

HAND BOOK



WORLD HEALTH ORGANIZATION

UNITED NATIONS  NATION UNIS

WHO



EIGHTH EDITION: FOR DIVERSITY

THE SOUTHEAST MEXICAN
MODEL UNITED NATIONS

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GENERAL SECRETARY LETTER

Dear delegations:

It is an honor for us to welcome you to the eighth edition of the Mexican Southeastern Model of the United Nations. As the General Secretariat, we are proud and excited that you have decided to be part of this experience and join this committee that your chair has given so much love and commitment, who have made an effort in recent months to provide you with the most fruitful and enriching experience.

As part of the organizing committee, we know how overwhelming and intimidating it can be to be a part of these spaces, especially if it's your first time as delegations, but at the end of the day it's the dedication, perspective and intention to bring a change in our society that unites us and allows us to meet people with similar aspirations and ideals.

The Models of the United Nations are an example of solidarity, excellence, exuberance and strength. They are spaces in which real scenarios can be discussed and analyzed where the security of international society is included and addressed.

From this moment it is in your hands as delegations to raise your voice for the topics that your committee includes and to seek solutions to the problems that your Chair considered important to make visible and to address.

We are sure that the Dias that will be in charge of you will accompany you throughout the process and provide you with a safe, comfortable and adequate space to learn and put into practice all your public speaking, negotiation, leadership and management skills. We hope that this experience will allow you to have a broader and clearer picture of what the mission of the United Nations really is and what is our role as youth, children and adolescents in situations that require international negotiation.

GENERAL SECRETARY LETTER

We know that you will be able to overcome any obstacle that you might go through, we trust in you and we will be present to attend to all those needs that may arise to make this the best experience.

As delegations you will have the faculty and power to represent a nation, its perspective, its customs, its traditions and above all, its position regarding any of the topics, always respecting its interests, its needs and keeping in mind the Sustainable Development Goals and the Universal Declaration of Human Rights.

We know that together you will come up with a resolution that will allow you to broaden your perspective and spread your learning to the society in which we live. We wish you the best of success, enjoy, learn, have fun, we are very sure that you will have an incredible experience.

Sincerely,

Víctor López de Nava
General Secretariat

Nayeli Jiménez
General Attached Secretariat



ACADEMIC SECRETARY LETTER

Dear Delegations,

On behalf of the organizing committee, we welcome you to your committee, today you become an essential part of the eighth edition of the Southeast Mexican Model United Nations, SMMUN for Diversity.

The Academic Secretariat is convinced of the hard work that your table has done throughout these 8 months of preparation and sacrifice, making this edition one of the best experiences you will ever have.

We are pleased to count on your participation, since this type of spaces were created by and for young people like you and us, who recognize the importance of youth. Raise your voice in favor of the resolution of various international problems through negotiation, which day by day, impede the progress of a sustainable, progressive and pro-human rights society.

It is encouraging to know that every day more people are joining this project, new generations who have decided to be the change, but to achieve these objectives, not only locally or nationally, but also internationally and therefore it is necessary to bring a full dialogue about the problems that we face daily from different perspectives.

In this edition, with the addition of since thirteen years delegations, we want to encourage that no matter what school year you are in, your age or what you are studying, a Model United Nations is for everyone.

A couple of years ago we heard "anyone can be a delegation" and now we understand. Not everyone can become a "Best Delegation" but we have always believed that a "Best Delegation" can come from anyone.

ACADEMIC SECRETARY LETTER

If this is your first model, we want to send you all the encouragement and motivation, we have all been first timers at some point, and like you, we get the best out of this amazing experience, whether it be friendships, knowledge, relationships, or even making our voice heard.

If you made it this far, make the sessions a space for dialogue where you can contribute all your ideas, proposals and encourage the delegations to seek solutions.

If you are an experienced delegation, take advantage of these spaces to be the motivation for those first-time delegations, who will see in you an example to follow.

Let's continue making noise, disturbing and raising our voices, for a future where all young people are heard, because we may be diverse, but together, we are the change.

Much success Delegations,

Sincerely, Academic Secretariat.

Dayré Solís, Lupita Rosado Tello, Arkin Da Silva



CHAIR LETTER

From the presidency: I would like to give you all a warm welcome, and thank you for your working alongside us in this great journey. It is in our best interest to provide a safe space for growth, new experiences and much more.

