

DAYMUNC XVII

World Health Organization

Dear Delegates,

It is a privilege and an honor to welcome all of you to the Seventeenth Dayton Model United Nations Conference (DAYMUNC) and the World Health Organization (WHO). My name is Kait Herick and I am very excited to serve as your Director. This is my fifth year with the DAYMUNC organization. I served as a delegate my first two years, and I have served as a Chair and as a Director on the General Assembly. In addition, I have attended the Model United Nations Conference in New York City four times, and also attended the Model United Nations Conference in Xi'an, China. I am currently double majoring in International Studies and Modern Languages at Wright State University with a minor in Political Science.

For the DAYMUNC WHO session, your delegation will be addressing the following topics:

1. Limiting the Impact of HIV/AIDS in Africa
2. The Fifteen Year Review and Appraisal of the Implementation of the Beijing Declaration and Platform for Action

While preparing for the conference, keep in mind that this guide is only intended to provide you a basic outline of the topics you will be discussing. It is extremely important that your delegation comes prepared to discuss the issues at hand while maintaining your State's policy. However, please bear in mind that is a learning conference for everyone; while at the conference I urge you to take the opportunity to practice the rules of procedure, enhance your diplomatic skills, and improve your writing and public speaking abilities. If you have any questions, please feel free to contact me at herick.3@wright.edu. Good luck with your research, and I look forward to seeing you at the conference.

Sincerely,

Kait Herick, Director

Megan Uhrig, Chair

Jackie Schroeder, Rapporteur

I. Limiting the Impact of HIV/AIDS in Africa

The Origin of HIV/AIDS

In 1981, the first cases of atypical immune system breakdowns were identified.¹ By 1982, this breakdown had a name: acquired immunodeficiency syndrome (AIDS). Three transmission methods were identified: sexual intercourse, blood, and mother-to-child.² Just two years later, scientists identified human immunodeficiency virus (HIV) as the cause. By 1985, the disease had spread to every region of the world.³

Basic Background and Statistics

According to the 2006 Political Declaration on HIV/AIDS, more than 65 million people have been infected with HIV/AIDS, with 25 million people dying and 95% living in developing States.⁴ 50% of those infected with the disease are women and 15 million children have been orphaned by it.⁵ This Declaration, adopted on June 2nd 2006 calls for increased measures to provide universal access to treatment and prevention, and sets a goal of reversing the spread of the disease by 2015.⁶ The Joint United Nations Program on HIV/AIDS (UNAIDS) has been greatly involved in working toward the achievement of these goals, showing particular emphasis on promoting education dealing with HIV and reproductive health, gender equality, combating stigma related to the disease, and reviewing legal frameworks.⁷

The WHO estimates that as of December of 2007, the number of people infected was 33 million and 2 million deaths as a result of the infection in 2007 alone.⁸

Delegates should be familiar with their State's relationship with UNAIDS, as well as statistics and the prevalence of HIV/AIDS in their State.

HIV/AIDS in Africa: History

The continent of Africa currently holds 11% of the world's population and is home to 60% of HIV/AIDS cases.⁹ It is estimated that US \$7 billion is spent on the epidemic every year, crippling already unsteady economies and

¹ UNAIDS 25 Years of AIDS. Retrieved October 22nd 2009 from:

http://data.unaids.org/pub/FactSheet/2006/20060428_FS_25YearsofAIDS_en.pdf

² Ibid.

³ Ibid.

⁴ UNAIDS (2006). 2006 Political Declaration on HIV/AIDS. Retrieved October 1st 2009 from:

http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf

⁵ Ibid.

⁶ Ibid.

⁷ UNAIDS (2006). *Policy and Practice; HIV/AIDS Prevention*. Retrieved October 1st 2009 from:

<http://www.unaids.org/en/PolicyAndPractice/Prevention/default.asp>

⁸ World Health Organization (2007). *Global Summary of the AIDS Epidemic, December 2007*. Retrieved October 2nd 2009 from: http://www.who.int/hiv/data/2008_global_summary_AIDS_ep.png

