Southern Regional Model United Nations XX
Enhancing Global Commitments to Human Rights and Equality
November 19-21, 2009
Atlanta, GA
Email: ecosoc@srmun.org

Honorable Delegates,

It is my honor to welcome you to the 20th Southern Regional Model United Nations (SRMUN). My name is Morgan Gibson and I will serve as your Director for the Economic and Social Council (ECOSOC). I have been involved with Model United Nations clubs since high school. SRMUN XX will be my fifth year with the conference and my third year on staff. I am also the president of the University of Tennessee Model United Nations Club and serve as the Secretary-General of The University of Tennessee High School Model United Nations (UTHSMUN). Currently, I am a senior at UT, studying Political Science and French with emphases on North African politics and agricultural economics. Joining me at the dais this year is Fawn Apgar who will serve as your Assistant-Director. We are both very excited and honored to be serving with ECOSOC.

The ECOSOC covers a wide variety of issues and houses over 20 subsidiary bodies. Because of this, we crafted topics to provide a representative sample of the different topics that the ECOSOC covers. The following topics encompass the economic and social issues facing the ECOSOC and should be researched with the theme of improving human rights and equality in mind. The topics for SRMUN XX ECOSOC are:

I. Regulating Multinational Corporations in Free Trade Zones
II. Improving Access to Healthcare in Developing Nations
III. Increasing International Awareness to Promote Social Equality in Sexuality and Gender

Each delegation is strongly encouraged to submit a position paper, which will cover all three topics. Position papers should serve as a persuasive tool which clearly lays out a course of action for the committee to pursue in addressing each topic. Ideally, these papers will provide researched information about a country's current policies and positions on a topic, as well as show the proposed direction each country seeks in solving the issues facing the committee. Position papers should be viewed as an opportunity for delegates to research and begin building a base of knowledge of each topic. Well-developed position papers are factual, informative, and persuasive. Papers should be no more than 2 pages in length, single-spaced.

More detailed information, including format specifications and writing tips, can be found at (www.srmun.org). **Position papers MUST be submitted by October 23, 11:59pm EST to the SRMUN website. Instructions for uploading your position paper can be found on the SRMUN website.**

We have worked diligently to choose timely, debatable, and challenging topics for discussion. In researching, do not hesitate to contact either Fawn or me with questions or concerns. We look forward to reading your position papers and to meeting you at the conference. Good luck!

Morgan Gibson
Director
ecosoc@srmun.org

Fawn Apgar
Assistant Director
ecosoc@srmun.org

Elizabeth Kayed
Director-General
dgsrmun@gmail.com

The History of the Economic and Social Council

The history of the Economic and Social Council (ECOSOC) dates back to the creation of the United Nations (UN) in the wake of World War II. ECOSOC is one of six principle organs established by Chapter III, Article 7 of the United Nations Charter.[1] The primary task of ECOSOC is to discuss issues of significant economic and social importance, as well as to make policy recommendations to Member States and the United Nations system that promote higher standards of living and economic and social progress.[2] In addition to acting as a forum for policy discussions, ECOSOC is charged with coordinating a host of economic and social programs in the United Nations system, including 14 UN specialized agencies, 10 functional commissions, and 5 regional commissions, and may also organize and coordinate follow-up on major international conferences in relevant economic and social fields.[3] When necessary, ECOSOC provides information to the UN Security Council and assists the Security Council upon its request.[4]

The ECOSOC mandate in Chapter 10 of the United Nations Charter states that ECOSOC may make recommendations to the General Assembly, Member States, and the specialized agencies—such as the Food and Agriculture Organization (FAO), the International Atomic Energy Agency (IAEA), the International Labour Organization (ILO), the International Monetary Fund (IMF), World Health Organization (WHO),[5] and others—"for the purpose of promoting respect for, and observance of, human rights and fundamental freedoms for all."[6] The many studies and reports initiated by ECOSOC are a primary catalyst of discussion within the body and the basis on which many of these recommendations are made. To supplement the body's knowledge, ECOSOC may invite a representative of any specialized agency or Member of the United Nations to participate, without vote, in ongoing discussions of issues relating directly to the specialized agency or Member.[7] In addition, ECOSOC consults with expert academics and business sector representatives and has granted consultative status to more than 2,100 registered non-governmental organizations in an effort to fulfill its mandate.[8]

ECOSOC's work with non-governmental organizations, specialized agencies, functional and regional commissions, expert and standing committees, and ad hoc advisory groups make it unique from other UN bodies in that its primary interaction extends beyond member governments to other bodies.[9] These bodies include organizations such as the Commission on Sustainable Development, Commission on the Status of Women, International Monetary Fund (IMF), Food and Agriculture Organization (FAO), World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), Office of the United Nations High Commissioner for Refugees (UNHCR), and the International Court of Justice (ICJ).[10] ECOSOC receives reports from these agencies and communicates findings of these reports to the General Assembly to further economic and social progress.[11]

In addition to coordinating the work of a substantial number of UN programs, ECOSOC takes the lead in many areas of international policy; over the years this has included important issues such as human rights, the digital divide, African development, health, education, Least Developed Countries (LDCs), and full and productive employment.[12] At the request of UN Members and with the approval of the General Assembly, ECOSOC may also

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[1] *Charter of the United Nations.* The United Nations. June 26, 1945.
[2] "ECOSOC: Background." The United Nations Economic and Social Council. http://www.un.org/docs/ecosoc/ecosoc_background.html
[3] Ibid.
[4] *Charter of the United Nations.* The United Nations. June 26, 1945.
[5] "UN in Brief: Chapter VI, The specialized agencies." The United Nations Publications. http://www.un.org/Overview/uninbrief/agencies.html
[6] Ibid.
[7] Ibid.
[8] "ECOSOC: Background." The United Nations Economic and Social Council. http://www.un.org/docs/ecosoc/ecosoc_background.html
[9] Ibid.
[10] "UN Agencies, Funds, and Programmes." The United Nations Economic and Social Council. http://www.un.org/docs/ecosoc/unagencies.html
[11] *Charter of the United Nations.* The United Nations. June 26, 1945.
[12] "ECOSOC: Background." The United Nations Economic and Social Council. http://www.un.org/docs/ecosoc/ecosoc_background.html

undertake additional functions.[13] At the 2005 World Summit, Members requested that ECOSOC organize a new Annual Ministerial Review (AMR) and Development Cooperation Forum (DCF) every other year.[14] The first AMR was held in 2007; its responsibilities are to "assess progress made towards the Millennium Development Goals and the implementation of the other goals and targets agreed at the major UN conferences and summits over the past 15 years, which, together, constitute the United Nations Development Agenda (UNDA)."[15] The first DCF was held in 2008, and is mandated "to enhance the implementation of the internationally agreed development goals, including the Millennium Development Goals, and promote dialogue to find effective ways to support it."[16] These two new functions of ECOSOC are expected to strengthen progress in achieving internationally recognized goals and encourage accountability of the international community in achieving these goals.

Each year, 18 States are elected to ECOSOC by the General Assembly to serve overlapping 3 year terms.[17] Decisions of ECOSOC are made by a simple majority of the members present and voting.[18] In total, ECOSOC is composed of 54 members, 14 from Africa, 11 from Asia, 6 from Eastern Europe, 10 from Latin America and the Caribbean, and 13 Western European and other states.[19] ECOSOC meets in a substantive session for four weeks during July.[20] In addition, ECOSOC has met annually since 1998 with finance ministers of the Bretton Woods institutions; these meetings have played an important role in coordinating the efforts of the UN with those of the Bretton Woods institutions and strengthening organizational relationships.[21]

The current members of the UN Economic and Social Council are:

ALGERIA, BARBADOS, BELARUS, BOLIVIA, BRAZIL, CAMEROON, CANADA, CAPE VERDE, CHINA, CONGO, CÔTE D'IVOIRE, EL SALVADOR, ESTONIA, FRANCE, GERMANY, GREECE, GUATAMALA, GUINEA-BISSAU, INDIA, INDONESIA, IRAQ, JAPAN, KAZAKHSTAN, LIECHTENSTEIN, LUXEMBOURG, MALAWI, MALAYSIA, MAURITIUS, MOLDOVA, MOROCCO, MOZAMBIQUE, NAMIBIA, NETHERLANDS, NEW ZEALAND, NIGER, NORWAY, PAKISTAN, PERU, PHILIPPINES, POLAND, PORTUGAL, REPUBLIC OF KOREA, ROMANIA, RUSSIAN FEDERATION, SAINT KITTS AND NEVIS, SAINT LUCIA, SAUDI ARABIA, SOMALIA, SUDAN, SWEDEN, UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, UNITED STATES OF AMERICA, URUGUAY, VENEZUELA.

[13] *Charter of the United Nations*. The United Nations. June 26, 1945.
[14] "New Functions of ECOSOC." The United Nations Economic and Social Council. http://www.un.org/ecosoc/newfunct/
[15] "Annual Ministerial Review." The United Nations Economic and Social Council. http://www.un.org/ecosoc/newfunct/amr.shtml
[16] "Development Cooperation Forum." The United Nations Economic and Social Council. http://www.un.org/ecosoc/newfunct/develop.shtml
[17] "ECOSOC Members." The United Nations Economic and Social Council. http://www.un.org/ecosoc/about/members.shtml
[18] *Charter of the United Nations*. The United Nations. June 26, 1945.
[19] "ECOSOC Members." The United Nations Economic and Social Council. http://www.un.org/ecosoc/about/members.shtml
[20] "ECOSOC: Background." The United Nations Economic and Social Council. http://www.un.org/docs/ecosoc/ecosoc_background.html
[21] Ibid.

I. Regulating Multi-national Corporations in Free Trade Zones

"Trade could foster growth and poverty reduction and could be an important catalyst for sustainable development. Countries that had integrated into the world economy, through trade and investment, had enjoyed higher economic growth and improvement in many key indicators."
-Peter Thompson, representative of the European Commission[22]

Introduction

From 1 July to 22 July, 1944, world leaders gathered in Bretton Woods, New Hampshire, for the United Nations Monetary and Financial Conference to create rules for international trade and commerce.[23] Post -World War II, the 44 Member States and their representatives, agreed to embark on international commerce regulations, to allow for the expansion of trade among the countries of the world.[24] The Bretton Words Conference, as it became known, led to the creation of the International Monetary Fund (IMF), as well as the International Bank for Reconstruction and Development (IBRD).[25] With the groundwork laid and the course set, it became clear that further development was necessary to ensure the successes of any open trade agreements. Following the Bretton Woods Conference, United States President Harry Truman and the members of ECOSOC agreed to draft a charter to what would be known as the International Trade Organization.[26] Coinciding with the creation of the ITO, were negotiations on the General Agreement on Tariffs and Trade (GATT), which was completed in October 1947, with the signing of the "Protocol of Provisional of the General Agreement on Tariffs and Trade."[27] The work of the ITO never came to be, as the charter was never approved by the US Congress, to the frustration of Truman, which was expressed when he stated that he would no longer request the Congress' approval of the ITO, causing the work of the charter to end.[28] With a lack of international framework, the remaining Member States followed the guidance of the GATT, which by default, became the substantive and agreed upon direction for international trade. The work of the GATT was done through a series of discussions, in which numerous topics were entertained, called rounds. The first of these was in 1947 and became known as the Torquay Round, which provided regulations on specific commodities included in the GATT charter and began the process of stopping and eliminating tariffs on these goods.[29] Another set of rounds, from 1959 to 1979, furthered this cause by working to reduce tariffs further. The final round, possibly the most formative, was called the Uruguay Round, and its work centered on adding commodities such as: agriculture, services, and intellectual property.[30]

The Uruguay Round, which lasted from 1986 to 1994 set out to complete the fundamentals of free trade zones (FTZs). While much was established during those years, increased technology and globalization required more attention to FTZ proliferation. At the completion of this round, the GATT created the World Trade Organization (WTO), which became its successor in 1994.[31] The Doha Development Round or the Doha Development Agenda (DDA) serves as the foundation for FTZs and established the global rules and expectations for these programs, creating the framework for multilateral trade negotiations (MTN).[32] DDA is the current round of negotiations on the floor of the WTO. On 14 November 2001, the members of the WTO embarked on a new round of discussions related to FTZs, placing emphasis on five main areas of discussion: market access, development issues, WTO rules, trade facilitation, and the remaining issues, allowing for an open forum for information and debate. The work of the DDA takes a more humanitarian stance than any of its predecessors, working to allow more access for FTZs to developing nations and working to break down the barriers that exist for them by allowing them to reap the benefits

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[22] "ECOSOC Adopts Resolutions and Decisions on Regional Cooperation in Economic, Social, an Related Fields." ECOSOC/ 6083 Press Release. July 2003. http://www.un.org/News/Press/docs/2003/ecosoc6083.doc.htm
[23] "The Bretton Woods Conference, 1944." US Department of State. http://www.state.gov/r/pa/ho/time/wwii/98681.htm
[24] Ibid.
[25] Ibid.
[26] Macrory Patrick F. J., Arthur Edmond Appleton, Michael G. Plummer. "The World Trade Organization: Legal, Economic, and Political Analysis." Springer. 2005
[27] Ibid.
[28] Ibid.
[29] Ibid.
[30] Ibid.
[31] Ibid.
[32] Ibid

of globalization. The DDA creates a more realistic open market approach by reducing or eliminating subsidies in the agricultural industry, which supports an overwhelming majority of developing nations.[33]

A March 2007 statistic from the International Labour Organzation (ILO) estimates that 63,118,236 people from around the world are employed through the various FTZs that exist globally.[34] Free trade zones, or free trade areas, are designated areas within the borders of a country in which multi-national corporations (MNCs) are given incentives by a host country to bring industry and foreign investment to the area.[35] Corporations most often use these FTZs as main hubs for the conversion of raw materials into finished goods.[36] Regionally, Asia, Central America, Mexico, and the Middle East employ the largest FTZ workforce.[37] However, FTZs exist throughout the world and provide benefits for the areas in which they are installed.

