restrictions. Delegates' adherence to these guidelines is crucial, because it not only ensures a well-prepared committee, but is also a key component of the awards process.

We wish each of you the best as you prepare for this conference and committee. We urge you to move beyond the background guide as you learn more about both the Member State you will represent and the topics we will be discussing. Please do not hesitate to direct any questions or concerns toward your Director or the Director-General. We look forward to meeting you at the conference!

Sincerely,

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Committee History for the Economic and Social Council (ECOSOC)

Since its formation in 1945 concurrent with the creation of the United Nations (UN), the Economic and Social Council (ECOSOC) has been the primary forum for international cooperation over a broad range of social, cultural, environmental, humanitarian and economic issues.¹ Though originally designed around seventeen member states in 1945, ECOSOC is now composed of fifty-four countries elected for overlapping three-year terms.² Seats in ECOSOC are distributed based on geographical location, with eleven allotted to Asian states, six to Eastern European states, fourteen to African states, ten to Latin American and Caribbean states and thirteen to Western European and Other states.³ Additional regional subsidiary commissions provide a foundation for further insight into policy recommendations while the functional commissions, such as the Commission for Sustainable Development (CSD), the World Health Organization (WHO) and the Commission on the Status of Women (CSW), allow committee members to specialize information gathering for pertinent thematic international issues.⁴

Though ECOSOC dominates policy recommendations for issues relating to international assistance and development, much criticism has been generated over the structure of the council.⁵ Many see the inherent flaw in the council residing within the United Nations Charter (1945), which only permits the body to submit recommendations rather than wield any binding decision-making power.⁶ Furthermore, lacking control over global financial institutions such as the International Monetary Fund (IMF) and World Bank inhibits council authority over monetary policy.⁷ The actual size of the council itself creates an additional constraint in the mind of some critics, due to the fact that it is too small to operate as a representative forum for discussion on an international scale yet too large to serve as a rapidly decisive body.⁸ Thus, debates over ECOSOC reform have generated ongoing efforts at internal reorganization and improvement for the past fifty years.

During the 2005 World Summit, several steps were made towards creating a more efficient and politically significant governing body. While it was made clear that ECOSOC was to remain the primary agent in dealing with matters relating to economic and social development within the UN, governments agreed that its principal mission would be to oversee the implementation of global development objectives such as the Millennium Development Goals (MDGs) through an Annual Ministerial Review (AMR).⁹ The main objective of mandating such an intergovernmental platform is to speed and scale-up policy implementation on a country-by-country basis.¹⁰ AMR involvement goes beyond delegate cooperation by including civil society, the private sector and academic experts in order to examine and discuss the progress made in the UN development agenda.¹¹ The World Summit also gave birth to an additional mandate known as the biennial Development Cooperation Forum (DCF). Launched in Geneva in July of 2007, the DCF aims to help achieve the principal efforts of major international agreements such as the Monterrey Consensus, the Johannesburg Plan of Implementation and the Millennium Declaration by enhancing development goal implementation and promoting internationally-supportive discussion over

¹ United Nations, *Charter of the United Nations*, 1945, Ch. X, Art. 61, <http://www.un.org/en/documents/charter/index.shtml>.

² United Nations, Economic and Social Council, *About ECOSOC*, <http://www.un.org/en/ecosoc/about/index.shtml>.

³ *Ibid.*

⁴ *Ibid.*

⁵ Martens, *The Reform of the UN Economic and Social Council (ECOSOC): A Never-Ending Story?*, 2006, <http://www.globalpolicy.org/social-and-economic-policy/social-and-economic-policy-at-the-un/reform-of-ecosoc-and-the-social-and-economic-policy-process-at-the-un/47509.html>.

⁶ *Ibid.*

⁷ *Ibid.*

⁸ *Ibid.*

⁹ United Nations, Economic and Social Council, *New Functions of ECOSOC*, <http://www.un.org/en/ecosoc/newfunct/>.

¹⁰ *Ibid.*

¹¹ *Ibid.*

policy issues.¹² Participants in the DCF include delegates from both developed and developing countries, organizations within the UN system, the International Monetary Fund (IMF), the World Bank, the Organization for Economic Cooperation and Development (OECD), and members from the private sector and civil society.¹³ These mandates indicate that strengthening the normative and operative link within the United Nations is vital to create a more effective international body. While much work remains for reform and restructuring within ECOSOC, the successes and current endeavors of the council are also abundant.

With a wealth of crucial problems facing the world today, including the threat of global warming and the steady consumption of our natural resources, ECOSOC has focused efforts on economic development projects that promote sustainable practices.¹⁴ Culminating a month-long session in July 2008, Council President Léo Mérorès of Haiti urged member states to increase international cooperation and governance to strengthen financial assistance in order to promote social development, economic growth and environmental protection.¹⁵ Future sessions of ECOSOC are set to address the transportation of dangerous and potentially hazardous chemicals with an emphasis on creating a global system of labeling.¹⁶ This has potential for facilitating international coordination in combating the harmful effects of inadequate industrial practices. Mérorès' closing remarks at the July 2008 session also addressed strengthening committee oversight on funds and programmes per the Triennial Comprehensive Policy Review (TCPR).¹⁷