⁹ UNAIDS (2009). *Les défis des pandémies pour le développement de l'Afrique*. Retrieved October 4th from :

http://data.unaids.org/pub/SpeechEXD/2009/20090527_ms_africandialogue_afr_en.pdf

impoverishing millions of people.¹⁰ The impact of HIV/AIDS hinders Africa's development severely and treatment is expensive. 80% of AIDS drugs available in Africa come from overseas and are made of poor quality.¹¹

Despite these statistics and facts, HIV/AIDS prevalence varies from State to State in Africa. Adult AIDS cases are below 2% in central Africa, but over 15% in many southern States, and around 5% in some eastern States.¹² In States such as Senegal and Burkina Faso, the disease is present in 20% of sex workers; however it is less of a problem in the south.¹³

As you prepare your research, be sure to take into account the varying degree of the epidemic in Africa. Evaluate why some States have higher cases than others. What can realistically be done to limit the spread of HIV/AIDS? Research different programs and assess why they may be more successful in certain States.

WHO and Africa

The WHO established a Regional Office for Africa (WHO/AFRO), which addresses health concerns ranging from malaria to tuberculosis to HIV/AIDS. The Office conducted a survey and developed a report, *HIV/AIDS Epidemiological Surveillance Report for the WHO Africa Region: 2007 Update*, which assess HIV/AIDS prevalence on a State by State basis. The report also established concrete statistics on the urban/rural divide, concluding that HIV/AIDS prevalence rates are 1.5 times higher in urban areas as opposed to rural.¹⁴ WHO has also provided information on HIV testing, counseling, and the available treatment options. One report found that only 12% of men and 10% of women in Sub-Saharan Africa had been tested for HIV and given the results.¹⁵ The report sets recommendations for HIV testing involving children born to HIV positive mothers, malnourished children who do not respond to nutritional therapy, and men seeking circumcision as a method of HIV prevention.¹⁶ Additional issues addressed in the report are frequency of testing, testing technology, and post-test counseling.

Questions to consider while researching are: what reasons can be given to explain the prevalence of HIV in urban areas as opposed to rural? Is it necessary to develop programs that address the problems of the urban/rural divide separately? How can WHO and Member States increase the percent of people tested for HIV? What issues need to be taken into account when addressing HIV education to remain culturally sensitive and respectful?

¹⁰ Ibid.

¹¹ Ibid.

¹² UNAIDS (2009). *Country Responses: Sub-Saharan Africa*. Retrieved October 1st 2009 from: <http://www.unaids.org/en/CountryResponses/Regions/SubSaharanAfrica.asp>

¹³ Ibid.

¹⁴ WHO (2007). *HIV/AIDS Epidemiological Surveillance Report for the WHO Africa Region: 2007 Update*. Retrieved October 6th 2009 from:

<http://www.afro.who.int/aids/publications/OMS%20HIV/AIDS%20in%20Africa%202007-FINAL.pdf>

¹⁵ WHO (2007). *Guidance on Provider-Initiated HIV Testing and Counseling in Health Facilities*. Retrieved October 6th 2009 from: http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf

¹⁶ Ibid.

II. Fifteen Year Review and Appraisal of the Implementation of the Beijing Declaration and Platform for Action

History of the Beijing Platform for Action

In 1995, the Fourth World Conference on Women was held in Beijing, China, which developed an agenda for women's empowerment known as the Platform for Action.¹⁷ The Platform identified twelve areas of concern for women, including education, health, and violence against women. This Platform works in accordance with various other international conventions and documents, such as the Convention on the Elimination of All Forms of Discrimination Against Women, the Vienna Declaration and Program of Action, and the World Summit for Children. During the forty-ninth session of the Commission on the Status of Women, a ten-year review of the Platform was scheduled to take place in February and March of 2005. The review focused on the implementation of the Platform on the national level, challenges that still needed to be faced and progress that had already been made.¹⁸ In March 2010, a fifteen-year review of the Platform is scheduled to take place, emphasizing good practice sharing, the link between the Platform, the Millennium Development Goals (MDGs), and the role of non-governmental organizations (NGOs).¹⁹

As you are preparing your research, be cognizant of your State's involvement, cooperation, and implementation of the Beijing Declaration and Platform for Action, as well any special initiatives and programs your State has participated in when regarding women's empowerment and health.

