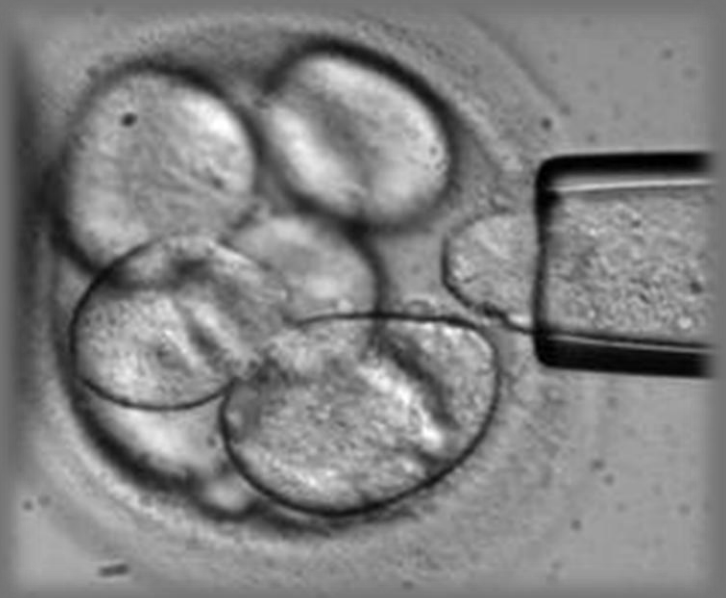
2013

WHO 2013 Background Guide

MIT Model United Nations Conference V



who2013@mitmunc.org

Letter from the Dais

Dear Delegates,

Welcome to the MIT Model United Nations Conference 2013! We are extremely excited to meet you and hope that you have a wonderful time. My name is Sophia Wu and I will be your Head Chair. I am a freshman interested in majoring in Mechanical Engineering. In high school, I attended several MUN conferences as a delegate and have chaired a conference previously.

And my name is Laura Jarin; I will be participating as the Vice Chair. I am also a freshman planning to major in mechanical engineering, with a minor in energy. In high school, I attended various Model Congress conferences and worked on a political campaign, although this will be my first Model UN experience.

The World Health Organization is the branch of the United Nations responsible for providing direction and authority for health. This year, WHO will be discussing child marriage and stem cell research. We hope that you find these topics intriguing and research well to provide for a more fruitful debate. As you research these topics, consider each country's position on the issues and which ones agree and disagree with your own. For resolutions, think outside the box: creativity and innovation is what the world needs to solve these global health issues. And most importantly, have fun!

Cheers,

Laura Jarin

Sophia Wu

World Health Organization Chairs,
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Topic 1:

Child Marriage

Introduction

Every year, more than ten million young girls are caught in the trap of child marriages. Child marriage violates the Universal Declaration of Human Rights in the right to "free and full consent to a marriage" that cannot be given when "one of the parties involved is not sufficiently mature to make an informed decision." According to the United Nations Convention on the Rights of the Child, a child marriage is defined as any person under the age of eighteen entering a marriage regardless of whether one or both parties are under this age. Child marriage applies equally to young boys and girls, but the majority of child marriages occur between a young girl and a man several years, if not decades, her senior.

The general consensus in the global community is that child marriage should be outlawed. However, in countries where it is not, the rates are alarmingly high. Child marriage predominantly exists in developing countries and exists at higher frequencies in rural areas compared to urban areas. Hot spot countries such as Niger and Chad have over seventy percent of their children marrying under the age of eighteen. Even in countries where child marriage is outlawed such as India, child marriage still occurs, at about fifty percent of its population marrying under the age of eighteen. Child marriage is most rampant in Southern Asia, sub-Saharan Africa, Latin America and the Caribbean.

While the journey leading up the child marriages may vary as well as the marriage itself, child brides' ultimate fates are very similar. Only the lucky child brides escape the social and economic pitfalls of child marriage. Health problems are almost guaranteed given the dangers of poverty, teenage pregnancy, domestic violence and sexual abuse. The World Health Organization strongly believes that all of these consequences can be eliminated once initiatives are implemented and executed.