From the moderation: First of all, I would like to thank you for accompanying us in this new project that is to be chair members of the World Health Organization, personally this is my first time being an actual member and not a delegation, but I will not let my inexperience get in the way of my professionalism and my love for UN models. I think I'm speaking for my fellow members when I say that the most important thing for us is for you guys to have a great experience in this model, and that we hope that in the end you leave with a huge sense of satisfaction and new friends. We will do everything that is within our capabilities for you to have fun while at the same time you learn something new and get to know a little bit more about the faculties and goals of the World Health Organization!

From the conference officer: Hi delegates, as your conference official I am very happy to be working with you and just to let you know that if you need any help throughout the model feel comfortable to communicate it with us. Thank you!



SMMUN 2023: FOR DIVERSITY

The Southeast Mexican Model United Nations (SMMUN) is a model of nations made by and for youth students with an interest in international law, international relations, human rights and all things UN related.

Its purpose is to give participants an opportunity to experience real-life working sessions at the United Nations, dealing with issues of international relevance, while allowing participants to develop skills in leadership, negotiation, diplomacy, teamwork, research, among others.



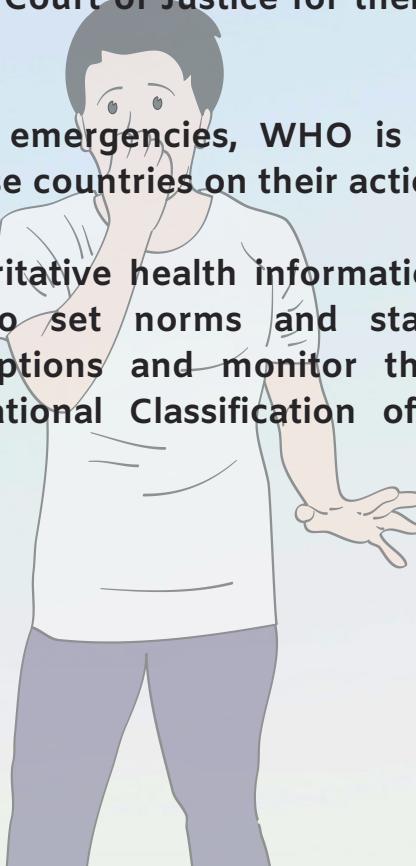
COMMITTEE DESCRIPTION

The World Health Organization (WHO) was established by the United Nations to act as an international coordinating authority on April 7, 1948. It connects nations, partners and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health.

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

WHO's faculties.

- It can send representatives to other UN organs
- the declarations written by WHO will be distributed to every General Assembly member
- It can ask International Court of Justice for their judgments in the health field
- In the face of health emergencies, WHO is obliged to gather research and data to advise countries on their actions in response
- WHO generates authoritative health information, in consultation with leading experts, to set norms and standards, articulate evidence-based policy options and monitor the evolving global health situation. (International Classification of Diseases, for an instance)



COMMITTEE DESCRIPTION

Principal objectives.

The preamble that better represents our objectives is the second one in the constitution, where it's stated: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."



TOPIC A

Tackling physical and psychological healthcare access barriers for transgender people

All over the world, trans people are exposed to human rights violations, including social and labor discrimination, criminalization, pathologization, exposure to transphobic violence, and homicides. Trans authors and allies observe an interrelation between these human rights violations and the contemporary Western medical model of transexuality that psychopathologizes gender expressions and identities which differ from the social expectations related to the sex assigned at birth. This medical model, raised in the twentieth century, replaces partially and coexists with previous conceptualizations of gender transition as a sin or crime and is questioned by a more recent conceptualization of free gender expression and identity as a human right.



Actions taken by WHO.

Back in 2019, after a major resolution to amend its health guidelines was approved, the World Health Organization (WHO) removed the term “transgender” from the International Classification of Diseases (ICD-11) to stop categorizing being transgender as a “mental disorder”, in order to cease the pathologization of the trans experience.

TOPIC A

Pathologization of trans people.