The benefits include the factory workers, who make a higher wage than they would typically make doing similar jobs in their own country and are able to provide a higher standard of living for themselves and their families.[38] Native businesses are often able to benefit from technology-sharing with the external corporations as well. Governments enjoy higher levels of foreign direct investment and are able to foster lasting economic ties with other nations. However, the incentives given to corporations operating in these zones are often to the detriment of the environment and the well-being of factory workers. For instance, workers often handle very hazardous materials, especially chemicals, and are not made aware of the potential dangers or given the proper techniques needed to handle the materials.[39] Because there are few, or no environmental regulations existing in many FTZs, those same hazardous materials may be disposed of in a nearby river, stream, or landfill and left to destroy the environment of the host country.[40] In considering the work of free trade zones, the Member States of the United Nations Economic and Social Council (ECOSOC) must equally consider the positive and negative aspects of FTZs and the impact MNCs have on the global physical and economic landscapes.[41] It is essential that the global community strike a balance between economic growth and fair social practices.

The Work of Free Trade Zones

Free trade zone is often a catch-all phrase, used to denote trade areas with regulations that favor foreign direct investment. Within the classification of FTZ, there are more specific names which explain the exact work of that particular type of trade zone. The two broad classifications of FTZ are export processing zone and special economic zones.[42] As defined by ILO, export processing zones (EPZs) are "industrial zones with special incentives set up to attract foreign investors, in which imported materials undergo some degree of processing before being re-exported."[43] For instance, raw materials and components to build a television for an American company could be shipped to a branch factory in a Chinese FTZ, manufactured, and shipped back to the United States with little or no import or export charges to the American company allowing for increased accessibility to less expensive materials, without adding additional fees.[44] Typically, EPZs involve "light industry and manufacturing" with the specific goal to develop the host nation's export industry.[45] The ILO further defines special economic zones as specializing in

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[33] Ibid.
[34] "EPZ Employment Statistics." International Labour Organization. March 14, 2007. http://www.ilo.org/public/english/dialogue/sector/themes/epz/stats.htm.
[35] "Chapter 2, General Concepts: FTZ and Port Hinterland." *Free Trade Zone and Port Hinterland Development.* Transport and Tourism Division, United Nations Economic and Social Commission for Asia and the Pacific. United Nations: 2005. pp. 5-26. http://www.unescap.org/ttdw/Publications/TFS_pubs/pub_2377/pub_2377_ch2.pdf.
[36] Ibid.
[37] "EPZ Employment Statistics." International Labour Organization. March 14, 2007. http://www.ilo.org/public/english/dialogue/sector/themes/epz/stats.htm.
[38] Herbert Jauch. "Export processing zones and the quest for sustainable development: a Southern African perspective." *Environment & Urbanization, vol. 14, no. 1.* April 2002. http://www.gpn.org/research/namibia/jauch.pdf.
[39] "CorpWatch: Issues." CorpWatch. http://www.corpwatch.org/article.php?list=type&type=166.
[40] Ibid.
[41] Ibid.
[42] "Export processing zones." International Labour Organization. http://www.ilo.org/public/english/dialogue/sector/themes/epz/epzs.htm.
[43] Ibid.
[44] Ibid.
[45] "Types of zones: an evolutionary typology." International Labour Organization. November 28, 2003. http://www.ilo.org/public/english/dialogue/sector/themes/epz/typology.htm.

"deregulation [and] private sector investment in restricted areas."[46] These zones are most common in The People's Republic of China, especially in the southern provinces of Hainan and Shenzhen and are typified by business tax breaks and liberal labor codes.[47] While other types of zones exist, it is recognized that these serve the same general purposes as EPZs and special economic zones.[48] For the remainder of this guide, understand FTZ as a catch-all phrase referring to all forms of special trade and manufacturing areas. Typical features of all FTZs, according the UN ECOSOC for Asia and the Pacific (UNESCAP), include above-average business infrastructure, more flexible business regulations, an offshore location, a focus on exports, and attractive incentive packages.[49] In understanding the socioeconomic issues surrounding FTZs, it is important to fully understand the underlying motivations a nation may have in setting up a FTZ.

Often, countries choose to install FTZs as a means to attract foreign direct investment (FDI).[50] FDI, in this context, "occurs when an investor based in one country (the home country) acquires an asset in another country (the host country) with the intent to manage that asset."[51] FDI can serve to energize or further develop a nation's economy and levels of FDI often correlate to levels of political and economic stability in a country.[52] Countries with stable political environments and economies are more likely to attract foreign investors because the hypothetical chance of economic gain is more likely.[53] No matter the business endeavor, most investors seek opportunities in countries with a solid, steady economic framework with few chances of "surprises"—for example, military coup or civil war— which would likely cause severe economic losses or the dissolution of the company in which they invested. FTZs provide an insulated political environment, through specialized laws and regulations specifically for businesses within the FTZ, which enhances the attractiveness of foreign investment.[54]

By setting up a FTZ, a nation also assumes that a high rate of technology and information sharing will occur.[55] Corporations that choose to set up factories in FTZs bring with them the machinery and expertise necessary to produce their products.[56] Since FTZ factories and businesses hire workers locally, the information is most easily spread from the corporations to the rest of the nation through factory workers who learn the trade by hands-on work experience.[57] Corporations also form close ties with governments overseeing the FTZ so information sharing may occur through cooperation between the public and private sectors.[58]

Countries that wish to install FTZs typically start planning with a specific piece of land in mind. Most FTZs are located in port cities or in hinterlands—inland regions connected to the ocean by inlets or streams—[59] which provide close proximity to large population centers and, in turn, resources and human capital. At the same time or after land procurement and zoning, law-makers within the host nation begin deciding the regulatory aspects of the FTZ. Governments often use subsidies and reduced or eliminated tariff/export schedules in order to incentivize new MNC

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[46] Ibid.
[47] Ibid.
[48] Ibid.
[49] "Chapter 2, General Concepts: FTZ and Port Hinterland." *Free Trade Zone and Port Hinterland Development.* Transport and Tourism Division, United Nations Economic and Social Commission for Asia and the Pacific. United Nations: 2005. pp. 5-26. http://www.unescap.org/ttdw/Publications/TFS_pubs/pub_2377/pub_2377_ch2.pdf.
[50] Herbert Jauch. "Export processing zones and the quest for sustainable development: a Southern African perspective." *Environment & Urbanization, vol. 14, no. 1.* April 2002. http://www.gpn.org/research/namibia/jauch.pdf.
[51] Richard Blackhurst & Adrian Otten. "Trade and foreign direct investment." World Trade Organization. October 6, 1996. http://www.wto.org/english/news_e/pres96_e/pr057_e.htm.
[52] Suranovic, Stephen M. "Introductory Issues." *International Trade Theory and Policy.* December 24, 2006. http://internationalecon.com/Trade/Tch5/T5-1.php
[53] Ibid.
[54] "Chapter 7, Best Practices and Policy Guidelines." *Free Trade Zone and Port Hinterland Development.* Transport and Tourism Division, United Nations Economic and Social Commission for Asia and the Pacific. United Nations: 2005. pp. 109-125. http://www.unescap.org/ttdw/Publications/TFS_pubs/pub_2377/pub_2377_ch7.pdf.
[55] "Export processing zones." *PremNote, no. 11.* The World Bank. December 2008. http://www1.worldbank.org/prem/PREMNotes/premnote11.pdf.
[56] Ibid.
[57] Ibid.
[58] Ibid.
[59] "Hinterland." *Merriam-Webster Collegiate Dictionary*. 11 ed. 2008. http://www.merriam-webster.com/dictionary/hinterland.

installments.[60] Export processing zones are an especially popular example of government incentivization.[61] For example, MNCs are able to set up a special processing factory in which all raw materials are shipped in, manufactured into a finished (or almost finished) product and shipped back to the host country without the expense of export taxes.[62] Members signed on to the World Trade Organization (WTO) regulations of FTZs must also be mindful of compliance with international trade law. Specifically, the WTO's Agreement on Subsidies and Countervailing Measures (SCM) serves as the backbone of regulations for FTZs, although current regulations are more concerned with definitional terminology and export subsidy processes rather than social and environmental practices.[63] The WTO has yet to expressly define either FTZs or EPZs and, even though the SMC governs export subsidies—in turn, governs much of the work of FTZs— many FTZ regulations are at odds with the agreed practices set forth by the WTO.[64] In many cases, national trade laws match up with WTO agreements, yet FTZs are allowed to function under different, non-WTO approved regulations.[65]

The Social Implications of Free Trade Zones

Although FTZs potentially strengthen host country economies, there are many negative social-side effects, especially in cases with little or no oversight by the government. These issues range from hazardous working conditions for factory employees to "forced" work for inequitable pay.[66] The severity of these issues varies from FTZ to FTZ and may be nonexistent in some host countries. However, the following are the overarching concerns found in a majority of FTZs which must be addressed by the Member States of the ECOSOC.

Because FTZs are typically located in economically depressed areas with a plentiful amount of available workers, there is little job security at factories.[67] If a worker slacks in his or her work, refuses to work unreasonable hours, or fails to follow a company policy, an able-bodied and eager replacement is easily found. As a result, FTZ workers are often asked to work long hours with little or no sleep.[68] In most factories, workers are not allowed to talk while they work to avoid slowing factory processes.[69] Sometimes workers are not even allowed to speak during mealtimes so that they can return to work more quickly.[70] In many cases, workers also handle very hazardous chemicals or hot materials which are dangerous to themselves, and the local environment.[71] As a result of severe job insecurity, workers have few options in terms of collective bargaining for higher wages, for safer working conditions, or for more humane treatment.[72] In conditions such as these, unionization is almost impossible and attempts at unionizing are often met with violence from local police.[73]

Although these conditions seem intolerable, many workers accept the job and the conditions that go along with the position because of relatively high wages.[74] Factory workers typically earn a higher wage than they would

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[60] Robert Haywood. "Pre-feasibility Study of Export Processing Zone in Vanuatu." United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). August 23, 2003. pp. 14-22. http://www.unescap.org/tid/missn_vanu.pdf.

[61] Ibid.

[62] Ibid.

[63] Roman Grynberg. *WTO at the Margins*. New York: Cambridge University Press. 2006.

[64] "The WTO and Export Processing Zones." International Trade Union Confederation. http://www.ituc-csi.org/IMG/pdf/WTO_and_EPZs.pdf.

[65] Ibid.

[66] Altha J. Cravey. *Women and Work in Mexico's Maquiladoras.* New York: Rowman and Littlefield Publishers, Inc. 1998.

[67] Alejandro Lugo. "Maquiladoras, Gender, and Culture Change." *Fragmented Lives, Assembled Parts: Culture, capitalism, and conquest at the U.S.-Mexico border.* Austin, TX: University of Texas Press. 2008, pp. 69-89.

[68] Shahidur Rahman. "Bangladesh: Women and labour activism." *Women and Labour Organizing in Asia*. Ed. Kaye Broadbent et al. New York: Routledge. 2008, pp. 84-97.

[69] Altha J. Cravey. *Women and Work in Mexico's Maquiladoras.* New York: Rowman and Littlefield Publishers, Inc. 1998, pp. 71-73.

[70] Ibid.

[71] "Policy and Research Series: Export processing zones." The World Bank. p. 20. http://books.google.com/books?id=xJBoyutM4KMC&printsec=copyright&source=gbs_pub_info_s&cad=3.

[72] Altha J. Cravey. *Women and Work in Mexico's Maquiladoras.* New York: Rowman and Littlefield Publishers, Inc. 1998, pp. 71-73.