Membership

ECOSOC is composed of representatives from 54 Member States, with one-third elected for a three-year term each year by the General Assembly.¹⁸ Fourteen African States, eleven Asian States, six Eastern European States, ten Latin American & Caribbean States, and thirteen States from the Western European and Other Group (WEOG) are members of ECOSOC at any time.¹⁹

The membership of ECOSOC for 2010 is composed of: Argentina, Australia, Bahamas, Bangladesh, Belgium, Brazil, Cameroon, Canada, Chile, China, Comoros, Congo, Côte d'Ivoire, Egypt, Estonia, Finland, France, Ghana, Germany, Guatemala, Guinea-Bissau, India, Iraq, Italy, Japan, Liechtenstein, Malaysia, Malta, Mauritius, Mongolia, Morocco, Mozambique, Namibia, Niger, Norway, Pakistan, Peru, Philippines, Poland, Republic of Korea, Republic of Moldova, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saudi Arabia, Slovakia, Turkey, Ukraine, United Kingdom, United States, Uruguay, Venezuela, and Zambia.²⁰

¹² United Nations, Economic and Social Council, *New Functions of ECOSOC: Development Cooperation Forum*, http://www.un.org/ecosoc/newfunc/DCF_one-pager.pdf.

¹³ *Ibid.*

¹⁴ United Nations, Department of Economic and Social Affairs, *Global Dialogue on Development*, 2008, <http://www.un.org/esa/desa/desaNews/v12n06/global.html>.

¹⁵ *Ibid.*

¹⁶ United Nations, Economic and Social Council, *Meetings*, <http://www.un.org/en/ecosoc/index.shtml>.

¹⁷ *Ibid.*

¹⁸ United Nations Economic and Social Council, *Members*, <http://www.un.org/en/ecosoc/about/members.shtml>

¹⁹ *Ibid.*

²⁰ *Ibid.*

I. International Cooperation on Humanitarian Assistance in the Face of Natural Disasters

Introduction

In our ever-developing world, natural disasters are often quickly forgotten only a few months after the catastrophe has occurred. However, the adversity created by these emergencies has sustained and lasting impact on the people and countries affected. Between 1991- 2005, there were 960,502 deaths worldwide from natural disasters.²¹ The combined number of deaths was due to a variety of disasters, including floods, windstorms, droughts, landslides, earthquakes, tsunamis, volcanic eruptions, and large scale epidemics. Although the number of deaths from natural disasters is declining over the last two decades, more people are being affected; over the last decade, two billion people worldwide have been affected by natural disasters.²²

Due to their advantages in infrastructure, developed countries are better equipped to deal with natural disasters than developing countries.²³ As stated by the 1994 World Development Report by the World Bank, “poverty is directly linked to infrastructure,” and as such, access to specific needs such as clean water, durable housing, and safe food are all measures of poverty.²⁴ When countries are not able to provide a solid infrastructure for the population, the inhabitants are much more susceptible to the damaging effects of natural disasters, and are doubly burdened by poverty. Africa in particular, is prone to droughts and floods, which result in a large number of casualties.²⁵ These mortalities often occur after the event itself, and are caused by the damage to national infrastructure and lack of access to food or housing.²⁶ As the United Nations Rapid Environmental Assessment reported in 2004 after the Indian Ocean tsunami, “Disproportionately many of the victims of this disaster were poor people who depended on eco-system services and natural resources for their livelihoods.”²⁷ Many of the world’s poorest live in rural areas of the world, and require sustainable agriculture in order to provide for their livelihood.³ Thus, when large areas of land are wiped out during natural disasters, these agrarian farmers lose all means to provide for themselves. Further, reconstruction can take years, during which the people who rely on agriculture have no means of obtaining income.

Further examining the demographics of this macro- level assessment, a few key findings arise. A pertinent observation is that women are affected differently than their male counterparts, especially in developing states. Mothers are less able to provide for their children, as important resources are cut off in the wake of disasters; many fields of work for females are dependent on the specific natural resources available in their country. The Gujarat, India earthquake in 2001 destroyed not only the agricultural sector for women, but also the distribution channels for supplies and food.²⁷ In addition to issues with sustaining their families in times of crisis, women are also subject to increased levels of abuse. Women are often forced to have sex with men in exchange for goods or shelter, which puts them at higher risk to contract sexually transmitted infections or become pregnant.²⁸ A study released by the London School of

²¹ International Strategy for Disaster Reduction, *Number of people reported killed by natural disasters*, <http://www.unisdr.org/disaster-statistics/impact-killed.htm>.

²² IRIN News, *In- depth: Disaster reduction and the human cost of disaster*, 2005, <http://www.irinnews.org/IndepthMain.aspx?IndepthId=14&ReportId=62446>.

²³ Freeman, *Infrastructure, Natural Disasters, and Poverty*, 1999, <http://www.iiasa.ac.at/Research/RMP/june99/papers/freemansolo.pdf>.

²⁴ World Bank, *Infrastructure for Development*, 1994.

²⁵ International Bank for Reconstruction and Development and Columbia University, *Natural Disaster Hotspots: A Global Risk Analysis*, 2005, <http://sedac.ciesin.columbia.edu/hazards/hotspots/synthesisreport.pdf>.