The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) recommend that transgender individuals seeking gender-affirming care (hormone therapy, breast augmentation surgery, genital surgeries, etc.) obtain referral letters from mental health professionals that document their persistent gender dysphoria. The criteria for well-documented dysphoria shift the mental healthcare provider's focus from addressing a patient's psychological well-being and psychosocial readiness for care to validating a patient's gender identity. This leads some transgender patients to convey non-existent distress about their bodies in order to legitimize their treatment.

Issues to tackle.



1. Dysphoria diagnosis
2. Prohibition of hormone replacement therapy
3. Being transgender was recently removed from the Diagnostic and Statistical Manual of Mental Disorders therefore the pathologization of trans people persists
4. Public health systems across the world fail to provide medical attention for trans people.

Ways to tackle the issue.

Absence of options.

The absence of health care access for trans people in matters such as hormone replacement therapy pushes individuals to obtain it via other methods, such as self medication.

TOPIC A

Self medication in trans people is extremely dangerous, given it can cause serious harm to one's health. It's a well known fact that 1 in every 10 transgender americans self medicates, a low figure compared to other countries; however, the fact that health care systems provide this type of attention in a country, does not ensure that people actually receive it.

As for the UK, the transgender clinic in London ran by the National Health Service can take up to three years to finally provide medical attention due to its long waiting lists, a situation that brings harm to the patients mental health, resulting in many dreadful outcomes such as suicide.

There are 13 countries who specifically criminalise transgender people, mostly using "cross-dressing" laws, these are Brunei, the Gambia, Indonesia, Jordan, Kuwait, Lebanon, Malawi, Malaysia, Nigeria, Oman, South Sudan, Tonga, and the United Arab Emirates. Iran's Islamic Penal Code also has severe punishments for bending gender norms in one's expression; therefore, the idea of health care institutions providing the services trans people need is out of the question.

Therefore, some countries do have the options and resources to provide such attention, with room to grow of course, while other nations across the globe do not even give humane treatment to the people who live within the trans experience.

Issues to tackle:

1. Dysphoria diagnosis
2. Prohibition of hormone replacement therapy
3. Being transgender was recently removed from the Diagnostic and Statistical Manual of Mental Disorders therefore the pathologization of trans people persists
4. Public health systems across the world fail to provide medical attention for trans people

TOPIC A

Importance to the international community.

Trans people are one of the worlds most vulnerable population, given the fact that they are constantly exposed to violence and different forms of discrimination, 350 people were murdered in 2021, the majority of the murders happened in Central and South America (70%). But like last few years, the most deaths in a single country occurred in Brazil, totalling 33% of global deaths.

Brazil is the world's first country when it comes to the killings of trans people, mostly transgender women, followed by Mexico as a close second.

The Office of the High Commissioner for Human Rights has stated trans people around the world are subjected to levels of violence and discrimination that offend the human conscience:

- they are caught in a spiral of exclusion and marginalisation: often bullied at school, rejected by their family, pushed out onto the streets, and denied access to employment;
- when they are persons of colour, belong to ethnic minorities or are migrants, living with HIV, or sex workers, they are particularly at risk of violence, including of killing, beatings, mutilation, rape and other forms of abuse and maltreatment; and
- in order to practice their right to recognition before the law, gender-diverse and trans persons are often victim to violence in health-care settings such as forced psychiatric evaluations, unwanted surgeries, sterilization or other coercive medical procedures, often justified by discriminatory medical classifications.

Trans persons are particularly vulnerable to human rights violations when their name and sex details in official documents do not match their gender identity or expression. Today, however, the vast majority of trans and gender-diverse persons in the world do not have access to gender recognition by the State. That scenario creates a legal vacuum and a climate that tacitly fosters stigma and prejudice against them.

At the root of the acts of violence and discrimination lies the intent to punish based on preconceived notions of what the victim's gender identity should be, with a binary understanding of what constitutes a male and a female, or the masculine and the feminine. These acts are invariably the manifestation of deeply entrenched stigma and prejudice, irrational hatred and a form of gender-based violence, driven by an intention to punish those seen as defying gender norms.

TOPIC A

Recent international events.