Women's Health

Although women live longer than men on average, many social and health factors contribute to a lesser quality of life for women around the world. Discrimination and lack of education and resources are just two of the factors that add to this issue. 1,600 women die from preventable childbirth complications everyday and 99% of these deaths occur in the developing world.²⁰ In a survey conducted by the WHO, between 15% and 71% of women worldwide have reported sexual or physical violence from their spouse or partner, and 5,000 women are murdered by family members each year in the name of honor.²¹ Physical and sexual abuse can lead to mental health problems, and many women do not receive proper education and treatment for these problems.

Gender Mainstreaming in Public Health

¹⁷ UNESCO *An International Response*. Retrieved October 13th 2009 from:

http://www.unesco.org/education/tlsf/TLSF/theme_c/mod12/uncom12t03.htm

¹⁸ Division for the Advancement of Women. *Review and Appraisal of the Beijing Declaration and Platform for Action and the Outcome Document of the Twenty Third Special Session of the General Assembly*. Retrieved October 13th 2009 from: <http://www.un.org/womenwatch/daw/Review/english/49sess.htm>

¹⁹ Division for the Advancement of Women. *Beijing +15*. Retrieved October 13th 2009 from <http://www.un.org/womenwatch/daw/beijing15/index.html>

²⁰ WHO. *10 Facts about Women's Health*. Retrieved October 15th 2009 from: <http://www.who.int/features/factfiles/women/en/index.html>

²¹ WHO. *Violence against Women*. Retrieved October 15th 2009 from: <http://www.who.int/mediacentre/factsheets/fs239/en/index.html>

WHO continues to promote gender mainstreaming as a way to improve women's health worldwide and promote gender equality. A two-tiered approach, using programmatic and institutional gender mainstreaming, is used to address these health and gender issues. The first tier focuses on gender norms, acknowledging the differences between men and women's health, efficient health planning, and women's empowerment.²² The second tier examines the role and functions of certain organizations, including providing mechanisms and establishing environments that are conducive to gender mainstreaming in the health sector.²³ The WHO is also active in advancing daily life and work conditions for women as well as promoting fair employment.

Questions to consider when researching are: What ways do social and cultural issues affect women's health in certain States? Is gender mainstreaming the best way to approach women's health problems? Is it realistic? Are there alternatives to gender mainstreaming that have not been fully implemented but could be more successful? Why do some States have more success with this than others?

Literacy and Education

Approximately 82% of the world over the age of 15 is able to read, with 87% of men and 77% of women being literate.²⁴ Despite the economic and social benefits of having a literate population that includes both males and females, many regions of the world are severely behind in achieving Goal 2 of the MDGs and promoting women's education. In Sub-Saharan Africa and East Asia, over half of those who are illiterate are female.²⁵ These women have a higher risk of contracting HIV/AIDS and other diseases, and tend to be uneducated about pregnancy and children's health. In the developing world, other complications may play a role as to why so many girls do not attend school ranging from lack of separate restrooms to gender inequality in the classroom.²⁶

The Beijing Declaration and Platform for Action call for States to promote women's equality and "freedom of thought, conscience, religion and belief,"²⁷ however, it is difficult to accomplish this without the promise of education for women. What can governments do to increase girl's attendance in school? How can they educate illiterate women about health and sanitation? What role do international institutions play in women's education? How can governments and international institutions work together to promote both the achievement of Goal 2 and the implementation of the Beijing Declaration?

Reviewing the Declaration

Fifteen years later, many accomplishments have been made in implementing the Beijing Declaration and Platform for Action. However, much work is still needed. What can your State do to promote the goals set forth in the Declaration? What initiatives or programs have been beneficial to its implementation? Where is there room for improvement? Keep some of these questions in mind as you prepare to review and evaluate the progress of the Beijing Declaration and Platform for Action.

²² WHO *Mainstreaming Gender in Public Health: What does it mean?* Retrieved October 13th 2009 from http://www.who.int/gender/mainstreaming/mainstreaming_gender/en/index.html

²³ Ibid.

²⁴ UNFPA. *Gender Equality Factsheet*. Retrieved October 15th 2009 from: http://www.unfpa.org/swp/2005/presskit/factsheets/facts_gender.htm

²⁵ Ibid.

²⁶ Ibid.

²⁷ *The Beijing Declaration, Article 12*. Retrieved October 17th, 2009 from <http://www.un-documents.net/beijingd.htm>