²⁶ United Nations Environmental Programme and GRID-Arendal, *Vital Climate Graphics Africa: Natural disasters affect most of Africa*, 2001, <http://www.grida.no/publications/vg/africa/page/3109.aspx>.

²⁷ Women Thrive Worldwide, *Women, Natural Disasters, and Reconstruction: An Overview*, 2009, http://www.womenthrive.org/index.php?option=com_content&task=view&id=515&Itemid=152.

²⁸ Sapir, *Natural and man-made disasters: the vulnerability of women-headed households and children without families*, World

Economics analyzing 141 countries found the following:

1. Natural disasters have a greater impact on the life expectancy of women than that of men;
2. The more forceful the disaster, the greater this impact becomes;
3. This effect is lessened when women have a higher socio-economic status.²⁹

One successful response to this information has been the increased use of community-based initiatives focusing on women in disaster-stricken communities. This is an effective tool for several different reasons:

1. In the wake of natural disasters, new leadership is initiated in local governments;³⁰
2. The most successful initial reconstruction efforts occur when the community is empowered in the process;
3. Both empirical and anecdotal evidence has shown that women are successful in holding families together, stabilizing the community, and working in micro-finance projects to boost income once the initial reconstruction begins.⁹

International Cooperation

Resolution 63/141, adopted by the General Assembly in 2009, holds key insights for discussions on this topic. This resolution states the importance of the UN remaining a neutral entity when entering into disaster zones and working to aid the population. It reaffirms that the “relief area” is not simply a state of emergency, but an independent state with its own rules and framework, even if they are currently unable to function in the context of the natural disaster. Thus, the State is the primary party responsible for planning, initiating, organizing, and setting up the structure of relief implementation; it is vital that international entities providing assistance understand this concept and incorporate it into their assistance.

Many developing countries do not have a national emergency plan in place that will be triggered in the event of a natural disaster. As stated at the 30th International Conference of the Red Cross and Red Crescent, “the fundamental concern of mankind and of the international community in disaster situations is the protection and welfare of the individual and the safeguarding of basic human rights.”³¹ It has been the prerogative of many states to enter countries that are in a state of disaster, and implement goals that would be more appropriately served in their own home country. These goals directly relate to a capitalist model of production, in which goods are to be produced as cheaply as possible. Many developing states do not have labor laws and regulations in place, which make them an attractive market for factory development.³² Many opportunities arise for companies to enter into a country in the wake of a natural disaster to take advantage of its cheap human capital. In developing countries that may not have a minimum wage or comprehensive set of laws governing workers’ rights, companies will be especially drawn to the advantages that the “swept-clean” country has to offer. It may be relatively easy to build a production plant for the manufacture of low-cost goods, which are then sold at much higher prices in developed countries. Under the guise of lending a helping hand to the devastated country by providing jobs, these companies are actually sustaining a cycle of poverty. In addition, they may not have to

Health Statistical Quarterly, No. 46, 1993.

²⁹ Pearl, et al, *Gender aspects of natural disasters*, 2008, http://www.bridge-mag.com/magazine/index.php?option=com_content&task=view&id=517&Itemid=79.

³⁰ United Nations, Division for the Advancement of Women, *Grassroots Women’s Collectives- Roles in Post-disaster effort: potential for sustainable partnership and good governance (EGM/NATDIS/2001/EP,11)*, 2001, http://www.un.org/womenwatch/daw/csw/env_manage/documents/EP11-2001Nov07.pdf.

³¹ Red Cross and Red Crescent, *Adoption of the guidelines for the domestic facilitation and regulation of international disaster relief and initial recovery assistance*, 2007, <http://www.ifrc.org/what/disasters/idrl/resources/guidelines.asp>.

³² Djankov, *Employment Laws in Developing Countries*, 2008, <http://ideas.repec.org/p/cpr/ceprdp/7097.html>.

comply with any laws regulating chemicals or pesticides, thus wreaking environmental havoc on the local community. This “race to the bottom” of wages is very easy in the post-disaster context, as corporations’ ability to enter the market increases during the frenzy of reconstruction.

As the opportunity to exploit remains a key concern to natural disaster relief zones, it is important to form a pre-emptive strike to combat this opportunistic behavior. As the Hyogo Framework notes in its “Challenges posed by Natural Disasters,” there are many key strategic options available to address this.³³ Risks posed by disasters can be addressed in international policy, as well as plans for sustainable development for developing countries. Although these states may not have the infrastructure to ward off corporations that can easily exploit their people and natural resources, this can start at the level of developed countries. Countries which have signed onto the Millennium Development Goals will likely be amiable participants to this discussion. The promotion of disaster risk reduction has been recognized by many international entities, yet there is much work to be done. Delegates should look towards lessons learned from the Yokohama Strategy for guidance in their draft resolutions:

“Specific gaps and challenges are identified in the following five main areas:

- (a) Governance: organizational, legal and policy frameworks;
- (b) Risk identification, assessment, monitoring and early warning;
- (c) Knowledge management and education;
- (d) Reducing underlying risk factors;
- (e) Preparedness for effective response and recovery.”³⁴