- In 2012, Argentina's Senate unanimously approved the Gender Identity Law making sex-change surgery a legal right. The procedure is included in both public and private health care plans
- After two years, the Danish Parliament followed Argentina's lead and allowed legal gender recognition for transgender people (for 18+ years), solely based on their self-determination -- without any medical intervention. This is to state that, Denmark is the only European country that does not require any psychiatric diagnoses or any certificate by a medical professional, according to Transgender Europe.
- In 2015, Malta's government adopted the Gender Identity, Gender Expression, and Sex Characteristics Act. introduced a simplified procedure which respects the privacy of the person requesting that one's official documents be changed to reflect the person's gender" and acknowledges that "gender identity is considered to be an inherent part of a person which may or may not need surgical or hormonal treatment or therapy"
- By June of 2022, Instituto Mexicano del Seguro Social, Mexico's main healthcare institution released a protocol directed to the attention of LGBTIQ+ individuals.



GUIDE QUESTIONS

- **What are the individual actions your country has done towards this problem?**
- **Are there any Non-governmental organizations fighting for this cause in your country?**
- **What are those NGO's demanding?**
- **Does the public healthcare system offer attention for trans people?**

Following question → if not, is it possible via private healthcare?

- **Does the constitution hold anti discrimination laws?**

Following question → If it does, do they take in account trans experiences?

EXPECTATIONS FOR THE DELEGATES

Pillars to be taken into account for the resolution paper:

As members of the chair and after through research we consider that there are— at most— three important pillars in order to tackle physical and psychological healthcare access barriers for transgender people.

The pillars consists in:

- Measures to strengthen equal attention of trans people in all health care levels.
- The ways public health care can provide access for trans people that are at an economical disadvantage.
- The direct relation Goal 3 has with Goal 5 in the 7. UN's 2030 Agenda for Sustainable Development.

We expect that the delegations take into account these aspects, vis-á-vis each of them revolve around the solution of this certain problem.



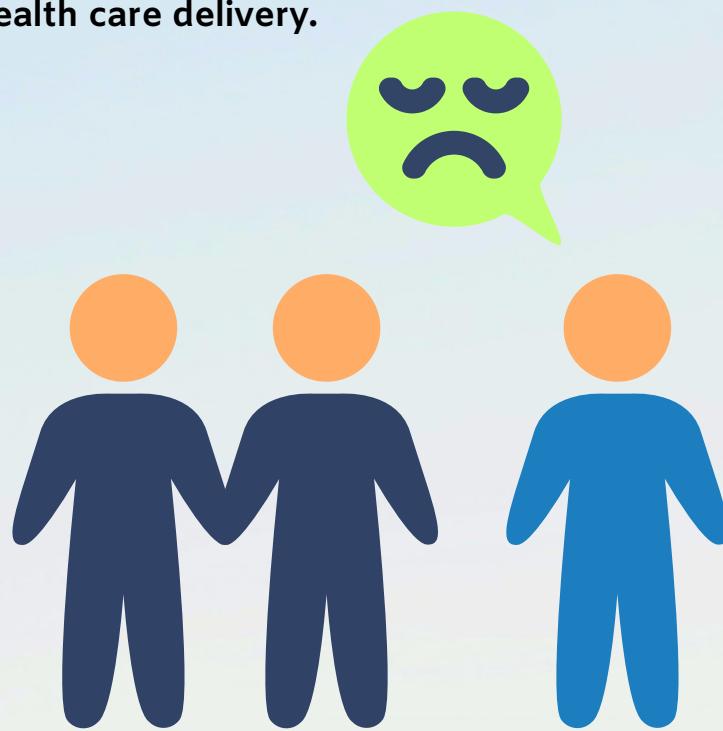
TOPIC B

Tackling structural racism and ethnicity-based discrimination in healthcare

Background.

Across the globe, indigenous people as well as people of African descent, Roman and other ethnic minorities experience stigma, racism and racial discrimination. This situation often increases their exposure and vulnerability to risk factors and reduces their access to quality health services. The result is that these populations often experience poorer health outcomes. This has been evidenced and exacerbated during the COVID-19 pandemic, in which some of the starker inequities have emerged among populations experiencing racial discrimination.

Structural violence shapes the health of Indigenous people globally, and is deeply embedded in history, individual and institutional racism, and inequitable social policies and practices. Many Indigenous communities have flourished, however, the impact of colonialism continues to have profound health effects for Indigenous peoples around the world. Despite increasing evidence of health status inequities affecting Indigenous populations, health services often fail to address health and social inequities as routine aspects of health care delivery.