[73] Ibid.

[74] Herbert Jauch. "Export processing zones and the quest for sustainable development: a Southern African perspective." *Environment & Urbanization, vol. 14, no. 1.* April 2002. http://www.gpn.org/research/namibia/jauch.pdf.

otherwise earn at a comparable post in a factory outside of the FTZ, in the host country.[75] Higher wages allow for a higher standard of living for factory workers who typically come from very impoverished areas. This point makes FTZs an extremely attractive investment for MNCs.[76] Corporations can pay a marginally higher wage than "national" corporations for a significantly higher amount of human capital.[77] Sound business practices, however, do not always take into account the human element of human capital.

One of the most pressing sub-topics concerning the social aspects of FTZs is the unequal treatment, specifically, of women workers in factories. Women are the most employed gender in many FTZs and are often the victims of unequal pay and sexual harassment in an "environment of intimidation."[78] Women in one small Fuzhou, China bead factory face patriarchic treatment from their manager who believes in hiring more women for their "nimble fingers."[79] In this specific factory, which produces beaded necklaces and trinkets for Mardi Gras festivals, "around 95%" of workers are women who take on the tasks of painting miniscule faces onto plastic figurines, dying beads in large vats of chemical dye, threading beads and clasping strings of beads with dangerous welding equipment.[80] Men are employed to do loading and unloading of materials, a job viewed as requiring too much strength for women to perform.[81] Workers in this factory typically earned about 0.10 cents (USD) per hour.[82] "It is more easy to control the lady workers [sic]," says factory owner Roger [last name redacted].[83] Roger owned a factory affiliated with an American-owned company which distributed party favors which has, since the time of the interviews, declared bankruptcy and gone out of business.[84]

This case represents many unsafe, unequal and inhumane working conditions for workers. However, Member States of the ECOSOC must view this as an example of practices to avoid in penning regulatory measures for FTZs.

The Environmental Effects of Free Trade Zones

Because companies within FTZs are foreign corporations, which do not often undergo thorough oversight as a result of proximity to headquarters, working conditions as well as environmental protections can be very poor. Lack of environmental protection also occurs as a result of lax or nonexistent regulations from the host country in order to attract new business localization. From a World Bank policy research series, pollution is not seen as a result of FTZ regulations (or lack thereof).[85] Rather, pollution is a result of poor national environmental regulations which are also applied in FTZs.[86] "EPZs rarely house industries that are responsible for serious air or water pollution, and there is no evidence that firms in EPZs are exempted from national environmental regulations. However, electronics and certain other activities, such as furniture making, use chemicals that pose environmental hazards if not disposed of properly."[87]

The danger of FTZs in all realms but especially with environmental practices lies in oversight or lack thereof. A nation with sound environmental policy may turn a blind eye to questionable practices of FTZs in order to facilitate business. Often, because FTZ factories are in locales far away from the main offices of a MNC, remote factories are not adherent to company environmental safeguards for dumping and storage of dangerous chemicals and compounds. Overwhelmingly, MNCs will only enact the bare-minimum of environmental safeguards in order to maximize profits and protect assets. This rationale fails to take into account the degradation of assets such as land

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[75] Ibid.
[76] Herbert Jauch. "Export processing zones and the quest for sustainable development: a Southern African perspective." *Environment & Urbanization, vol. 14, no. 1.* April 2002. http://www.gpn.org/research/namibia/jauch.pdf.
[77] Ibid.
[78] Altha J. Cravey. *Women and Work in Mexico's Maquiladoras.* New York: Rowman and Littlefield Publishers, Inc., 1998. pp. 71-73.
[79] David Redmon. *Mardi Gras: Made in China.* Brooklyn, NY: Carnivalesque Films, 2004.
[80] Ibid.
[81] Ibid.
[82] Ibid.
[83] Ibid.
[84] Ibid.
[85] "Policy and Research Series: Export processing zones." The World Bank. p. 20. http://books.google.com/books?id=xJBoyutM4KMC&printsec=copyright&source=gbs_pub_info_s&cad=3.
[86] Ibid.
[87] Ibid.

and the unfair pollution of public commodities like air and water. Whether pollution emanates from chemical dumping or air pollution, Member States must consider the environmental effects of FTZs on their own soil, as well as abroad.

Multi-national Corporations and the World Stage

An ILO report on FDI and its efficiency presents the debate over the positive and negative effects of MNCs on host and home countries.[88] As mentioned before, MNCs offer "intangible assets, leading to productivity increases that improve the efficiency of resource utilization and ultimately lead to higher per capita income," such as technology sharing.[89] "These positive effects include 'both direct benefits brought about by linkages between MNCs and local firms (e.g. suppliers and distributors) and indirect benefits, whether created by increased rivalry or via the generation of external benefits.'"[90] The positive influences of MNCs intra-and internationally become increasingly valuable in an ever more connected world economy. Just as positive effects of MNCs are more easily spread with globalization, the negative effects also spread.

Dangers to FTZ and MNC host countries generate from "the market power of the MNC and the ability of an MNC to use this power to generate supranormal profits and transfer this to its shareholders, who presumably are not residents of the host country."[91] MNC actions in FTZs point to a flaw in current business principles and practices, especially in the area profit maximization. It is safe to assume that, by choosing to establish satellite factories in FTZs, countries are receiving benefits from lower minimum wage requirements, elimination of export fees, or some other regulatory incentives granted by host countries.[92] The very reason FTZs exist as such viable centers of industry alludes to the basic idea that businesses seek to minimize expenses and maximize profit. Concerns arise when profit maximization overtakes ethical practice.[93] Instances in which this happens include underpaying workers, using harmful, cheap materials for the sake of cost-efficiency and spending the bare-minimum on environmentally sound production measures. This is not meant to detract from the legitimacy of business practices but, rather, to point out a potential flaw in the way our economic structures fit within the framework of human rights and environmental awareness.

On 17 July 2003, the Member States of the ECOSOC agreed to and adopted a resolution regarding the regional cooperation in economic, social, and related fields (ECOSOC/6083).[94] In response to the audacious agreement, Peter Thompson, speaking on the behalf of the European Commission said:

> *Multilateral trade negotiations under the World Trade Organization (WTO) Doha Development Agenda, together with bilateral and regional initiatives and support for regional integration among developing countries, were the main vehicles to pursue enhanced market access and improved trade rules. The existence of a rules-based multilateral trading system was key for developing countries' ability to participate in and benefit from international trade. The rules-based system embodied in the WTO substituted the rule of law for the law of the jungle, which was of particular benefit to smaller nations and developing countries. Regional integration could contribute to the participation of developing countries in the global economy and help to reinforce the multilateral trading system. North-South integration could*

[88] GB.267/WP/SDL/3. *Recent reports on foreign direct investment and its implications for employment and social policy*. Working Party on the Social Dimensions of the Liberalization of International Trade, International Labour Organization. November 1996.
[89] Ibid.
[90] Ibid.
[91] Ibid.
[92] Ibid.
[93] Ibid.
[94] "ECOSOC Adopts Resolutions and Decisions on Regional Cooperation in Economic, Social, an Related Fields." ECOSOC/ 6083 Press Release. July 2003. http://www.un.org/News/Press/docs/2003/ecosoc6083.doc.htm

> *help lock in reforms, give stable access to a large market and facilitate flows of foreign direct investment. The regional perspective was strongly present in the relations between the European Union and many developing regions, such as the Mediterranean countries, the Southern Common Market (MERCOSUR), and the Central America and Andean Community countries.*[95]

The release went on to further encourage the international trade and increase cohesive FTZs. The representatives stressed the global need for trade, through the WTO, working to assist developing nations, as a necessary next step in the evolution of international trade policies and programs.[96]

Conclusion

FTZs undeniably provide positive incentives to Member States, businesses, and citizens the world over. There are countless legal agreements, regulations, and laws in place to safeguard assets and to promote equitable trading practices. Often the global community forgets that, in protecting these assets and by promoting fair international trade, there exist natural elements to business outside of the realm of economic theory— the natural element of humanity and environment. Without safeguarding these assets, without treating them fairly and responsibly, economic independence and wealth accumulation comes at greater costs than we may be able to imagine. For host countries, the citizens of the host country and for the MNCs who manufacture goods in FTZs, the long-run negative impacts of the manufacturing process may certainly outweigh the short-term economic gain.

Committee Directive

The issues of regulation of MNCs in FTZs entails a multifaceted approach, incorporating suggestions for the social and economic well-being of Member States while considering issues of sovereignty and scope of the committee. Delegates will benefit from familiarizing themselves with the presence (or lack thereof) of FTZs, FDI, and MNC involvement within their Member State. True regulations in trade come from the WTO, but the ECOSOC does have the ability to make suggestions to WTO Member States. Look to the work of subsidiary bodies within ECOSOC, such as the Commission for Sustainable Development (CSD), for more detailed information about the scope of environmentally supportive industrial practices. Documents such as the ILO Declaration on Fundamental Principles and Rights at Work provide a good basis for international workers' rights. How can MNC trade regulation improve working conditions? What has been done to heed the advice and strong recommendations of ECOSOC/ 6083? Has your country taken steps towards increasing FTZs in the developing world? If so, through what means; what successes or failures have occurred?

Topic II: Increasing Access to Health Care in Developing States

"We have to work together to ensure access to a motivated, skilled, and supported health worker by every person in every village everywhere."

-Lee Jong-wook, Director-General, WHO[97]

Introduction

The world has seen incredibly impressive improvements in health care over the last 60 years. However, the challenges to providing safe and reliable health care, economically and efficiently, have increased and in some areas of the world reversed. Health care and access to technology, screenings, drugs, vaccines, and other preventative measures are creating disproportionate contact between the developed and developing worlds. Added to that

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[95] "ECOSOC Adopts Resolutions and Decisions on Regional Cooperation in Economic, Social, an Related Fields." ECOSOC/ 6083 Press Release. July 2003. http://www.un.org/News/Press/docs/2003/ecosoc6083.doc.htm

[96] Ibid.

[97] Royeen, C. B., Jensen, G. M., & Harvan, R. A. *Leadership in Interprofessional Health Education and Practice.* Jones & Bartlett Publishers. 2008.

inequality are modern day issues, further separating these two group, which are changing in a variety of ways that were unimagined years ago. Aging, urbanization, and globalization have increased the burden of non-communicable disease and accelerated the transmission of communicable disease. A complicated group of interrelated factors, such those discussed above, increases in part to income and population, climate change, and food security. The tension has created complicated implications for global health. As many as two billion people around the world face serious health threats.[98] However, the work of the global community is not without its share of successes, and there are areas where health care improvements are ongoing. In China the average life expectancy has increase to 73 in 2007, from 68 in 1990[99] and in Central America the childhood and maternal mortality rate has dropped significantly since 1990,. Other examples include Guatemala, which has decreased their childhood mortality rate by 34 percent in the last 14 years.[100]

Developing nations are finding access to affordable and effective health care exceedingly difficult. Besides lacking access to expensive drugs and vaccines, the citizens of these nations require additional fundamental resources to medicinal support and assistance, which include transportation infrastructure, education, general health policies, and increased health care budgets.[101] The basic structure of their health care systems are, in some cases, reverse of the developed nations, doctors and medical assistance is only sought after in extreme cases, rarely do they consult physicians on a regular basis to receive check-ups or other forms of preventative care. Additionally, the Member States in sub-Saharan Africa, and other developing nations, allot little to no government financial backing to health care programs, which reduces their citizen's access to immunizations, essential medicines, and other necessary services (including care for pregnant and new mothers). Further still, women and female children are often the last considered. When and if medical care is offered, often it is provided to men and male children. One of the most destructive qualities of the developing world's access to preventative care lies in their overall health literacy, and throughout these regions, basic health concepts are not taught or understood. Essential concepts such as clean water, sanitation, nutrition, and preventative doctor visits, are not known and continue to be left untaught in many developing nations due to a lack of resources and funding. Sub-Saharan Africa is considered one of the most devastated regions in the world, due in part to the economic state and the minimal infrastructure of the countries. Doctor's offices and medical supplies are often located in larger villages or cities, causing those citizens in rural, outlying areas to travel great distances to get assistance and help. Due to the crumbling infrastructure of these areas, roads are often non-existent, making travel too difficult for the injured, sick, or dying. Adding to that, the World Health Organization (WHO) estimates that the ratio of nurses to doctors in sub-Saharan Africa is 8:1; while there is an average of 1.5:1in the Western Pacific.[102]