Current United Nations Systems for Dealing with Natural Disasters

The United Nations currently has numerous agencies, both subsidiaries of ECOSOC and of other UN entities, cooperating to form a unified natural disaster response. The Division for Sustainable Development (DSD) developed the Johannesburg Plan of Implementation (JPOI) for Sustainable Development, which works conjointly with the outcomes put forward by the World Summit on Sustainable Development and could profoundly impact countries in need of internal infrastructure improvements.¹² The JPOI states, “All countries should strengthen governmental institutions, including by providing necessary infrastructure and by promoting transparency, accountability and fair administrative and judicial institutions.”³⁵

Entities also holding a broad level of importance on this topic include the Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), and the UN Emergency Relief Coordinator, as well as many others. UNICEF is currently at work all over the world in the wake of natural disasters, performing long-term reconstruction. In natural disaster areas, UNICEF works to identify, assess, and coordinate work to protect women and children.³⁶

In uniting all of these entities to create a consolidated force, it is important to use efficacious techniques and have streamlined communication. The Humanitarian Response Review of 2005 delineates the

³³ International Strategy for Disaster Reduction, *Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters*, 2005, <http://www.unisdr.org/eng/hfa/hfa.htm>.

³⁴ World Conference on Natural Disaster Reduction, *Yokohama Strategy and Plan of Action for a Safer World: Guidelines for Natural Disaster Prevention, Preparedness and Mitigation*, 1994, http://www.unisdr.org/eng/about_isdr/bd-yokohama-strat-eng.htm.

³⁵ World Summit on Sustainable Development, *Johannesburg Plan of Implementation*, 2003, http://www.un.org/esa/sustdev/documents/WSSD_POI_PD/English/WSSD_PlanImpl.pdf.

³⁶ United Nations, Office for Coordination of Humanitarian Affairs, *United Nations Children’s Fund*, <http://ochaonline.un.org/businesscontributions/Agencies/UNICEF/tabid/4470/language/en-US/Default.aspx>.

accomplishments of the cluster approach, which has worked as a commendable tactic to successfully allocate resources to communities; the Review also provides instruction on future areas of improvement. Countries that do not have an adequate framework already set up should consider establishing emergency relief plans to be implemented within the first three months of a disaster, emphasizing the following items:

- a. Identification of responsibilities and allocation of relief jobs, as well as identification of which organizations perform which duties;
- b. Establishing which agency will head the other subsidiary bodies, in order to create organization;
- c. Deciding upon a time period for the subsidiary bodies to review relief tactics;
- d. Instructions as to how resources, including money, people, housing and food, will be mobilized;
- e. How to keep women and children protected, as they are at much greater risk of harm during this volatile period;
- f. A relief fund set aside for disaster relief efforts.³⁷

Case Study: Earthquakes in Chile and Haiti

On January 12, 2010, a 7.0 Richter scale earthquake hit Haiti near its capital, Port-au-Prince. Haiti is the poorest country in the western hemisphere, with 80% of its 9.2 million inhabitants living in poverty.¹⁰ The literacy rate stands at only 54% for males, and 51% for females.¹⁰ Education is compulsory only until twelve years of age, at which point many Haitians leave school in order to earn an income.³⁸ However, the 2001 estimate of national unemployment stated that two-thirds of the inhabitants did not have formal jobs. The government was indebted to the World Bank until 2009, when it received 525 million USD in debt forgiveness.³⁹ When the earthquake hit, it had devastating implications for the inhabitants of the island state. Much of the housing, with buildings designed for hundreds of families each, crumbled during the quake. The United Nations has marked houses that are fit for habitation again; however, only 9% of these houses are filled with residents, as many of the inhabitants do not deem them as safe.¹⁶ As of June 9, 2010, over one million people were still displaced and living in camps.⁴⁰ Joseph Cangas, a Haitian working as a coordinator for a homeless camp was interviewed on CNN, saying, “we are willing to work -- work hard -- for money, but we need jobs.”⁴¹

Chile was hit with an 8.8 magnitude on February 27, 2010, which displaced 1.5 million people immediately after the quake, mainly around Concepcion.⁴² In contrast to Haiti, however, Chile did not accept any financial aid to help with the reconstruction and immediate relief; the national government was able to rely on its own resources. In addition, international relief groups were not needed. The Chilean Red Cross acknowledged that the International Federation of Red Crosses and Red Crescents was available, but Chile did not need additional assistance beyond national borders.¹⁷ According to Professor Filiatrault, Director of the Multidisciplinary Center for Earthquake Engineering Research at the University of Buffalo, “There is a lot of reinforced concrete in Chile, which is normal in Latin America.” This stands in stark opposition to Haiti, a country where the houses are poorly built without regard to any

³⁷ United Nations Emergency Relief Coordinator and Under-Secretary-General for Humanitarian Affairs, *Humanitarian Response Review*, 2005, <http://www.reliefweb.int/library/documents/2005/ocha-gen-02sep.pdf>.

³⁸ United Nations Educational Social and Cultural Organization, *Haiti: Early Childhood Care and Education Programmes (IBE/2006/EFA/GMR/CP/36)*, 2006, <http://ijdh.org/wordpress/wp-content/uploads/2010/02/Haiti-Country-Profile.pdf>.

³⁹ United States Central Intelligence Agency, *Haiti*, n.d., <https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html>.

⁴⁰ New York Times, *Haiti's displaced see their stories on TV*, 2010, <http://www.nytimes.com/2010/06/10/world/americas/10haiti.html>.