Background

What Drives Child Marriage

One of the main factors driving child marriage is poverty. More impoverished families are more likely to resort to using young girls as bargaining chips for money or to settle debts than families who are not in such desperate need for basic necessities. Given that large families are common in areas where child marriage is rampant, such as South Asia, girls may be sold off to wealthier men to feed the younger children in the family. This practice is especially prevalent after natural disasters when hunger hits.

On the other hand, some families will marry young brides off to wealthier families in hopes of a better life for the child. The husband's family may be able to better provide food, shelter, and clothing for the bride and thus a child marriage will occur. Poverty also fuels child marriage for the sake of more children. Parents believe that the younger the child is when married, the more children will be born from the child bride. Thus, there is a higher likelihood of multiple children surviving to

adulthood and thus being able to work on familial lands and support elderly relatives.

In addition to materialistic gains from child marriage, some personal gains result as well. In the cultures where child marriage is common, a family's honor may depend on how chaste a girl is before marriage. Parents are fearful that young girls may engage in premarital sex and thus bring dishonor to the entire family. They reason that there is a lower chance of premarital sex if the child is married young. Child marriage may sometimes even bring honor to a family. Other motives for child marriage are to strengthen familial bonds. A child marriage between families has the potential to settle disputes as well as fortify family alliances.

Consequences of Child Marriage

Child marriage nearly always destroys a girl's hope of rising out of poverty. By marrying girls off at a young age, the girls have little further opportunity for education beyond what they learned when they were plucked out of school to become brides. They lack the education necessary for job opportunities and often turn to prostitution if they are able to escape their often abusive marriages. This also means that many child brides are unaware of the laws that fight for their rights.

Additionally, since the girls are married off at such a young age, they are uneducated about STDs, pregnancies and subsequent childbirth and all other diseases that they now have the potential to contract given their marriage.

On the same health note, child brides are more susceptible to domestic violence and sexual abuse. They are more vulnerable to physical assault at early ages than they would be at maturity.

Additionally, child brides are often pressured by their families to conceive early on. In developing countries, a girl's body is often not fully developed by the point they are forced to conceive. Early childbearing endangers the mother's health significantly. Girls under the age of fifteen are five times more likely to die in childbirth than women over the age of twenty because their bodies are still not fully developed. Younger girls are also at higher risk for fistula, which results in much shame for the bride. Fistula results from pregnancy complications when the mother's body is not developed enough to handle the strain of childbirth. Fistula victims are often isolated from society and are abandoned by peers and their spouse, thus furthering their impoverished state by cutting off the only support source child brides have.

Ramifications from child marriage affect more than just the spouses in question. Children resulting from child marriages are more likely to be underdeveloped, stillborn, and have future health problems because the mother's body is not mature enough to carry a baby to full health. The children are also more likely to enter this cycle of child marriage and abuse, assuming they survive past the age of five.

Committee Goals

The World Health Organization has identified child marriage as a widespread

issue. At the First International Day of the Girl Child, Secretary General Bank Ki-moon said "Investing in girls is a moral imperative – a matter of basic justice and equality[…] Child marriage divorces girls from opportunity. It jeopardizes health, increases exposure to violence and abuse, and results in early and unwanted pregnancies – and often life-threatening risk." He advocated for "men and boys to do their part to let girls be girls, not brides." While some countries are taking measures to end child marriage, progress is slow. Every three seconds, a girl under the age of eighteen is married. When combating this problem of child marriage, this committee will also keep the following questions in mind:

- What will define a child marriage on the global scale where cultures and customs vary so greatly?
- How can the United Nations decrease the incentives for child marriages and ultimately end child marriage? What initiatives must be taken?
- What measures can be taken in societies where it is religion that drives child marriage?
- How can traditional, cultural norms be preserved while taking young brides out of the cycle of domestic abuse?
- How can the United Nations raise more awareness about the severity of the problem and educate child marriage victims about their rights?
- How can the United Nations aid current victims of child marriage and stop the vicious cycle?