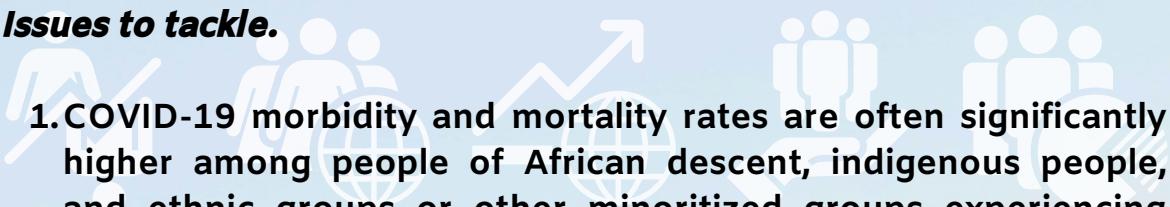
TOPIC B

Actions taken by WHO.

The World Health Organization supports national and local authorities in addressing racial discrimination and related health inequities. This work includes integrating human rights, equity, gender responsive and intercultural approaches to guide public health policies and ensure that communities experiencing racial discrimination have access to comprehensive, culturally appropriate and quality health services.

Recently, in May of 2022, the World Health Organization carried out a side event at the 21st session of the UN Permanent Forum on Indigenous Issues. This side event explored the “causes of the causes” of these health inequities and considers measures to tackle them. The event informed the Indigenous health equity workstream of WHO Headquarters and the next WHO World Report on Social Determinants of Health Equity, the latter of which aims to outline an agenda for action through to 2030

Issues to tackle.

- 
1. COVID-19 morbidity and mortality rates are often significantly higher among people of African descent, indigenous people, and ethnic groups or other minoritized groups experiencing discrimination
 2. Interventions explicitly tackling racial and ethnicity-based discrimination, including improving anti-discrimination and redress mechanisms.
 3. Interventions supporting the delivery of universal services, but in ways that address compounding and intersecting drivers of social exclusion and draw on the framework of proportionate universalism.
 4. In Action on social determinants of health equity
 5. Strengthening equity-oriented health systems through intercultural care provision
 6. Vestments in cross-cutting enabling measures, such as participatory mechanisms and data disaggregation.

TOPIC B

Importance to the international community.

The chair members consider this topic to not only be a current problematic, but a situation that indigenous people as well as african descent, roman and other ethnic minorities, have been experiencing stigma, racism and racial discrimination for many generations. Structural violence is deeply embedded in history, and the result of its practice is that these populations often experience poorer health outcomes, there has been alarming evidence of that during the COVID-19 pandemic, in which some of the starker inequities have emerged among populations experiencing racial discrimination.



EXPECTATIONS FOR THE DELAGATES

As elected chair members of the committee, we expect that in the development of the sessions our future delegations take into account the pillars mentioned in the bill, which is why we will remind the delegates during their preparation about the World Health Organization Constitution.

GUIDE QUESTIONS

- **What are the individual actions your country has done towards this problem?**
- **Are there any Non-governmental organizations fighting for this cause in your country?**
- **What are those NGO's demanding?**
- **What programs have not provided an effective response towards this?**
- **Does your country count with procedures or responsive policies towards the victims?**



RECOMMENDED MATERIAL

Topic A

- Understanding the Transgender Community. (n.d.). Human Rights Campaign. <https://www.hrc.org/resources/understanding-the-transgender-community>
- Brazil Continues To Be the Country with the Largest Number of Trans People Killed. (2022). Pulitzer Center. <https://pulitzercenter.org/stories/brazil-continues-be-country-largest-number-trans-people-killed>
- The Yogyakarta Principles – Yogyakartaprinciples.org. (n.d.). <http://yogyakartaprinciples.org/principles-en/>
- Safer JD, Coleman E, Feldman J, Garofalo R, Hembree W, Radix A, Sevelius J. Barriers to healthcare for transgender individuals. Curr Opin Endocrinol Diabetes Obes. 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802845/>
- OHCHR. (n.d.). OHCHR | The struggle of trans and gender-diverse persons. <https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/struggle-trans-and-gender-diverse-persons>