Last year marked both the 60th anniversary of the World Health Organization and the 13th anniversary of the Declaration of Alma-Ata on Primary Health Care, which was adopted during the International Conference on Primary Health Care of 1978.[103] The declaration marked the first time that the international community came together to recognize the strong need to reverse the effects of poor health outcomes of the world's people, through preventative primary health care, rather than through the sole use of traditional curative medicine.[104] Alma-Ata recognized that in order to achieve ideals such as social justice and the right to better health for all, participation and universally-accepted fundamental changes to the way in which health care systems are operated, was required.[105] At its core, the declaration aims to "put people at the centre of health care."[106] Alma-Ata gave way to a period of time known as "The Primary Health Care Movement,"[107] which involved an escalation of investment from governments,

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[98] "Working for Health: an introduction to the World Health Organization." The World Health Organization. Geneva, Switzerland. WHO 2007. Pg. 12
[99] "China: Statistics." UNICEF http://www.unicef.org/infobycountry/china_statistics.html#57
[100] "Congressional Delegation Monitors Maternal/Child Health In Guatemala, Honduras." Global Health Council. 2009. http://web.globalhealth.org/reports/report.php3?id=16
[101] "Healthcare in the Developing World: Challenges." PhRMA. 2006. http://world.phrma.org/challenges.html
[102] "Working Together for Health." The World Health Report. World Health Organization. 2006.
[103] "Declaration of Alma-Ata." International Conference on Primary Healthcare. September 1978. http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
[104] Ibid.
[105] Ibid.
[106] "Primary Health Care: Now More Than Ever" The World Health Report. 2008. http://www.who.int/whr/2008/whr08_en.pdf
[107] "Primary Health Care" The World Health Report 2008. http://www.who.int/whr/2008/whr08_en.pdf

civil society organizations, and research to decrease the vast inequalities in health care systems around the world.[108] Though the outcomes that stemmed from the declaration have brought improvements, there are still many inequalities within developing nations' health care systems.[109]

Millennium Development Goals

While the work of the Alma-Ata conference brought attention to the need for enhancements to health care, developing nations continued to fall further and further behind. From 6 September to 8 September 2000, leaders and representatives around the world came together with one goal: to enhance the lives of the world's citizens. This meeting of minds and governments, which encompassed and worked to enhance the previous discussions and work of the UN, is known as the Millennium Summit and took place at the UN Headquarters in New York.[110] The outcome of this three day summit became the Millennium Development Goals; a set of eight core objectives to be met by the 192 present Member States, with the assistance of over 30 non-governmental organizations (NGOs), by the year 2015. [111] The MDGs encompass a wide variety of issues that include the eradication of extreme poverty and hunger, advancements in education, promotion of gender equality, improving health and combating disease, ensuring environmental sustainability, and building a global partnership for development.[112] These eight objectives included three which centered around advancements to universal health care, this unique and insistent set of standards sent a loud and clear message to the world: health care was too crucial an element and that changes would have to be made.[113]

Reduce Childhood Mortality

The goals are clear and the timeline definite, but developing Member States are finding their abilities to meet the MGDs economically unrealistic and logistically impractical. According to the United Nations Convention on the Rights of the Child (UN CRC), children should have the right to "the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health"[114] The UN CRC stands as the first universally recognized and binding agreement on the inalienable rights of the world's children. It was brought to the General Assembly on 20 November 1989 and was ratified on 2 September 1990.[115] It has been since ratified by every member of the UN with the exception of the United States and Somalia.[116] The United States was an active participant in the creation of the Convention on the Rights of the Child, but has yet to ratify it; however they have signed and ratified the two optional protocols of the Convention, which are the Optional Protocol on the Involvement of Children in Armed Conflict and the Optional Protocols to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography.[117]

According to the 2008 Millennium Development Goals Review, "a child born in a developing country is over 13 times more likely to die within the first five years of life than a child born in an industrialized country."[118] The leading causes of death for these children are illness and disease, often easily cured, but due to inadequate levels of

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[108] Ibid.
[109] Ibid.
[110] "End Poverty: Millennium Development Goals 2015." Department of Public Information, the United Nations. 2009. http://www.un.org/millenniumgoals/bkgd.shtml
[111] "Millennium Development Goals" United Nations. http://www.un.org/millenniumgoals/
[112] Ibid.
[113] Ibid.
[114] "Maternal and Child Health: The Social Protection Dividend, West and Central Africa." UNICEF Regional Office for West and Central Africa." February 2009. http://www.unicef.org/wcaro/wcaro_UNICEF_ODI_4_Health_Social_Protection_Dividends.pdf
[115] Child's Rights Campaign." CRC. 2009. http://childrightscampaign.org/crcindex.php
[116] Ibid.
[117] "Convention on the Rights of the Child: Optional Protocols." UNICEF. February 2008. http://www.unicef.org/crc/index_protocols.html
[118] "The Millennium Development Goals Report 2008." United Nations Department of Economic and Social Affairs (DESA). August 2008. http://www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/mdg%20reports/MDG_Report_2008_ENGLISH.pdf

medical access and technology, remain disturbingly high.[119] Each day, roughly 25,000 children die (9.7 million annually), most from curable and easily treated diseases.[120] According to UNICEF, there were 41 countries with a childhood mortality rate of 10 percent or higher in 2006, of these 41, 38 were African countries.[121]

Strong ties between education and access to health care persistently remain the largest obstacles in overcoming childhood mortality. Sub-Saharan Africa, Latin America and the Caribbean, and Eastern Asia have seen mortality rates that are quadruple that of their developed nation counterpart.[122] The areas most affected tend to be poor and without basic education programs, which makes the developing world more susceptible. To fully comply with and meet the expectations of the MDGs, developing nations are finding that economic factors are leading the list of missing links. The WHO Commission for Macroeconomics estimates that governments should spend about US$34 per capita of their budgets on health care.[123] Of the 24 countries that comprise West and Central Africa, 11 were currently only spending about US$10 per capita on health care initiatives, prevention, and education in 2001.[124] The Abuja Declaration of 2001, committed African heads of state to allocate 15 percent of their budgets to health care, which they pledged further in 2003 with the signing of the Maputo Declaration.[125] Despite these vows, the countries that comprise West and Central Africa have yet to assign more than 10 percent of their budget, with some of the poorest only spending a maximum of three percent.[126]

The Millennium Development Goals were created to shape future generations by expanding their access to necessary and basic rights, such as education, food, clean water, and health care. The tone of the document, as evident in all eight goals, clearly speaks to the need to start the mending processes with children. Childhood illness and disease are the byproduct of poor educational programs, crippling infrastructures, unattained governmental promises, and financial scarcities. UNICEF has called for the removal or reduction of user fees associated with childhood diseases, as a means to better position developing nations towards meeting the MDGs.[127] They argue that this measure would make health care more of a priority in developing nations, as this allows the contact to health care to surge, which in turn raises the demand and ensures an increase in vaccine and drug usage in these areas.[128] Further, they argue, the fees must also be reduced or waived for maternal health care, as childhood illness and disease cannot be stifled without first placing emphasis on education and pre and post-natal care.[129] While the financial ramifications of removing these user fees may seem vast and unattainable to some developing nations, it is not without hope. Benin, Mali, and Senegal have all begun making strides towards the reduction and removal of some childhood and maternal user fees.[130]

Maternal Health Care

Maternal health as defined by the World Health Organization refers to: the health of women during pregnancy, childbirth and the postpartum period.[131] In response to the imperative need to bring maternal health to the forefront of international dialogue, the United Nations Millennium Declaration was created and ratified, which further called on Member States of United Nations to work together to reach the eight specific goals. Maternal health is directly

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[119] Ibid.
[120] Ibid.
[121] "Maternal and Child Health: The Social Protection Dividend, West and Central Africa." UNICEF Regional Office for West and Central Africa." February 2009. http://www.unicef.org/wcaro/wcaro_UNICEF_ODI_4_Health_Social_Protection_Dividends.pdf
[122] Ibid.
[123] "Maternal and Child Health: The Social Protection Dividend, West and Central Africa." UNICEF Regional Office for West and Central Africa." February 2009. http://www.unicef.org/wcaro/wcaro_UNICEF_ODI_4_Health_Social_Protection_Dividends.pdf
[124] Ibid.
[125] Ibid.
[126] Ibid.
[127] Ibid.
[128] Ibid.
[129] Ibid.
[130] Ibid.
[131] "Maternal Health" World Health Organization 2009. http://www.who.int/topics/maternal_health/en/

addressed within Millennium Development Goal Five. This particular goal has two main objectives which are to reduce maternal mortality by three quarters and to achieve universal access to reproductive health by 2015.

Goal five focuses around improving maternal health, but now over halfway through the MDG timeline, the potential of dying prior to or during childbirth is unrelenting in the developing regions, especially sub-Saharan Africa and Southern Asia.[132] According to the 2008 Millennium Development Goal Report, more than 500,000 mothers died in childbirth or from complications during pregnancy in 2005. [133]Almost all of these deaths occurred in developing areas, with the highest percentages coming from sub-Saharan Africa and Southern Asia.[134] There is nearly a 1 in 22 chance that a woman living in sub-Saharan Africa will die of treatable or preventable complications due to pregnancy and childbirth during her life, compared to 1 in 7,300 in developing regions.[135]

The less than 1% decrease in maternal mortality between 1990 is far from the 5.5% goal set forth by MDG 5. Developing regions such as Northern Africa, Latin America and the Caribbean, and South-Eastern Asia have reduced their maternal mortality ratios by about one-third, though this improvement has been noted, there is still a need for increased reduction strategies. Improvements in all areas of reproductive health care, including better obstetric care, are essential in all regions to reach the goal of 2015.[136]

A critical factor in reducing maternal deaths is the presence of skilled health care workers. The presence of a doctor, nurse, or midwife helps to drastically reduce maternal mortality rates. [137] The number of health care personnel attending births in developing regions has risen from 50 percent to nearly 61 percent. Sub-Saharan Africa and Southern Asia still fall behind with percentage of births having been attended by a health care professional still in the 40 percent range. WHO estimates a worldwide total of 59.2 million health care workers, with a disproportionately low 1.6 million in Africa.[138] Sub-Saharan Africa is listed in critical condition and considered to have a critical shortage of workers, a classification given to only 57 countries worldwide.[139] Despite these challenges, by increasing training opportunities, providing proper equipment and referral options in case of complications, a significant decrease in maternal mortalities can be achieved.[140]

Combat HIV/AIDS, Malaria, and Other Diseases

A worldwide or large reaching epidemic is known as a pandemic; in today's world the prevalence of the Acquired Immune Deficiency Syndrome (AIDS), which is a disease of the immune system due to the human immunodeficiency virus (HIV), has prompted the disease to this level of prevalence.[141] HIV can be transmitted via the bloodstream through another bodily fluid, containing the virus.[142] The WHO estimates that,

> *approximately 3 million people in low- and middle-income countries were receiving HIV antiretroviral therapy at the end of 2007. Until 2003, the high cost of the medicines, weak or*

[132] Ibid.
[133] "Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA and the World Bank." World Health Organization. Geneva. 2007. http://www.who.int/reproductive-health/publications/maternal_mortality_2005/index.html
[134] Ibid.
[135] Ibid..
[136] Report of the International Conference on Population and Development, Cairo. September 1994. United Nations, New York. http://www.un.org/popin/icpd/conference/offeng/poa.html.
[137] "The Millennium Development Goals Report 2008." United Nations Department of Economic and Social Affairs (DESA). August 2008. http://www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/mdg%20reports/MDG_Report_2008_ENGLISH.pdf
[138] "Working Together for Health." The World Health Report. World Health Organization. 2006. http://www.who.int/whr/2006/en/
[139] Ibid.
[140] Ibid
[141] "HIV/AIDS in Developing Countries." Postnote. Parliamentary Office of Science and Technology. December 2003. http://www.parliament.uk/documents/upload/postpn210.pdf
[142] "WHO and HIV/AIDS." World Health Organization. 2009. http://www.who.int/hiv/en/

> *inadequate health-care infrastructure, and lack of financing prevented wide use of combination antiretroviral treatment in low- and middle-income countries. But in recent years, increased political and financial commitment has allowed dramatic expansion of access to HIV therapy.*[143]

In the almost three decades since the disease was discovered (1981) and the virus identified (1983),[144] AIDS has been responsible for over 20 million deaths worldwide.[145] The Joint United Nations Programme on HIV/AIDS (UNAIDS) currently estimates that there are over 40 million people living with the disease around the world.[146] In developing nations, HIV/AIDS is most often contracted through sexual transmission, due to a lack of sexual education and funding in these areas to provide and increase access to methods of birth control.[147] With an estimated 30 million people living with HIV/AIDS, sub-Saharan Africa is the most devastated region in the world.[148] The lack of essential resources and access to information and medical intervention has left these developing nations struggling to control and reverse the spread through their region.[149]