⁴¹ CNN, *Four months after the 'the catastrophe,' Haitians still in emergency mode*, 2010, http://articles.cnn.com/2010-05-11/world/haiti.then.now_1_haitians-makeshift-camps-port-au-prince?_s=PM:WORLD.

⁴² New York Times, *1,5 Million displaced after Chile quake*, 2010, <http://www.nytimes.com/2010/02/28/world/americas/28chile.html>.

specific housing codes; the lack of reinforced concrete led in part to the collapse of housing structures during the earthquake. Chile is already on the road to a speedy recovery, with economic activity increasing by 4.6% in April 2010.⁴³ The OECD reported that reconstruction costs would amount to around \$20 billion, or 10% of Chile's GDP. Chile will be able to finance these costs without incurring any long-term debt. Haiti's entire GDP for 2009 was only 11.9 billion USD; 143rd in the world.¹⁴ Delegates should consider the different status of infrastructure in these two countries, and their starkly different consequences for the countries in which these earthquakes took place.

Conclusion

With climate change bringing increasingly more devastating consequences, it is absolutely critical that countries are prepared to address these challenges through strong early warning and natural disaster preparedness plans that are developed through consultation with local actors and are inclusive and responsive to the needs of a country's population. In order to accomplish this task, the international community must provide support for countries who are unable to develop the infrastructure and systems on their own. ECOSOC is a prime forum to discuss this issue and can provide recommendations and guidance for moving forward to strengthen existing systems, and build new ones. Delegates are able to set the tone for this debate, which occurs in many venues around the world, and aggressively pursue new ideas, options, and strategies that will prevent the catastrophic loss of life following natural disasters, which we have witnessed in the past several decades, but hope to never witness again.

Questions to Consider

- Evaluation is key in ensuring good practices are repeated and bad practices are not. What mechanism is currently in existence to provide the strong, robust evaluation of past international response to natural disasters? How can it be strengthened?
- What role does information and telecommunications technology have in disaster response, and how can these systems be strengthened prior to a natural disaster in order to prevent even further societal collapse?
- In what way can the military be used during disaster settings?
- In the design of response systems, planning for sustainable and inclusive post-disaster recovery is crucial. What examples do we have of systems which provided support for all citizens, and how can the rights and concerns of often marginalized groups, such as women, children, the elderly, or disabled, be protected and addressed, in order to rebuild in a way which will lead to a pluralistic society that respects human rights?
- How do existing legal frameworks fit into disaster preparedness strategies, and what good practices exist that might be applied across multiple countries or regions?
- Local and community early warning systems are often the most successful, thus how can those programs be expanded and provided with the capacity to work most effectively?
- How best can multiple agencies coordinate with each other to best support local efforts?

⁴³ Wall Street Journal, *Chile April Imacec Economic Growth Index + 4,6% on year, 2010.*

II. Implementing the Internationally Agreed Upon Goals for Public Health as a Means to Achieving Gender Equality

Introduction

In recent years, there has been an ever-increasing call for streamlining and universalizing the procedures used by different organizations within the United Nations system for the purpose of achieving gender equality.⁴⁴ The process of incorporating gender equality policy into the structure of all organizations and systems is known as “gender mainstreaming.” It is important for delegates to recognize the broad effect gender equality can have on other goals as well as the multitude of factors that influence how equality is achieved. Public health is an especially inter-related issue, and a more unified effort in implementing pre-established goals while addressing gender equality is emphasized in Economic and Social Council (ECOSOC) resolution 2009/29 and General Assembly resolution 64/16. ECOSOC is an especially important cooperator and facilitator on this topic, as both the plenary body and subsidiary organs have been charged with overseeing different areas of this issue. ECOSOC is charged with initiating studies, reports and recommendations on issues relating to social, health, and human rights related issues.⁴⁵ ECOSOC Plenary also reviews the work of several relevant subsidiary bodies, including the Commission on the Status of Women, on public health.

Gender equality in health refers to more than men and women having the same level of health. For true gender equality, women and men must have equal opportunities to access health care, equally contribute to public health development and implementation and equally benefit from advances in the public health sector. Women's health includes physical, psychological and social health, which includes being free of disease, the ability to live without violence, and enjoying equal reproductive rights. Health and accessibility of health services and information directly translates into empowerment.⁴⁶ As explicitly stated in the Beijing Platform for Action from the 4th World Conference on Women, the enjoyment of the highest attainable standard of physical and mental health is “vital to [women’s] life and well-being and their ability to participate in all areas of public and private life.”⁴⁷ The World Health Organization recognized in their 2009 document “Women and Health” that “unequal power relations and gendered norms and values translate into differential access to and control over health resources.”⁴⁸ Women often lack the health benefits often provided by a full-time job, and can be exposed to greater health risks due to working at home, such as air pollution from improper cooking fires.⁴⁹

This topic will focus on implementing the previously agreed upon goals, and the areas this implementation must focus on. Delegates must be cognizant of the numerous UN agencies involved in this topic. Equality and health are undeniably intertwined, and the work of ECOSOC on this topic should reflect this linkage.

Background

Over the last 20 years, many different UN conferences have established their own goals for public health.