Resources

1. Child Brides Face 'Silent Health Emergency'- experts http://www.trust.org/trustlaw/news/child-brides-face-silent-health-emergency-experts/

2. Child 'Drought Brides' Sold Secretly in Kenya. http://www.trust.org/trustlaw/news/feature-child-drought-brides-sold-secretly-in-kenya/

3. Child Marriage. www.**unicef**.org/protection/files/**Child Marriage**.pdf

4. Child Marriage a Scourge for Millions of Girls. http://www.trust.org/trustlaw/news/feature-child-marriage-a-scourge-for-millions-of-girls2/

5. Child Marriage: What We Know. http://www.pbs.org/now/shows/341/facts.html

6. Ending Child Marriage. http://www.who.int/reproductivehealth/topics/adolescence/idgc/en/

7. Factbox-Child Marriage Threatens Girls' Health and Rights. http://www.trust.org/trustlaw/news/factbox-child-marriage-threatens-girls-health-and-rights/

8. First UN International Day of the Girl Child. http://www.who.int/pmnch/media/news/2012/20121011_day_of_girl/en/index.html

9. Help End Child Marriage. http://www.care.org/campaigns/childmarriage/index.asp

10. How to End Child Marriage. http://www.icrw.org/publications/how-end-child-marriage

11. Teenage Brides Suffer Pain and Shame of Fistula. http://www.trust.org/trustlaw/news/feature-teenage-brides-suffer-pain-and-shame-of-fistula/

12. The Terrifying World of Child Brides. http://www.dailymail.co.uk/news/article-2216553/International-Day-Girl-Child-2012-Devastating-images-terrifying-world-child-brides.html

13. Who Speaks for Me. www.prb.org/pdf11/**ending-child-marriage**.pdf

14. Why Does Child Marriage Happen. http://www.trust.org/trustlaw/news/qa-why-does-child-marriage-happen/

Topic 2:

Stem Cell Research

Introduction

With many developed countries funding stem cell research, the global community must address the scientific and medical possibilities, as well as the ethical issues resulting from stem cell research. Stem cell research has the potential to alter modern medicine permanently, but comes at great literal and (debatable) moral cost.

Scientific Background

Stem cells share two main defining characteristics: firstly, they are unspecified cells, capable of differentiating into nearly any cell type (liver, heart, etc.), a property called potency, and secondly, they can nearly indefinitely replicate themselves through mitosis (cell division) to create more stem cells. There are two main types of stem cells in humans and other mammals, embryonic and adult. Embryonic stem cells can differentiate into specialized cells from all three germ layers (pluripotent, as diagrammed in Appendix 1), and generate the vital organs of the body during embryonic development. Adult stem cells differentiate to several related cell types (but not all cell types) – called multipotency – and mainly act as a repair system for the body.

For the last approximately thirty years, adult stem cells have been harvested from bone marrow, peripheral blood, and umbilical cord blood in a treatment known as hematopoietic stem cell transplantation (HSCT). HSCT is still a dangerous procedure, and mostly performed in the cases of life-threatening cancers of blood or bone marrow, such as leukemia. These dangers arise from a variety of causes, including immune rejection of allogenic (harvested from a donor as opposed to from the patient themselves) cells.

Although HSCT is not an ethically controversial research area, because of its numerous adverse effects to both donor and recipient, cost, and limitation to treatment of blood-related diseases (as these stem cells can only develop into blood cells), it is by no means a cure-all like some hypothetical embryonic stem cell treatments are. While HSCT is a fairly long standing technology, additional funding for research into safer harvesting, transplant, and cultivation methods, expansion of HSCT use in other areas such as HIV, and increasing the worldwide donor banks (since 40% of donations come from another country, see Appendix 2) especially with donors of African descent, are issues that can be addressed by this committee.

Other areas where new research into adult stem cells is now emerging are neural and mesenchymal (immune-based) stem cells for treatment of Batten disease, Alzheimer's, and Parkinson's for the former and Hurler Syndrome and Crohn's disease for the latter.