Another disease of major concern today is malaria, because its infectious abilities are very wide-sweeping. The presence of malaria and the devastation to developing nations is thought to increase due to HIV/AIDS and natural disasters and events.[150] Malaria enters the body via mosquitoes infected with the malaria parasite, going through to the liver to create even more of these parasites, which are then released into the bloodstream. Once this occurs, the victim may encounter a number of symptoms, such as fever and chills, and even organ failure in severe cases.[151] Today, 40 percent of the world lies in areas that are considered malarious, or susceptible to malaria. On average, malaria kills one million people each year in these regions.[152] Similarly to HIV/AIDS, of this million, 90 percent are living in sub-Saharan Africa, and almost 20 percent of malaria victims are under the age of five. [153] A vaccine has been created and is currently being tested (RTS,S/AS02A), but its success depends on other efforts including preventative care, which is not limited to Insecticide Treated Nets (ITNs), Indoor residual spraying (IRS) and continued research and work towards the destruction of mosquito habitats.[154]

Other waterborne diseases prevalent in developing nations include: Cholera, Dysentery, Typhoid Fever, Hepatitis A, and Severe Acute Respiratory Syndrome (SARS).[155] The parasitic disease Schistosomiasis infects over 250 million people annually, 80 percent of whom live in sub-Saharan Africa. Due to its frequency and complex symptoms, WHO considers Schistosomiasis the second most significant parasitic disease after malaria.[156] The disease can be treated with an annual does of Praziquantel, which is currently being targeted towards school-age children and high-risk individuals; however, while no vaccine has been introduced, comprehensive and intense research in creating a means of ending the life cycle in humans, is currently ongoing.[157]

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[143] Ibid.
[144] "HIV/AIDS in Developing Countries." Postnote. Parliamentary Office of Science and Technology. December 2003. http://www.parliament.uk/documents/upload/postpn210.pdf
[145] Ibid.
[146] Ibid.
[147] Ibid.
[148] Ibid.
[149] Ibid.
[150] "Tackling Malaria in Developing Countries." Postnote. Parliamentary Office of Science and Technology. May 2007. http://www.parliament.uk/documents/upload/postpn284.pdf
[151] Ibid.
[152] Ibid.
[153] Ibid.
[154] Ibid.
[155] "Water-related Diseases." Water Sanitation and Health; The World Health Organization. 2001. http://www.who.int/water_sanitation_health/diseases/en/
[156] Ibid.
[157] Ibid.

Since the inception of the Economic and Social Council, the international community has worked diligently to find ways to improve access to health care in developing states. With the number of individuals contracting these infectious diseases, such as HIV/AIDS, tuberculosis, and malaria, unprecedented global efforts must occur to effectively address this issue.[158] Over the past 30 years, the global community has made the connection between health and human development a priority. This link has opened the door for a multitude of opportunities for developing countries to improve their health care systems. Developing nations must use these resources efficiently and effectively to make positive strides in increasing access to health care opportunities. Access to health care and preventative vaccines in developing countries can be difficult and in some cases non-existent; their health care systems must be improved to withstand the needed insurgence of investments in their areas.[159]

Adequate health care has been increasingly recognized by the international community as a fundamental human right and a key component to the healthy economic development of states. Article 12 of the International Covenant on Economic, Social and Cultural Rights recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health," and the responsibility of states to take steps "to achieve the full realization of this right."[160] This idea has been further supplemented by additional international and regional treaties, such as the Convention on the Rights of the Child, the European Social Charter, the African Charter on Human and Peoples' Rights, and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights.

In addition to its status as an important human right, health care has been repeatedly linked to economic development. A study by the Mexican Commission on Macroeconomics and Health states that "health affects economic growth directly through labor productivity and the economic burden of illnesses." Jocelyn Finlay of the Harvard Initiative for Global Health argues that health also "influences economic growth via education incentive effects."[161] Therefore, access to health care is a critical component in promoting economic stability and growth in developing states.[162] Health service coverage indicators reflect the extent to which the people who need health care, actually receive the care needed. These indicators include the care of women during pregnancy and childbirth, reproductive health services, immunization to prevent childhood infections, vitamin A supplementation for children, and treatment for common childhood diseases and infectious diseases in adults. There have been significant improvements in health care coverage since 1990. These improvements vary greatly between geographic regions. For example, the increases in immunizations for measles, diphtheria, pertussis, tetanus, hepatitis B, and some influenzas is gratifying. However, the highest rates are in the Americas and Europe, while the lowest are in South-East Asia.[163]

Regardless of disease, it is important to note that access to essential drugs is one of the most fundamental elements to reversing these numbers. WHO recognizes almost 500 essential drugs that are widely in use.[164] While it is believed access to essential drugs is an issue of cost, there are increasing issues with lifesaving medicines offered only in urban areas and not in rural areas where they are needed most. Shipping to the rural areas can be cost-prohibitive. Further still, even with an adequate supply of medicine and delivery to rural areas, there are limited numbers of doctors or health workers to administer them and facilities such as proper refrigeration and storage.

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[158] "De livery of Effective Health Interventions: A means for achieving the Millennium Development Goals." UNAIDS. 2002. http://data.unaids.org/publications/IRC-pub02/JC809-Access-to-Care_en.pdf

[159] Ibid.

[160] "The International Convenant on Economic, Social and Cultural Rights." The United Nations. 16 December 1966.

[161] Macroeconomics and Health: Investing in Health for Economic Development. The Mexican Commission on Macroeconomics and Health. 2004. p. 15.

[162] Jocelyn Finlay. "The Role of Health in Economic Development." Harvard Initiative for Global Health. 27 March 2007. http://www.hsph.harvard.edu/pgda/Working%20Papers/2007/

[163] "Primary Health Care: Now More Than Ever" The World Health Report. 2008. http://www.who.int/whr/2008/whr08_en.pdf

[164] "Breaking Down Barriers: Delivering Essential Medicines in the Developing World." Global Health Council. April 2007. http://www.globalhealth.org/publications/article.php3?id=1633

Primary Health Care- Centering Health Care on the People

Primary health care (PHC), first introduced at the Alma-Ata Conference[165], was defined as

> *"essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination."*[166]

Ultimately, primary health care is an improvement in health care for everyone. Key factors in reaching this goal are the breaking down of inequalities in health care availability, providing services relevant to individual's needs, increasing citizen participation, public policy reforms and complete health care coverage for everyone.[167]

PHC is a version of curative care, emphasizing the needs of the patients and providing individualized and patient-specific therapy. WHO has defined five core values of PHC: first, "reducing exclusion and social disparities in health,"[168] to include universal and equal coverage, with adequate supplies, regardless of region or financial limitations, thus creating a socialized form of health care; secondly, "organizing health services around people's needs and expectations"[169] by providing patient-specific care and specialists; thirdly, "integrating health into all sectors" by reforming the industry to allow the citizens the ability to decide the policies and programs that work, by their participation; fourthly "pursuing collaborative models of policy dialogue"[170] as a means to further develop PHC, through integrating other channels as a means to receive new information and ideas; and lastly, "increasing stakeholder participation."[171]

Since 1978, PHC has been considered "poor care for poor people,"[172] undermining its ability and original intent. The fears ranged from mediocre medical assistance to an attack on current health care programs and policies. PHC strives to provide a cohesive, practical, and collective form of health care in the areas suffering the most, by working with governments to achieve their five core values.[173] The work of PHC is to provide reform and stability to these systems, that have gone without a system of checks and balances for decades. Critics are quick to argue that the cost of implementing PHC prevents developing nations from being able to implement such programs.

The WHO 2008 World Health Report suggests four sets of reforms that reflect the convergence between primary health care, citizen needs, and common health performance challenges; Universal coverage reforms, Service delivery reforms, Public policy reforms, Leadership reforms. There are five common shortcomings in health care delivery. These include inverse care, which is that those with the least health care needs, but whom have the most means, consume the most care

The Islamic Republic of Iran adopted a PHC program for its 64 million citizens, living in over 70,000 villages,[174] following the work of the Alma-Ata, in 1979. [175] For the past 30 years the government has made tremendous strides

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[165] "Declaration of Alma-Ata." International Conference on Primary Healthcare. September 1978. http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

[166] "Declaration of Alma-Ata." International Conference on Primary Healthcare. September 1978. http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

[167] "Primary Health Care" World Health Organization http://www.who.int/topics/primary_health_care/en/

[168] Ibid.

[169] Ibid.

[170] Ibid.

[171] Ibid.

[172] "Primary Health Care: Now More than Ever." The World Health Organization. 2008. http://www.who.int/whr/2008/summary/en/index.html

[173] Ibid.

[174] "Growth Monitoring in Iran's Primary Health Care Network: A Practical Approach for a Successful Outcome." NLM Gateway. 1995. http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=102215778.html

towards the advancement of this medical policy. In Iran, medical assistance is provided in the form of a "Health House," which serves as the initial form of health care and can be found in every village throughout the country.[176] On average, there is one Health House for every 7,000 Iranians.[177] Each Health House is staffed with male and female Village Health Workers (VHW), or "Behvaz," who perform basic medical aid. In Iran there are approximately 17,000 VHWs, providing vaccines, medical advice, and drugs with a ratio of one VHW to every 1200 citizens.[178] Health Houses allow Iran to provide medical aid to over 85 percent of the population, and can be directly correlated to the increase in the life expectancy rate in the country, from 63 years in 1990, to 71 years as of 2006.[179] Health Houses have also been shown to have improvements on the infant, childhood, and maternal mortality rates by increasing the access to lifesaving vaccines, clean drinking water, and regular check-ups, while also providing the population with educational programs.[180] Currently, 90 percent of the country has access to clean drinking water and 80 percent contact with sanitary facilities.[181] Through the work of UNICEF, Iran has established 160 Nutritional Counseling Centres throughout the country, which offer educational programs for mothers, VHWs, and other volunteers, allowing for a more direct flow of information on malnutrition and other health factors related to nutritional deficiencies.[182] Iran's model shows a working PHC, that provides equal access to medical aid and education, with undeniable success.

Brazil also began working towards a PHC after the work of the Alma-Ata conference, but it was not until 1988 that this idea was able to be realized.[183] Created as "health for all," Sistema Único de Saúde (SUS) serves the citizens of Brazil with free health care.[184] As in Iran, SUS has been successful in bringing medical assistance and education to the inhabitants of Brazil, and as of 2008, has been able to reach approximately 70 percent of the population.[185] The success of SUS can be attributed the Brazilian government's three branches (federal, state and municipal) unified stance on health care, and through the creation of the Family Health Programme in1994.[186] The Family Health Programme is the fundamental health care initiative in Brazil and deploys over 27,000 teams to provide care and education to about 10,000 people each.[187] Niterói, Brazil has a population of over 475,000, and has struggled to provide adequate medical facilities for the citizens, but has remodeled their program by taking the lessons of PHC from the Alma-Ata conference and implementing new ideas into their city. According to Doctor Hugo Coelho Barbosa Tomassini, "after the Alma-Ata conference, Niterói devised a health plan to provide universal access on a decentralized basis – the opposite of what had existed in the past."[188]

Conclusion

Roughly 60 million deaths attributed to disease occur each year.[189] Out of every 10 deaths, 6 are due to non-communicable conditions; 3 to communicable, reproductive or nutritional conditions; and 1 to injury.[190] More than half a million women die each year from pregnancy related, while 4 million infants die within the first 28 days of life.[191] Of these maternal and infant deaths, 99 percent of them occur in the developing world.[192] Of all deaths

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[175] Asaei, Seyed Enayatollah "Islamic Republic of Iran." UNICEF Media Centre. http://www.unicef.org/iran/media_4427.html
[176] Ibid.
[177] Asaei, Seyed Enayatollah "Islamic Republic of Iran." UNICEF Media Centre. http://www.unicef.org/iran/media_4427.html
[178] Ibid.
[179] "Primary Health Care: Now More Than Ever" The World Health Report. 2008. http://www.who.int/whr/2008/whr08_en.pdf
[180] Asaei, Seyed Enayatollah "Islamic Republic of Iran." UNICEF Media Centre. http://www.unicef.org/iran/media_4427.html
[181] Ibid.
[182] Ibid.
[183] "Flawed but Fair: Brazil's Health System Reaches Out to the Poor." Bulletin of the World Health Organization. April 2008. http://www.scielosp.org/pdf/bwho/v86n4/v86n4a06.pdf
[184] Ibid.
[185] "Primary Health Care: Now More Than Ever" The World Health Report. 2008. http://www.who.int/whr/2008/whr08_en.pdf
[186] "Flawed but Fair: Brazil's Health System Reaches Out to the Poor." Bulletin of the World Health Organization. April 2008. http://www.scielosp.org/pdf/bwho/v86n4/v86n4a06.pdf
[187] Ibid.
[188] Ibid.
[189] "The Global Burden of Disease: 2004 Update." World Health Organization. Geneva Switzerland, 2008. Pg. 18
[190] Ibid.
[191] The State of the World's Children 2009. Maternal and Newborn Health. The United Nations Children Fund. New York, NY. December 2008. http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf pg. 10

annually, 20 percent are of children less than 5 years of age.[193] Immunizations are lifesaving and crucial elements to reducing these numbers. Population-based intervention programs are an easy and effective means of providing a wide-reaching vaccines, by offering periodic visits in developing nations.