⁴⁴ United Nations, Economic and Social Council, *Implementing the internationally agreed goals and commitments in regard to global public health (E/2009/L.12)*, 2009, <http://www.un.org/Docs/journal/asp/ws.asp?m=E/2009/L.12>.

⁴⁵ United Nations, *Charter of the United Nations*, 1945, <http://www.un.org/en/documents/charter/index.shtml>.

⁴⁶ United Nations Development Fund for Women, *Gender, Health and Development in the Americas: Basic Indicators*, 2005, p. 2, http://www.unifem.org/materials/item_detail.php?ProductID=54.

⁴⁷ United Nations, *Report of the Fourth World Conference on Women, (A/CONF.177/20/Rev.1)*, 1995, <http://www.un.org/womenwatch/confer/beijing/reports/>.

⁴⁸ World Health Organization, *Women and Health*, 2009, pg. 9, <http://www.who.int/gender/documents/9789241563857/en/index.html>.

⁴⁹ *Ibid.*, pg. 10.

The most relevant goals to public health are contained in the Millennium Development Goals (MDGs) of September 2000 specifically Goals 3, 5 and 6 which respectively call upon the international community to achieve gender equality, improve maternal health standards, and combat HIV/AIDS. Goal 5 in particular calls for universal access to reproductive health.⁵⁰ Achieving gender equality both leads to and relies on accessible and affordable healthcare. Health is one of the Task Force on Education and Gender Equality's "components of equality" under the capabilities domain. Good health is referred to as a basic human ability and is fundamentally intertwined with the 'agency' domain and the 'access to resources and opportunities' domain, all three of which are necessary to reach and surpass the goal of achieving gender equality.⁵¹ The World Health Organization, while also working closely with UNAIDS on combating HIV/AIDS, has detailed its own list of goals and a plan of action for the development of better public health systems. This strategy is outlined in resolution WHA61.21, and the recent report "Women and Health."⁵²

The United Nations Fourth World Conference on Women, held in September 1995, resulted in the Beijing Platform for Action; this document focused on 12 women and gender-related issues, including five strategic objectives that address women and health. The Beijing Platform for Action addresses women's access to all levels of health care, implementation of preventative programs, initiatives related to reproductive health issues, increasing research and information available on women's health and increasing resources and monitoring relegated to women's health.⁵³ This document has had a five-year, ten-year, and, in March 2010, a fifteen-year review in attempts to better collaborate efforts with agencies also reaching towards the Millennium Development Goals. Goals have also been adopted regionally; the Maputo Protocol for Women, which as of 2003 was signed by 45 and ratified by 25 African states, calls for the elimination of discrimination towards women and the girl child, particularly in health and reproductive health, through eradicating cultural barriers, and upholding their right of women to make their own reproductive decisions.⁵⁴

Monitoring is an especially important part in the design of any goal, to know when it has been obtained, or how quickly progress is occurring. Many different agencies have been involved with collecting data and statistics involving women's health. Social Watch monitors progress in Latin America, and focuses on, *inter alia*, the accessibility of health services, the percentage of pregnancies and deliveries attended by trained health personnel, and the percentage of the population with access to sanitation and clean water.⁵⁵ MDGs are measured by the MDG Monitor, collecting information on more than 60 indicators by country, by region and internationally.⁵⁶

Many organizations are working towards the implementation of the MDGs, including UNICEF, the UN Population Fund, the World Health Organization, UNAIDS, the Commission on the Status of Women and countless NGOs. However, the response necessary to implement the multitude of international goals must be both local and global; ECOSOC provides a forum for discussion, and the means to make recommendations, but action must occur at the state level as well.

⁵⁰ United Nations, Millennium Development Goals, *Goal 5: Improve Maternal Health*, <http://www.un.org/millenniumgoals/maternal.shtml>.

⁵¹ United Nations Development Fund for Women, *Progress of the World's Women 2002, Volume 2: Gender Equality and the Millennium Development Goals*, 2002, pg. 52, http://www.unifem.org/materials/item_detail.php?ProductID=10.

⁵² World Health Organization, *Global strategy and plan of action on public health, innovation and intellectual property (WHA61,21)*, 2008, http://apps.who.int/gb/ebwha/pdf_files/A61/A61_R21-en.pdf.

⁵³ United Nations, *Report of the Fourth World Conference on Women, (A/CONF/177/20/Rev.1)*, 1995, <http://www.un.org/womenwatch/confer/beijing/reports/>.

⁵⁴ African Union, *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*, 2003, <http://www.achpr.org/english/women/protocolwomen.pdf>.

⁵⁵ United Nations Development Fund for Women, *Progress of the World's Women 2002, Volume 2: Gender Equality and the Millennium Development Goals*, 2002, pg. 52, http://www.unifem.org/materials/item_detail.php?ProductID=10

⁵⁶ United Nations, *Millennium Development Goal Monitor*, <http://www.mdgmonitor.org>.

Community Led Initiatives

Community led initiatives have proven successful at achieving greater gender equality in public health, most notably when the initiatives themselves are directed by women. Past women-led local initiatives assisted by the UN include projects dedicated to environmental preservation, disaster relief and community development. Utilizing locally-led initiatives in strengthening and expansion of healthcare facilities leads to a cost-sensitive, culturally-appropriate response. Most often these initiatives expand on the local or traditional medicinal practices already in place.