Topic B

- Linos, N. (2022, June 14). Opportunities to tackle structural racism and ethnicity-based discrimination in recovering and rebuilding from the COVID-19 pandemic. Nature. Retrieved October 9, 2022, from https://www.nature.com/articles/s41467-022-30791-w?error=cookies_not_supported&code=fe395a70-a016-4927-9a90-3aa775a37166
- Tackling structural racism and ethnicity-based discrimination in health. (n.d.-b). Retrieved October 9, 2022, from <https://www.who.int/activities/tackling-structural-racism-and-ethnicity-based-discrimination-in-health>

GLOSSARY

- **Dysphoria Diagnosis:** Gender dysphoria is a term that describes a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity. This sense of unease or dissatisfaction may be so intense it can lead to depression and anxiety and have a harmful impact on daily life. In order to provide said attention, some countries' systems ask for a dysphoria diagnosis; however, it only pushes a pathologization narrative as if gender identity in trans people is a disease that must be treated. <https://www.nhs.uk/conditions/gender-dysphoria/>
- **Gender Identity:** Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms. https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/struggle-trans-and-gender-diverse-persons#_ftn1
- **Colonialism:** Domination of a people or area by a foreign state or nation : The practice of extending and maintaining a nation's political and economic control over another people or area. <https://www.merriam-webster.com/dictionary/colonialism>

GLOSSARY

- **Hormone Replacement Therapy:** Gender affirming hormone therapy consists of either feminizing (estrogen) or masculinizing (testosterone) hormones. Many transgender people take hormone therapy as part of a gender transition to help their bodies and appearance align with their gender identity.

<https://www.plannedparenthood.org/planned-parenthood-great-northwest-hawaii-alaska-indiana-kentuck/patients/health-care-services/hrt-hormone-therapy-for-trans-and-non-binary-patients>

- **Health and social Inequities:** Unjust and avoidable differences in people's health across the population and between specific population groups.<https://www.healthscotland.scot/health-inequalities/what-are-health-inequalities>
- **Structural Violence:** Structural violence are social forces that harm certain groups of people, producing and perpetuating inequality in health and well-being. It includes social, economic, and political processes that manifest in both material and symbolic means of social exclusion.

<http://www.cherchicago.org/about/structuralviolence>

REFERENCES

- 1 Schwend, S. A. (2020, 19 febrero). Trans health care from a depathologization and human rights perspective - Public Health Reviews. BioMed Central. Recuperado 6 de octubre de 2022, de <https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-020-0118-y>
- 2 MacKinnon K.R., Grace D., Ng S.L., Sicchia S.R., Ross L.E. "I don't think they thought I was ready": How pre-transition assessments create care inequities for trans people with complex mental health in Canada. *Int. J. Ment. Health.* 2020;49:56–80.
- 3 NCBI - WWW Error Blocked Diagnostic. (s. f.-b). Recuperado 9 de octubre de 2022, de NCBI - WWW Error Blocked 4 4.
- 4 Diagnostic. (s. f.-c). Recuperado 9 de octubre de 2022, de <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8861822/>
- 5 Haynes, S. (2019, 28 mayo). The World Health Organization Will Stop Classifying Transgender People as Having a «Mental Disorder». *Time.* Recuperado 9 de octubre de 2022, de <https://time.com/5596845/world-health-organization-transgender-identity/>
6. NCBI - WWW Error Blocked Diagnostic. (s. f.-d). Recuperado 9 de octubre de 2022, de <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802845/>
- 7 Linos, N. (2022, June 14). Opportunities to tackle structural racism and ethnicity-based discrimination in recovering and rebuilding from the COVID-19 pandemic. *Nature.* Retrieved October 9, 2022, from https://www.nature.com/articles/s41467-022-30791-w?error=cookies_not_supported&code=fe395a70-a016-4927-9a90-3aa775a37166
- 8 Tackling structural racism and ethnicity-based discrimination in health. (n.d.-b). Retrieved October 9, 2022, from <https://www.who.int/activities/tackling-structural-racism-and-ethnicity-based-discrimination-in-health>
- 9 OHCHR. (n.d.). OHCHR | The struggle of trans and gender-diverse persons. <https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/struggle-trans-and-gender-diverse-persons>

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