Counties must continue to strive to make progress on the health goals of the Millennium Declaration. By working toward these goals, inequalities in access to health care will see a drastic reduction in developing nations.[194] Sub-Saharan Africa is among the areas failing to meet to goals established by the MDGs, due to an array of problems and lack of financial capabilities. The MDGs call on Member States to work together to overcome these modern day problems and find solutions that benefit the whole. Childhood and maternal mortality rates have decreased in almost all areas since 1990, but the rates are still staggering and the cause of death is usually preventable. Medicine, vaccines, and education exist, but barriers to access remain high. There have been noted successes along the way, but there are clear areas where work is not being accomplished and where new initiatives and programs must be put in place to meet the 2015 deadline. The Alma-Ata conference proved that universal ideas can spark necessary changes, creating new forms of standard and basic care for all. The successes of Iran and Brazil are but two that can occur.

Committee Directive

The work of the Alma-Ata conference and the MDGs set the groundwork for a revitalization of health care programs in the world, but the work is far from finished. A complete agenda with specific goals should be compiled to address the physical and economic concerns developing nations will face while working to improve access to health care. Improved access to health care will encourage economic growth within developing states and protect the human rights of all citizens of these states. This agenda should consider, among other topics, areas such as primary care, mental care, indigenous care, economic sustainability of programs, and physical accessibility in rural areas.

Increasing the life expectancy rate and decreasing the contact with HIV/AIDS, Malaria, and other deadly diseases are two crucial elements to meeting the MDGs. What programs are currently being implored in your Member State? What success or failures can be taken away to assist in the creation of other programs? The PHC is expensive and requires the participation and full support of the Member State's government, but has been shown to have dramatic success rates where it has been implemented. How can the implementation of PHC programs increase? Through what means can their financial costs be covered? Educational programs have failed generations of developing nations, but little improvements have been achieved. The work of this body should answer these questions, while addressing the key needs of the Member States they represent.

Topic III: Increasing International Awareness to Promote Social Equality in Sexuality and Gender

"... discrimination based on sexual orientation not only violates basic human rights, but also hinders development by immobilizing human capital, stifling expression and limiting freedom of choice."
- Mark Malloch Brown, Administrator of the United Nations Development Programme (UNDP)[195]

Introduction

In 2008, the global community celebrated 60 years of the existence of the United Nations Universal Declaration for Human Rights (UNDHR).[196] At its inception, the Declaration served to show an unprecedented resolve of the

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[192] World Health Statistics 2009. The World Health Organization. Geneva Switzerland. Pg. 10
[193] World Health Statistics 2009. The World Health Organization. Geneva Switzerland. Pg. 35
[194] Ibid.
[195] "UNIBLOBE urges UN to recognize gay rights," UN Non-Governmental Liaison Service. August 2003. http://www.un-ngls.org/

international community to protect the rights of all people, for all time. This document has served as a guide for individuals, lawmakers, nations, and United Nations bodies to affect great change in human rights. In the past 60 years we have seen the fall of apartheid in South Africa, the rise of universal healthcare in Europe and the continued struggle against human rights offenders the world over. However, inequalities still exist and the global community must remain active in combating human rights violations.

Children fight the wars of men, women die escaping ethnic persecution and men struggle to feed their children. . The United Nations and its subsidiary bodies struggle to combat these problems around the globe. Many non-governmental organizations (NGO) are allowed to participate in tandem with the Member States of the UN to reduce poverty, bring perpetrators of violence to justice and keep peace between warring factions.[197] Even with these great strides, there still exist unheard and underrepresented voices on the world stage. People discriminated against because of sexuality and gender may be persecuted economically, socially, or politically and are often the victims of deadly violence.[198] As a result of deep cultural, societal and moral disagreements over issues of sexuality—intra- and internationally—widespread discrimination and violence against homosexual, bisexual and transsexual individuals often occurs unchecked or unnoticed.

Because homosexuals, bisexuals, and transsexuals typically comprise a minority of society, there exist widespread misconceptions about them. For clarification, homosexuals are those who have romantic and sexual feelings primarily for people of the same gender, including male with male relationships (gay) or female with female relationships (lesbian).[199] Bisexuals are those who have romantic and sexual feelings for people of both genders, including gay, lesbian, and heterosexual relationships.[200] Transsexuals are those who cross traditional gender boundaries, often dressing or passing as a gender different than that usually associated with the biological body. For example, one born biologically as a woman may choose to dress and conform to socially inherent male behavior, thus outwardly affecting inward feelings of masculinity. Some transgender people are homosexual and some are not. Some opt to surgically change their physical bodies to match their current gender identification or feelings.[201]

The concepts of homosexuality, bisexuality, and transsexuality pose deep questions centered in social, cultural and biological understandings of gender and sexuality. As a result of these deeply ingrained understandings, homosexual, bisexual and transsexual individuals are often the victims of unequal treatment. Discrimination against such individuals ranges from seemingly insignificant societal red tape—such as disallowing an NGO advocating for gay rights from participation with the UN[202]—to serious, violent injustices—such as punishing sexuality differences with seizure of assets, physical torture or death.[203] Many governments often fail to punish such behavior. As Member States of the United Nations and of the Economic and Social Council (ECOSOC), it is essential to address such societal injustices on the world stage so that each nation may gain a better understanding of global sexuality and gender perspectives in order to curb unnecessary violence and discrimination.

With recent discussion of LGBT human rights in the UN General Assembly and increasing changes in LGBT civil liberties internationally, the Member States of the United Nations are more equipped than ever to discuss the ramifications of equalizing sexuality and gender in the global community. Countries the world over are making incremental, yet instrumental, changes to steer society toward higher levels of equality for sexuality and gender. Through the examples set by countries such as Sweden, India and Chile,[204] Member States can see the positive advantages of advocating inclusive policies, not only for the betterment of the lesbian, gay, bisexual and transsexual (LGBT) community, but also for the betterment of democratic civil society. It is the call of the United Nations and

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[196] "60th Anniversary of the Universal Declaration of Human Rights." The United Nations. 2008. http://www.un.org/events/humanrights/udhr60/.

[197] "NGO related frequently asked questions." United Nations. http://www.un.org/esa/coordination/ngo/faq.htm.

[198] "Lesbian, Gay, Bisexual, and Transgender Human Rights." Amnesty International. http://www.amnestyusa.org/lgbt-human-rights/page.do?id=1011002.

[199] "Viewer's Guide: Assault on gay America." Frontline. http://www.pbs.org/wgbh/pages/frontline/teach/diversity/assault/.

[200] Ibid.

[201] Ibid.

[202] "ECOSOC dismisses two LGBT organizations without fair hearing." International Lesbian and Gay Association. http://www.ilga.org/news_results.asp?LanguageID=1&FileCategory=1&FileID=741.

[203] "Lesbian, Gay, Bisexual, and Transgender Human Rights." Amnesty International. http://www.amnestyusa.org/lgbt-human-rights/page.do?id=1011002.

[204] Joui Turandot. "Karina's Story: Building a life as a transgender woman." Frontline. June 1, 2006. http://www.pbs.org/frontlineworld/rough/2006/06/chile_karinas_s.html#.

the Economic and Social Council to bring to light the issues surrounding this form of discrimination so that Member States may best decide how to solve such a culturally and emotionally charged issue.

History

The discussion for this topic starts, as all human rights debates do, with the United Nations Universal Declaration of Human Rights (UDHR) and its potential interpretations. Penned in a time of shared international grief over the loss of life in World Wars I and II, the UDHR would become "possibly the single most important document created in the twentieth century" and "the accepted world standard for human rights."[205] The writing of the document began in 1947, under the leadership of Eleanor Roosevelt, wife of former United States President Franklin Roosevelt.[206] Inspired by language from the UN Charter's preamble—"We the peoples of the United Nations [are] determined…to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small"[207]— the Commission on Human Rights' 18 members decided that "the declaration should contain both civil and political and also economic and social rights."[208] The commission felt that the declaration should provide, very explicitly, the foundation for international human rights policy.[209] For example, Article I of the UDHR reads as follows: "All human beings are born free and equal in dignity and rights."[210] The simple, clean diction allows comprehension of complicated subject matter for people of all educational levels. However, these bold proclamations leave much room for interpretation in the minds of some heads of state. For instance, a nation's government may decide to define a certain minority group as sub-human or as a separate part of the human race not represented by the verbiage of the UDHR. In this way, a government may legitimize human rights violations—at least at the shallowest level of civil society. The argument that certain groups, like the LGBT community, were not meant to be included by the UDHR is used widely by governments today to legitimize potential human rights violations.[211]

The UDHR was accepted and approved by 48 of the then 58 Member States on December 10, 1948.[212] Ratification of the UDHR "unified very diverse, even conflicting political regimes" under the concepts of basic human rights set forth by the declaration.[213] Although this immensely important gesture of cooperation vaulted the UDHR to the forefront of human rights policy, for Member States to consider internationally and domestically, inequalities still persisted and persist to this day. At the time the UDHR was ratified, the leading view in the scientific community was that homosexuality was a mental illness.[214] In the United States, Californians convicted of "consensual sodomy…were given electrical and pharmacological shock therapy, castrated, and lobotomized."[215] Since that time, many Member States, including the United States, have adopted more tolerant societal views and policies for LGBT individuals. However, discrimination and violent punishment—especially for male bisexual and homosexual relationships—still occurs in even the most democratic societies. Many of the punishments and logic used to justify said punishments are a result of rhetoric formed during the Middle Ages; the basis of said logic relies of understandings (and misunderstandings) of the sexual history of ancient times.

Sexual norms morph with the culture in which they are framed. This means that, over the course of written history, different sexualities have been accepted as "normal." Almost every ancient civilization has record or evidence of

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[205] Peter Bailey. "The Creation of the Declaration of Human Rights." Universal Rights Network, United Nations. http://www.universalrights.net/main/creation.htm.
[206] "The People Behind the Principle: The Universal Declaration of Human Rights." National Coordinating Committee for UDHR 50: Franklin and Eleanor Roosevelt Institute. April 12, 1998. http://www.udhr.org/history/default.htm.
[207] Peter Bailey. "The Creation of the Declaration of Human Rights." Universal Rights Network, United Nations. http://www.universalrights.net/main/creation.htm.
[208] Ibid.
[209] Ibid.
[210] *Universal Declaration of Human Rights*. United Nations General Assembly. December 10, 1948.

[211] Patrick Worsnip. "UN divided over gay rights declaration." Reuters. December 18, 2008. http://www.reuters.com/article/worldNews/idUSTRE4BH7EW20081218.
[212] "Standard of Achievement." National Coordinating Committee for UDHR 50: Franklin and Eleanor Roosevelt Institute. April 12, 1998. http://www.udhr.org/history/default.htm.
[213] "Questions and Answers about the Universal Declaration of Human Rights." The United Nations Association in Canada. 1998. http://www.unac.org/rights/question.html.
[214] David Carter. *Stonewall: The Riots that Sparked the Gay Revolution.* New York: St. Martin's Press. 2004, p.15.
[215] Ibid.

practiced homosexuality, bisexuality, and transsexuality.[216] Roman emperors were known to have homosexual relationships and the Caesar Nero even legally married his male companion. [217] The cultural construct of homosexuality, however, doesn't really exist until the late 19th early 20th century.[218] However, much of the history of sexuality is difficult to trace because of the lack of written information as well as a lack of true context for many written accounts that exist. Tracing the record of women's sexuality proves incredibly difficult as emphasis was typically placed on male sexuality; the concepts of women's sexuality were largely limited to "female fertility, birth and motherhood."[219] However, the stigma placed on all homosexual and bisexual relationships generates from the same conceptualizations of "appropriate" gender structures and marriage institutions as dictated by religious leaders and texts, civil law, and social understandings of "normality."[220] Overall, there is no one group, doctrine, or society that can carry the blame for current discrimination against the LGBT community. However, considering the context of past sexual practices—that today seem deplorable or barbaric— which are used to justify hatred, abuse or violence against the LGBT community may help strip away unfounded assumptions and give light to the reality of the LGBT experience.