Traditional medicine, defined as “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses,” was featured in the Panel Discussion on the Contribution of Traditional Medicine to the Realization of International Development Objectives related to Global Public Health. Called a 'double-edged sword,' traditional knowledge used at the community level can provide a level of primary care that many areas may be missing, however, without appropriate regulation and control, the Panel Discussion warned that the practice of indigenous medicine could cause more harm than good.⁵⁷ The need for national regulation was stressed in the WHO Executive Board Report EB124/14 of December 2008.⁵⁸ Women have historically been the main procurers of medicinal plants, and this provides a significant cash income to many poor communities. Herbalists and traditional healers are often women in many countries, especially those in Latin America. Additionally, a higher consideration of gender in health research could provide more insight into the importance of women in traditional health environments, and the herbal knowledge they can provide in relation to primary health care.⁵⁹ Traditional local medicine is also critically important in the development of programs to address the spread of HIV/AIDS, as its practitioners are a pre-established trusted source of knowledge to the community.⁶⁰

One example of the success of community-led initiatives is in Nepal, where rural areas have seen a drop in maternal mortality due to planning and organization of transportation from community based groups.⁶¹ This success has also been seen in Malaysia and Sri Lanka. Both the UN Development Programme and the World Health Organization have recognized the importance of community-based commitments to primary healthcare, stating that a “bottom-up demand” and movement can “foster responsive government action.”⁶² The Global Fund to Fight AIDS, Tuberculosis and Malaria, an organization endorsed and financed by the G8, the World Bank and UNAIDS, released a detailed document entitled *Community Systems Strengthening* that delegates should review.⁶³ Community System Strengthening is a method that stresses the importance of long-term sustainability and development of public health services, but promotes this development at the local level. In spite of this knowledge and recognition of the potential of

⁵⁷ World Health Organization, *Traditional Medicine*, http://www.who.int/topics/traditional_medicine/en/; Economic and Social Council, *Panel Discussion on the Contribution of Traditional Medicine to the Realization of International Development Objectives related to Global Public Health*, 2009, <http://esango.un.org/event/documents/Summary%20-%20Traditional%20Medicine.pdf>.

⁵⁸ World Health Organization, Executive Board, *Counterfeit medical products: Report by the Secretariat (EB124/14)*, 2008, http://apps.who.int/gb/ebwha/pdf_files/EB124/B124_14-en.pdf.

⁵⁹ Siles, *Medicinal Plants- Gender makes the difference*, 2004, <http://www.generoyambiente.org/arcangel2/documentos/408.pdf>.

⁶⁰ Bowa et al, *Integration of traditional beliefs and gender roles in HIV/AIDS prevention campaigns in Malawi*, 2005, http://german-practice-collection.org/en/download-centre/doc_details/430-integration-of-traditional-beliefs-and-gender-roles-in-hiv-aids-prevention-campaigns-in-malawi.

⁶¹ World Health Organization, *Women and Health*, 2009, pg. 76, <http://www.who.int/gender/documents/9789241563857/en/index.html>.

⁶² United Nations Development Programme, *Civil Society*, http://www.undp.org/partners/civil_society/.

⁶³ United Nations Population Fund, *Efforts to Boost Reproductive Health of Women, Girls, Falling Short says MDG Review*, 2010, <http://www.unfpa.org/public/news/pid/6083>.

community led initiatives by the international community, very few UN programs have been initiated to encourage the development of community based programs.

Reproductive Health

Less than 50% of women have access to modern contraceptive methods.⁶⁴ Nearly one woman dies each minute due to pregnancy related complications, and over 20% of women's ill health is related to reproductive and sexual health.⁶⁵ Women carry the heavier burden of paid and unpaid health care due to carrying a baby to term, and it is because of this that the 57th World Health Assembly created the first global reproductive health strategy in order to meet the goal of achieving universal access to reproductive health care by the year 2015.⁶⁶ This strategy includes pre-natal and delivery care, family planning, eliminating unsafe abortions, combating Sexually Transmitted Infections, and promoting sexual health.⁶⁷ Outlined in the strategy are five key divisions that should be addressed in order to meet the 2015 goals of international access to reproductive health services, and delegates should be familiar with the content of the document. Also mentioned in the reproductive health strategy is the effect of child marriages. Vulnerability to STIs increases, and reproductive empowerment decreases, when marriage occurs at a very young age, and currently 38% of girls in developing countries marry before their 18th birthday, and 14% are married before the age of 15.⁶⁸

Multiple documents have laid out the reproductive rights granted to women. The Declaration of Commitment on HIV/AIDS specifically recognized the importance of the realization of all human rights as an “essential element in a global response to the HIV/AIDS pandemic,” and this is further developed in the UNDP Corporate Strategy on HIV/AIDS.⁶⁹ These documents state that adhering to human rights standards reduces the effect of HIV/AIDS on a community, and lowers vulnerability to HIV infection.⁷⁰

Secretary-General Ban Ki-moon's report on MDG progress, released in June 2010, was especially critical of the efforts to achieve Goal 5, and other reproductive health issues for women.⁷¹ Less than half of women giving birth are attended to by health professionals, and funding for family planning has actually declined in the past few years. Women Deliver 2010, a conference held in June 2010, was attended by the heads of five UN agencies, and called for an increase of \$12 billion each year in funding commitments to maternal health.⁷² It is essential that public health development receives the necessary attention in order to reach the MDGs by 2015.