Gender Equality

Many of the inequalities that exist in the LGBT community relate to deep-seated gender inequality between men and women, regardless of sexual orientation.[221] In observing LGBT concerns and rights, a gender bias becomes apparent. For example, almost every nation which legislates homosexuality as a criminal act, typically only explicitly refer to homosexual male relations a criminal.[222] Although female homosexuality is also punished in those nations, female homosexuality is rarely punished as often or as harshly as male sexuality.[223] This shows a firm idea of what male gender identity should be—men should be more harshly punished for, ostensibly "acting like women"— as well as a patriarchic view of female gender identity—women are more prone to being morally inept which necessitates the guidance and patience of men.[224] This inequity should not justify legislation change to include more gender equal punishments. Rather, Member States should consider this socially constructed inequality in policy analysis and writing.[225]

Moreover, women befall the same forms of discrimination as those in the LGBT community. In the course of a year, the WHO estimates that, out of 24,000 women, 15 to 71% of women "reported physical or sexual violence by a husband or partner."[226] Of the same case studies, an estimated 5,000 women disappear or are murdered "in the name of honor each year."[227] Worldwide, "up to one in five women …report experiencing sexual abuse as children."[228] As stated in the Beijing Platform for Action, "Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms."[229] This statement encapsulates the necessity for progressive actions against violence toward women and the LGBT community. Largely, the same regions and nations which legislate harsh punishments for LGBT relations are also hotbeds for the most egregious forms of discrimination and violence against women. In some nations, punishments are legitimately doled out

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[216] Colin Spencer. *Homosexuality in History*. New York: Harcourt Brace & Co. 1995, pp.7-11.
[217] J. C. Rolfe, ed. *Suetonius, vol. II.* New York: The MacMillan Co. 1914, pp. 87-187.
[218] Colin Spencer. *Homosexuality in History*. New York: Harcourt Brace & Co. 1995, p. 34.
[219] Ibid, pp. 7-11.
[220] Ibid.
[221] Ibid.
[222] Ibid.
[223] Ibid.
[224] Ibid.
[225] "Lesbian, Gay, Bisexual, and Transsexual Human Rights." Amnesty International. http://www.amnestyusa.org/lgbt-human-rights/page.do?id=1011002.
[226] "Violence against women." World Health Organization. http://www.who.int/mediacentre/factsheets/fs239/en/index.html.
[227] Ibid.
[228] Ibid.
[229] "Report of the Fourth World Conference on Women, Beijing." United Nations. September 15, 1995. Chap. I, resolution 1, annex II, paras. 112 and 117.

through courts and government authorities.[230] In other places, violent or discriminatory punishments viewed as socially acceptable are often ignored by authorities.[231]

As a result of these persisting gender biases and inequalities, the Member States of the ECOSOC, gender must be considered as one of the main underlying issues in considering LGBT discrimination.[232] Each society's view of gender differs but discrimination against women exists regardless of a country's economic status, military prowess, or relative social liberalness.[233] In order to more fully and expeditiously address the issues surrounding LGBT discrimination, Member States must simultaneously consider understandings of gender in their society and work to equalize the status of men and women alike. In jointly focusing on the status of women and the status of the LGBT community, the world community can take meaningful steps towards curbing violence and discrimination against these groups.

Current Situation

Promoting social equality in sexuality and gender is occurring at many different levels, with different actors playing the part of advocate. Most notably, LGBT interest groups and NGOs experience a large amount of influence in changing their own national laws and in changing international attitudes toward LGBT issues. Two of the main goals of the current equality movement in the international LGBT communities are decriminalization and equal marriage laws.[234] Former UN High Commissioner for Human Rights (UNHCR) Louise Arbour noted in August 2006 that worldwide, more than 80 countries criminalize consensual sexual relations between persons of the same sex — including seven in which the punishment can be death.[235] "There is no doubt that these laws violate international human rights standards," she said. "Neither the existence of national laws nor the prevalence of custom can ever justify the abuse, attacks, torture and indeed killings that gay, lesbian, bisexual and transgender persons are subjected to because of who they are or are perceived to be."[236] In December of 2008, current UNHCR Navi Pillay stated, "Ironically many of these laws, like Apartheid laws that criminalized sexual relations between consenting adults of different races, are…increasingly recognized as anachronistic and as inconsistent both with international law and with traditional values of dignity, inclusion and respect for all."[237]

Recently in Member State India, the Delhi courts overturned a long-standing statute which criminalized homosexual sexual relationships.[238] Also known as "section 377," the 150 year old law made homosexual sexual relationships punishable by up to 10 years of imprisonment.[239] Although the court's decision to amend the British-era statue only directly affects the citizens of Delhi, it is likely that other Indian courts will reconsider their stance on section 377.[240] This progressive court ruling represents a step forward for the LGBT community in India but concerns many religious groups and more conservative members of Indian society.[241] Those against the repeal of section 377 fear that the government is condoning delinquent sexual acts, an association made stronger by the fact that section 377 "brackets homosexuality with bestiality and pedophilia."[242] Another argument made is that section 377 was "the

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[230] "Violence against Women in Melanesia and East Timor: A review of international lessons." AusAID. 2007. http://www.ode.ausaid.gov.au/publications/pdf/VAW_review.pdf.
[231] Ibid.
[232] Ibid.
[233] "Lesbian, Gay, Bisexual, and Transsexual Human Rights." Amnesty International. http://www.amnestyusa.org/lgbt-human-rights/page.do?id=1011002.
[234] Ibid.
[235] Michael Fleshman. "African gays and lesbians combat violence." *African Renewal*. Volume 21. April 2007. p. 12. http://www.un.org/ecosocdev/geninfo/afrec/vol21no1/211-gays-lesbians-combat-bias.html.
[236] Ibid.
[237] "Gays, lesbians must be treated as equal members of human family – UN rights chief." United Nations News Centre. December 18, 2008. http://www.un.org/apps/news/story.asp?NewsID=29364&Cr=pillay&Cr1.
[238] Mark Magnier. "India gays win landmark ruling decriminalizing homosexual sex." *The Los Angeles Times*. July 3, 2009. http://www.latimes.com/news/nationworld/world/la-fg-india-gays3-2009jul03,0,2735442.story.
[239] Sanjoy Majumder . "Challenge to India Gay Sex Ruling." British Broadcasting Corporation (BBC). July 9, 2009. http://news.bbc.co.uk/2/hi/south_asia/8142237.stm.
[240] Ibid.
[241] Desta Bishu. "India to repeal anti-gay law as second Gay Pride is held." *Ethiopian Review*. July 19, 2009. http://www.ethiopianreview.com/articles/15624.
[242] Ibid.

only law that could be applied in cases of homosexual child abuse and male rape."[243] Other opposition groups base their opinions on religious texts and long-standing interpretations of homosexuality as "sinful" behavior.[244] This opposition is indicative of the stigma against LGBT couples which still exists in much of Indian society.[245] Although change is often incremental, and often not impactful enough in the eyes of many within the LGBT community, with added pressure from the international community more meaningful change can occur.[246]

Actions Taken by the United Nations

With current examples of Member States and actions on the part of the UN bodies, the ECOSOC and its members are more equipped than ever before to saliently discuss the matters of gender and sexual equality. In December of 2008, the United Nations General Assembly saw two opposing resolutions, one calling for the decriminalization of homosexuality, the other opposing decriminalization on the basis of a believed "legitimization of many deplorable acts including pedophilia."[247] Sponsored by France and the Netherlands, the non-binding declaration in favor of decriminalizing homosexuality and transsexuality include 67 nations, all of whom have varying levels of LGBT cultural and societal acceptance.[248] This declaration focused mainly on the elimination of imprisonment and violent punitive measures often taken against members of the LGBT world community.[249] Syria, representing the conservative voices of many African and Middle Eastern nations, sponsored the opposing declaration.[250] In addition to concerns of "deplorable" sexual acts, the declaration expressed concerns over misinterpretation of the UDHR. "We note with concern the attempts to create 'new rights' or 'new standards,' by misinterpreting the Universal Declaration and international treaties to include such notions that were never articulated nor agreed by the general membership."[251]

Although these resolutions clearly delineated the difficult path toward gender and sexuality equalization, many recognize the discussion as a positive step in the right direction.[252] "'For the first time in history a large group of Member States speaks out in the General Assembly against discrimination based on sexual orientation," stated Dutch Foreign Minister Maxime Verhagen.[253] "This is no longer a taboo within the U.N."[254] The UN, however, continues to function with some arguably questionable practices that may, in the future, necessitate reform in light of shifting views on the LGBT community.

Conclusion

Issues surrounding sexuality and gender equality are largely based on unfounded stereotypes, misconceptions, and fears generated from a heterosexist point of view.[255] In other words, much of the discrimination against the LGBT community is born of a socially ingrained idea that heterosexuality is superior, or at least a more acceptable social norm, to other sexual identities.[256] This logic is ingrained in unspoken social norms, civil society, and religious teachings of many nations, regardless of levels in economic or social development.[257] LGBT people living in

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[243] Ibid.
[244] Mark Magnier. "India gays win landmark ruling decriminalizing homosexual sex." *The Los Angeles Times*. July 3, 2009. http://www.latimes.com/news/nationworld/world/la-fg-india-gays3-2009jul03,0,2735442.story.
[245] Ibid.
[246] Ibid.
[247] Patrick Worsnip. "UN divided over gay rights declaration." Reuters. December 18, 2008. http://www.reuters.com/article/worldNews/idUSTRE4BH7EW20081218.
[248] Laura Trevelyan. "UN split over homosexuality laws." BBC. December 19, 2008. http://news.bbc.co.uk/2/hi/europe/7791063.stm.
[249] Neil MacFarquhar. "In a first, gay rights are pressed at the U.N." *The New York Times*. December 18, 2008. http://www.nytimes.com/2008/12/19/world/19nations.html?_r=1.
[250] Ibid.
[251] Patrick Worsnip. "UN divided over gay rights declaration." Reuters. December 18, 2008. http://www.reuters.com/article/worldNews/idUSTRE4BH7EW20081218.
[252] Ibid.
[253] Ibid.
[254] Ibid.
[255] Gregory M. Herek. "Definitions: homophobia, heterosexism, and sexual prejudice." The University of California Psychology Department. http://psychology.ucdavis.edu/rainbow/html/prej_defn.html.
[256] Ibid.
[257] "LGBT Legal Status Around the World." Amnesty International. http://www.amnestyusa.org/lgbt-human-rights/country-information/page.do?id=1106576.

developed or developing countries, Northern or Southern hemispheres, democratic or authoritarian regimes all experience discrimination. Therefore, the debate surrounding sexual and gender equality is diverse and requires not only sensitivity for the LGBT community, but also for the cultural beliefs of all involved.

The landscape of the fight for equality in sexuality and gender is constantly progressing and, at times, regressing. At this time of unprecedented resolve on the part of many Member States, the international community must turn its attention to the issues of gender and sexuality equality so that, at the very least, members of the LGBT community can live without fear of persecution, violence, and discrimination. At most, the international community should begin to shift its myopic view of the LGBT community as a group defined solely by their sexual tendencies. Rather, the international community must treat the LGBT community as full, equal peoples of the world.

Committee Directive

The discussion surrounding sexuality and gender equality absolutely requires maturity, tact, and thoughtful consideration of all potential perspectives. In order to produce meaningful, enlightening discussion, it is essential for delegates to maintain a great level of respect and diplomacy in writing about and debating such a challenging, emotionally-charged topic. Delegates will benefit from researching the public policies of their Member State regarding sexual equality issues as well as any judicial decisions regarding such matters. Most importantly, this discussion hinges on as deep an understanding as possible of the societal norms of Member States and how cultural tradition may help or hinder progress in local, regional, and global strides towards sexuality and gender equality. Because LGBT rights issues are relatively new to the work of the United Nations and its subsidiary bodies, delegates should look to ECOSOC affiliated NGOs (such as the International Lesbian and Gay Association (ILGA) and Amnesty International) for many current LGBT issues. Consider incremental, yet meaningful, recommendations for increasing equality in gender and sexuality.

I. Regulating Multinational Corporations in Free Trade Zones

Bagwell, Kyle and Robert W. Staiger. "Multilateral Tariff Cooperation during the Formation of Free Trade Areas." *International Economic Review*, vol. 38, no. 2. May 1997. pp. 291-319. http://www.jstor.org/stable/2527376.

Bagwell and Staiger take a very in-depth look at the effect localization of a FTZ can have on international trade policies. They find that, initially, multilateral cooperation shifts away from liberalized trade policies but, with time, shifts back to liberalized trade agreements after confidence is built. Although this article is available in hard copy, it is alos available through the JSTOR online database which can most likely be accessed with the help of your school's library or archives.

CorpWatch. http://www.corpwatch.org/index.php.

This website provides on-going news coverage of MNC activity across the globe and attempts to serve as a watchdog. In using this website, it is important to temper news articles with other sources as CorpWatch provides factual information with a limited perspective, at times.

Cravey, Altha J. *Women and Work in Mexico's Maquiladoras.* Lanham, Maryland: Rowman and Littlefield. 1998. pp. 6-9; 101-110.

Cravey provides an interesting perspective on the inner workings of Mexican maquiladoras, or factory in a FTZ, and the gender roles which drive discriminatory practices within. By specifically observing single-sex dormitories within the maquiladora system, Cravey shows the amount of control employers are able to have over their employees (109). The introductory selection also discussion the social construction of gender and the role it plays in employer to employee dynamics.

"The Declaration on the Fundamental Principles and Rights at Work." The International Labour Organization. June 1998. http://www.ilo.org/declaration/thedeclaration/textdeclaration/lang--en/index.htm.

In 1998, the International Labour Organization (ILO) penned a key document in the global commitment to equalizing human rights. The Declaration on the Fundamental Principles and Rights at Work highlights "four fundamental principles and rights" including "freedom of association and the effective recognition of the right to collective bargaining," "elimination of all forms of forced of compulsory labour," "effective abolition of child labour," and the "elimination of discrimination in respect of employment and occupation." The declaration lays out a groundwork for global participation in considering the rights and humane treatment of workers.

Eglin, Richard. "The Trade and Finance Approach to Development." Trade and Finance Division, World Trade Organization. http://www.wto.org/english/res_e/webcas_e/webcas_e.htm#wtosystem.

Because the ECOSOC and World Trade Organization (WTO) work closely together, meeting once a year to discuss pressing economic and trade issues facing Member States, it is important to understand the influence the WTO has on worldwide economic trade policy, especially in the developing world. This video gives a basic overview of the micro-economic, regional approach to developing economic trade policy advocated by the WTO. Although this video was chosen for its specific discussion of developing states, many of the videos on this site would prove helpful to delegates' research. It is essential that delegates have a basic understanding of the work of the WTO in order to successfully debate the merits of regulation in free trade zones.

"Work Free Trade Zones." Kish Trade Promotion Center. http://www.kishtpc.com/Freetrade%20ZONES.htm.

The website of Iran's Kish Free Trade Zone provides information or links about many FTZs around the world. Although the website does not provide a comprehensive list, the provided list of FTZs shows the growing number of FTZs worldwide. The information found here should serve as a base understanding of FTZ information on a country-by-country basis and gives a basic differentiation between different trade zone classifications.

"Resource for Business Persons." Divison of Technology, Industry, and Economics. United Nations Environment Programme. http://www.unep.org/resources/business/Focus_Areas/.

The United Nations Environment Programme (UNEP) strives to work closely with businesses in order to promote environmentally sound business practices throughout the world. This website offers many suggestions, geared specifically toward business people, which could serve as policy ideas in considering the environmental effects of FTZs.

Topic II: Increasing Access to Health Care in Developing States

Allisyn C. Moran and Rajiv Rimal. "Testing the Risk Perception Attitude (RPA) Framework to Promote Maternal Health: Findings from Burkina Faso." *Paper presented at the annual meeting of the International Communication Association, Sheraton New York, New York City, NY.*
http://www.allacademic.com//meta/p_mla_apa_research_citation/0/1/3/4/8/pages13489/p13489-1.php

Researchers utilized the risk perception attitude (RPA) framework to study the link between a woman's risk perception and knowledge regarding maternal health. Women from the African country of Burkina Faso were interviewed and placed into one of four classifications based on their risk perception and efficacy beliefs. The study found that the correlation between risk perception and efficacy beliefs was positively correlated with knowledge about maternal health. Through this study, delegates can gain insight to the implications of health education on maternal health and mortality within Burkina Faso and similar nations and can be useful in message design and targeting.

"A new health order." *New African.* June 2003. p. 60.
http://findarticles.com/p/articles/mi_qa5391/is_200306/ai_n21331282/

This article takes a critical approach to the current tactics employed by the WHO in obtaining the goals of the Alma-Ata Declaration of 1978 of indiscriminating global availability of PHC. This article highlights how global organizations including the IMF and World Bank have formulated policies which have actually compounded the problem of the lack of availability of primary health care to developing African nations. These critiques and arguments of actions taken in developing African nations in regards to healthcare can be used for comparison when developing programs and recommendations for action to obtain the PHC goal of the Alma-Ata.

Anton Muller and Mariana Steyn. "Culture and the feasibility of a partnership between westernized medical practitioners and traditional healers." *Society in transition.* 1999. p142-156.

The focus of this study was to highlight the ability of co-operation between Western medicine and traditional healers which are often found in developing nations. Interviewers spoke with traditional healers in South Africa regarding their views on health culture, health care pluralism, professionalization and co-operation with Western medical doctors. The study identified several factors found to influence co-operation attitudes and the consequences felt by the traditional healer. The conclusion of the study was that a full co-operation between traditional and Western medicine will not occur until the two forces work to have a mutual understanding of the beliefs and values defining the cultures. Delegates can use this research to become familiar with the values of traditional healers in developing countries as well as the values of those who utilize this type of healing above Western medicine.

Bob Sucliffe. "The Economics of AIDS." *Index of Censorship".* January 2004. p 100-105.

This piece gives a regional focus on the fight to reduce the contraction of communicable diseases, specifically HIV and AIDS. The author provides an argument and factual information regarding the long-term consequences of communicable diseases to the economies of the nations of South Africa and African countries. This article attributes AIDS-related deaths, child mortality rates and changes in the patterns of illness and mortality to the continuing negative effect on the growth of the economies of African nations. The article continues to highlight differences between skilled and unskilled workers, black and white citizens and socioeconomic backgrounds as dictators of the spread of communicable diseases. It is important for delegates to gain the perspective of the citizens of African nations to aid in determining the best way to lessen the spread of communicable diseases.

Chris van Weel and Walter W. Rosser. "Improving Health Care Globally: A Critical Review of the Necessity Of Family Medicine Research and Recommendations to build Research Capacity." *Annals of Family Medicine 2.* 2004. p S5-S16. http://www.annfammed.org/cgi/content/full/2/suppl_2/s5.

This reference outlines the "Improving Health Globally: The Necessity of Family Medicine Research" held by WONCA in March of 2003. The conference was held to discuss the value of improving health care worldwide and recommendations for providing PHC. After the review of eight papers, the conference was able to develop 9 recommendations which are outlined in this paper. Delegates can use these recommendations in forming their positions and their own recommendations for meeting MDGs and obtaining the support and cooperation from around the world.

DFID's Maternal Health Strategy Reducing maternal deaths; evidence and action. Department for International Development. April 2007.

This is the second report by the DFID on their Maternal Health Strategy. This report highlights the facts and figures of the current programs, barriers, concentrations and statistics concerning MDGs and maternal mortality. New initiatives and forums regarding maternal health are also discussed as well as progress made within these and previous programs. One discouraging statistic mentioned is that AIDS is now the single largest cause of maternal death in some parts of Africa, this demonstrates the capacity to which MDGs integrate with one another and the importance of developing programs which work to meet all MDG's. The report concludes with new ways to measure maternal mortality and suggestion as to priory actions in the plight against maternal mortality.

J. Martines et al. "Neonatal Survival: a call for action." *The Lancet.* March 2005 p 1189-1197. http://www.ncbi.nlm.nih.gov/pubmed/15794974?ordinalpos=&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.SmartSearch&log$=citationsensor.

MDG-4, specifically neonatal mortality, is discussed in great detail in this article from The Lancet. Neonatal deaths can to be greatly reduced by providing wide-spread and improved neonatal care. This article discusses the ease with in which the authors feel neonatal care can be improved and provided on a large scale both effectively and at a low-cost. The authors suggest that the incorporation of management of neonatal illness into the integrated management of childhood illness initiative (IMCI) could improve current programs in place and aid in the decrease of child mortality. It is suggested that with increased funding into programs and research for neonatal care and maternal care stillbirths could be reduced and neonatal mortality can be halved by 2015. Delegates can use the facts, figures and recommendations to aid them in developing plans of action as well as their position as to who will aid in implementation and follow-through of the suggested programs. Neonatal mortality is the bottleneck in the movement toward meeting MDG-4.

Joy E. Lawn, et al. "Alma-Ata 30 years on: revolutionary, relevant, and time to revitalize." *The Lancet.* 2008. pp 917-27.

This article is actually the first in a series of eight papers regarding the rebirth and revision of the Alma-Ata. It is recommended that all eight papers are reviewed to gain a full in-depth analysis of the current standing and future outlooks of initiatives connected to PHC and Alma-Ata. This particular paper explores the history of global policy as it pertains to obtaining the declarations of the Alma-Ata and MDGs. The evolution of programs and general ideals are discussed and compared across various platforms including global health priorities and approaches to PHC (comprehensive v. selective care). The authors give a synopsis of the founding principles of the Alma-Ata as well as an analysis of successes and failures and how leaders can utilize these lessons as directions for future programs and initiatives.

Juan Antonio Casas-Zamora, Said A. Ibrahim. "Confronting Health Inequity: The Global Dimension." *American Journal of Public Health.* December 2004. pp 2055-2058.

The issue of health inequity is a large obstacle in the fight to provide access of health care to citizens in developing nations. This article discusses differing strategies adopted by both developing and developed nations alike as the world begins to notice and take serious action in providing basic health care needs to all people. Following a review of examples of programs implemented in both developing and developed nations, this article discusses the implications of these policies on the overall health statistics of these nations including child mortality rates. The article then reviews what is being done by global organizations to move forward in completing the MDGs. Delegates can utilize these examples and statistics to gain insight into programs already implemented in developing nations. Furthermore, it is important to realize what is being done by developed nations to improve their offerings of healthcare for their citizens.

Roger Strasser. "Rural health around the world: challenges and solutions." *Family Practice*. 2003; pp 457-463.

Access to health care in rural areas is a major challenge for governments and NGOs in the plight to meet MDGs by 2015. This article highlights these challenges in providing health care in rural areas throughout the world. The pros and cons of current programs enacted to aid in delivering PHC and Health for All are explained and analyzed allowing delegates to establish an understanding of current attempted solutions and their shortfalls. WONCA, the World Organization of Family Doctors, and WHO are leaders in the drive to voice the issues of lack of access to PHC in rural areas. WHO and WONCA co-sponsored Invitational Conference "Health for All Rural People" which brought global attention to the issue of health care in rural areas. This article also highlights important points in the WONCA-WHO Memorandum of Agreement which has furthered the collaborated effort of improving health care access to those in need.

III. Increasing International Awareness to Promote Equality in Sexuality and Gender

The Declaration of Montreal. International Conference on LGBT Human Rights. July 29. 2006. http://www.declarationofmontreal.org/declaration/DeclarationofMontreal.pdf.

The Declaration of Montreal is the work of the international LGBT community and the first document of its kind to reach such high international status. The Declaration was created in 2006 during the International Conference on LGBT Human Rights and is meant to "summarize the main demands of the international LGBT movement in the broadest possible terms, so as to make the document useful at a global level and in all parts of the world." This document is extremely important in considering modern movements in the LGBT community and in advocating change for LGBT peoples.

"Gender Equality: The big picture." United Nations Children's Fund. August 25, 2004. http://www.unicef.org/gender/index_bigpicture.html.

This article provides key background information on the idea of gender as a social construction. "Gender roles, inequities and power imbalances are not a 'natural' result of biological differences, but are determined by the systems and cultures in which we live." The fluidity of gender also applies to the fluidity of sexuality as a concept which allows us, as a global community, the privilege of reconsidering our constructs of gender and sexuality.

Nangeroni, Nancy R. "Transgenderism: Transgressing Gender Norms." April 2007. http://www.gendertalk.com/info/tgism.shtml.

The issues surrounding this topic can be very difficult to understand, especially when considering the definition of gender. This article, although unscholarly, thoroughly explains the current issues surrounding the defining of transgenderism and what exactly it means to be transgendered. Keep in mind that some of the vernacular of this site is not scholarly. Use this mainly as a tool to understand transgenderism.

Ungar, Mark. "State Violence and Lesbian, Gay, Bisexual and Transgender (LGBT) Rights." *New Political Science, vol. 22, issue 1*. March 2000. pp.61-75.

Ungar discusses the relationship between democracy and legitimized "state approved" violence. Through exploring the cultural implications of LGBT peoples in different contexts, Ungar find that with growing democratization and the support of LGBT interest groups, "legal" violence should decline. However, because of the insecurities associated with democratization, Ungar finds that violence against the LGBT community persists because of uncooperative or unwilling governments.

Vance, Carole E. "Social construction Theory: Problems in the History of Sexuality." Ed. Peter M. Nardi, et al. New York: Routledge. 1998. pp. 160-170.

The author of this article points out the danger of sexuality in history in that tracing sexual history is very difficult. Extrapolating what little there is written about LGBT issues or feelings in historical texts does not give a wholly accurate view of homosexuality in a historical sense. Vance also discusses differing forms of social construction theory and the issues surrounding constructs.