Strengthening Health Service Delivery

Accessibility is often a major barrier to the ability of women to achieve equal medical care. The necessity of improving the delivery of health service has been noted in many documents, including the MDGs, the

⁶⁴ United Nations Development Fund for Women, *Gender, Health and Development in the Americas: Basic Indicators*, 2005, p. 12, http://www.unifem.org/materials/item_detail.php?ProductID=54.

⁶⁵ International Women's Health Coalition, *Women, Health, and Rights Worldwide*, 2010, <http://www.iwhc.org/index.php>.

⁶⁶ World Health Organization, *Accelerating progress towards the attainment of international reproductive health goals*, (WHO/RHR/06.3), 2006, http://www.who.int/reproductivehealth/publications/general/RHR_06.3/en/index.html.

⁶⁷ *Ibid.*

⁶⁸ World Health Organization, *Women and Health*, 2009, p. 30, <http://www.who.int/gender/documents/9789241563857/en/index.html>.

⁶⁹ United Nations Development Programme, *Corporate strategy on HIV/AIDS*, 2006, [http://www.undp.org/hiv/docs/alldocs/Corporate%20Strategy%20on%20HIV-AIDS%20\(2004\).pdf](http://www.undp.org/hiv/docs/alldocs/Corporate%20Strategy%20on%20HIV-AIDS%20(2004).pdf).

⁷⁰ *Ibid.*

⁷¹ United Nations, *The Millennium Development Goals Report 2010*, 2010, <http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20.pdf>.

⁷² United Nations Population Fund, *Maternal Health Conference Examines Progress, Challenges; Pushes Donors Towards \$12 Billion Funding Increase*, 2010, <http://www.unfpa.org/public/news/pid/5841>.

Beijing Platform for Action, and the Women and Health Report of the World Health Organization. Not only do public health services need to be accessible to all members of population, it also needs to be responsive to all groups.⁷³ Even illnesses that are experienced by both men and women affect each differently, and health service providers need to be well-equipped to deal with these differences.⁷⁴

Nowhere is this more evident than in the situation of Palestinian women.⁷⁵ The United Nations High Commissioner for Human Rights has drawn special attention to the needs of Palestinian women in obtaining pre-natal and delivery care, especially those giving birth at Israeli checkpoints.⁷⁶ Declining health standards affect the marginalized female population the hardest, as previously mentioned, and with only 23-34% of the women in West Bank and Gaza obtaining postpartum care, this is clearer than ever.⁷⁷ Palestinian women are constrained by availability and affordability of services by continuing closures, and often are forced to give birth at home, or en route to a facility.⁷⁸ By increasing the strength of health service delivery, and implementing local programmes developed to help these women, it may still be possible to obtain the internationally agreed upon goals on public health.

Conclusion

While the majority of UN-related agencies and organizations have begun the process of gender mainstreaming, it is important that these efforts are cohesive and comprehensive. With the 2015 deadline for achievement of the MDGs approaching, and many women still unable to access quality and appropriate healthcare, it is clear that there is still much to be done. Delegates should look to work within the current framework of ECOSOC to address all aspects of the topic in innovative ways, and have before them an opportunity to discuss two issues that are fundamental to the achievement of sustainable development and equality globally.

Questions to consider:

- Many regions have created their own unique strategies to strengthen public health systems. Is there a possibility or the necessity for transfer of best practices between states?
- There are many different UN and non-governmental organization (NGOs) working towards women's equality through the implementation of public health goals. How can the international community ensure that these efforts are collaborative and streamlined?
- The Secretary-General's recent report on the Millennium Development Goals drew attention to the particularly slow progress on Goal 6; Maternal Health. How can this progress be accelerated over the next 5 years to ensure that the 2015 goal is met?

⁷³ World Health Organization, *Women and Health*, 2009, pg. xiv,

<http://www.who.int/gender/documents/9789241563857/en/index.html>.

⁷⁴ United Nations, *Report of the Fourth World Conference on Women*, (A/CONF/177/20/Rev.1), 1995,

<http://www.un.org/womenwatch/confer/beijing/reports/>.

⁷⁵ United Nations, Economic and Social Council, *Situation of and assistance to Palestinian Women (E/2008/11)*, 2008,

<http://www.un.org/en/ecosoc/docs/2008/resolution%202008-11.pdf>.

⁷⁶ United Nations, General Assembly, *The issue of Palestinian pregnant women giving birth at Israeli checkpoints: Report of the High Commissioner for Human Rights*, (A/60/324), 2005,

<http://unispal.un.org/UNISPAL.NSF/0/7ACAC141D3593CCE85257085004DD6C5>.

⁷⁷ Dhaher, et al, *Factors associated with lack of postnatal care among Palestinian women: A cross-sectional study of three clinics in the West Bank*, 2008, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2499989/>.

⁷⁸ Giacaman, et al, *The limitations on choice: Palestinian women's childbirth location, dissatisfaction with the place of birth and determinants*, *European Journal of Public Health*, Vol. 17, No. 1, 2007.