Much more controversial and correspondingly more promising research is human embryonic stem cell (hESC) research. hESCs are inherently more useful than hematopoietic stem cells because they can differentiate into a wider variety of cells due to their pluripotency. Current research focuses on developing

hESCs into a variety of cell types for use in cell replacement therapies. They are also in development for replacement of entire organs, drug testing, and treatment of a variety of diseases including Parkinson's, diabetes, spinal cord injury and acute macular degeneration, all diseases without cures. According to some scientists, these currently experimental treatments are only a snippet of a much larger field that has the potential to end a large amount of human suffering. However, funding allocation to this very expensive aim must be carefully considered in the context of the many other health issues addressed by the World Health Organization.

Ethical Concerns

It is clear that stem cell research has the potential to discover treatments for a large variety of diseases. However, many countries, especially religiously affiliated ones, are staunchly opposed to such research on ethical grounds. For example, Italy, Ireland, Portugal, and Austria and many other countries have complete bans on any hESC use, those four in particular because of their dominant religion of Roman Catholicism. In contrast, other EU countries, Japan, China, Israel, and a variety of other countries support stem cell research. President Obama of the United States has recently issued Executive Order 13505: *Removing Barriers to Responsible Scientific Research Involving Human Stem Cells*, though some states have regulated or banned it, and President Bush was in opposition to it.

In addition to religious or moral ethical concerns, the WHO faces the larger concern of how to deal with an issue that divides its member countries on ethical and moral grounds.

Most of the ethical concerns asserted by opponents of stem cell research stem from religious belief that life begins at conception, and use of embryos for scientific purposes (using 4-5 days after fertilization) constitutes murder.

However, the ease of extraction of embryos through in-vitro fertilization and the prevalence of extraneous embryos left over from fertility treatment complicate the issue. There are international guidelines currently in place for stem cell usage, most notably by The Hinxton Group, the International Cellular Medicine Society, and the International Society for Stem Cell Research, although consensus on regulatory guidelines are tricky in light of stem cell research's status as an emerging science, and the complexity of the issue.

Global Access

As stem cell research continues to gain momentum, the new treatments will likely be concentrated in wealthy countries who can afford the therapies, creating a barrier to entry for usage by developing nations. Additionally, many developing countries, though not all, are also more conservative and religious, and therefore more likely to take issue with the ethical concerns highlighted above. This makes the implementation of stem cell research even more difficult in those countries.

However, many scientists now agree that stem cell therapies are the way of the future. Currently, HSCT in the form of bone marrow transplants are the only

relatively affordable form of stem cell treatment, and are still very cost-prohibitive for most people. All other current stem cell therapies are still experimental and are not likely to be implemented outside of wealthy countries for at least the next few years and likely more. However, a framework for the efficient proliferation and subsidization of future stem cell treatment is necessary if poorer countries are to have access to the "cures" suggested by current progress.

UN History

From 2001 to 2005, the United Nations grappled with arguments over the content of the UN Declaration on Human Cloning, which in its final form calls for countries "to prohibit all forms of human cloning inasmuch as they are incompatible with human dignity and the protection of human life." A reproductive cloning ban was widely agreed on, but arguments over whether or not to include a ban on therapeutic cloning (i.e. stem cell research) held up the resolution.

The United States, with the support of 60+ countries, many Roman Catholic, pushed heavily for a total ban on therapeutic cloning to be included in the resolution, but was ultimately unsuccessful against strong opposition led by the UK, with the support of the scientific community. However, the wording of the final resolution is notably ambiguous, leaving whether therapeutic cloning is supported or condemned by the UN extremely open to interpretation. The UN has not majorly considered the issue since 2005.

Questions to Consider

What role should the UN and WHO play in stem cell research?

How should stem cell treatments be distributed to developing countries without access to the technology, if at all?

Does it matter if UN funds are used for a technology banned by some member countries?

Is it too soon to act on regulation of an emerging science or is regulation needed urgently?

Definitions

WHO – World Health Organization

HSCT – hematopoietic stem cell transplantation

hESC – human embryonic stem cell

References

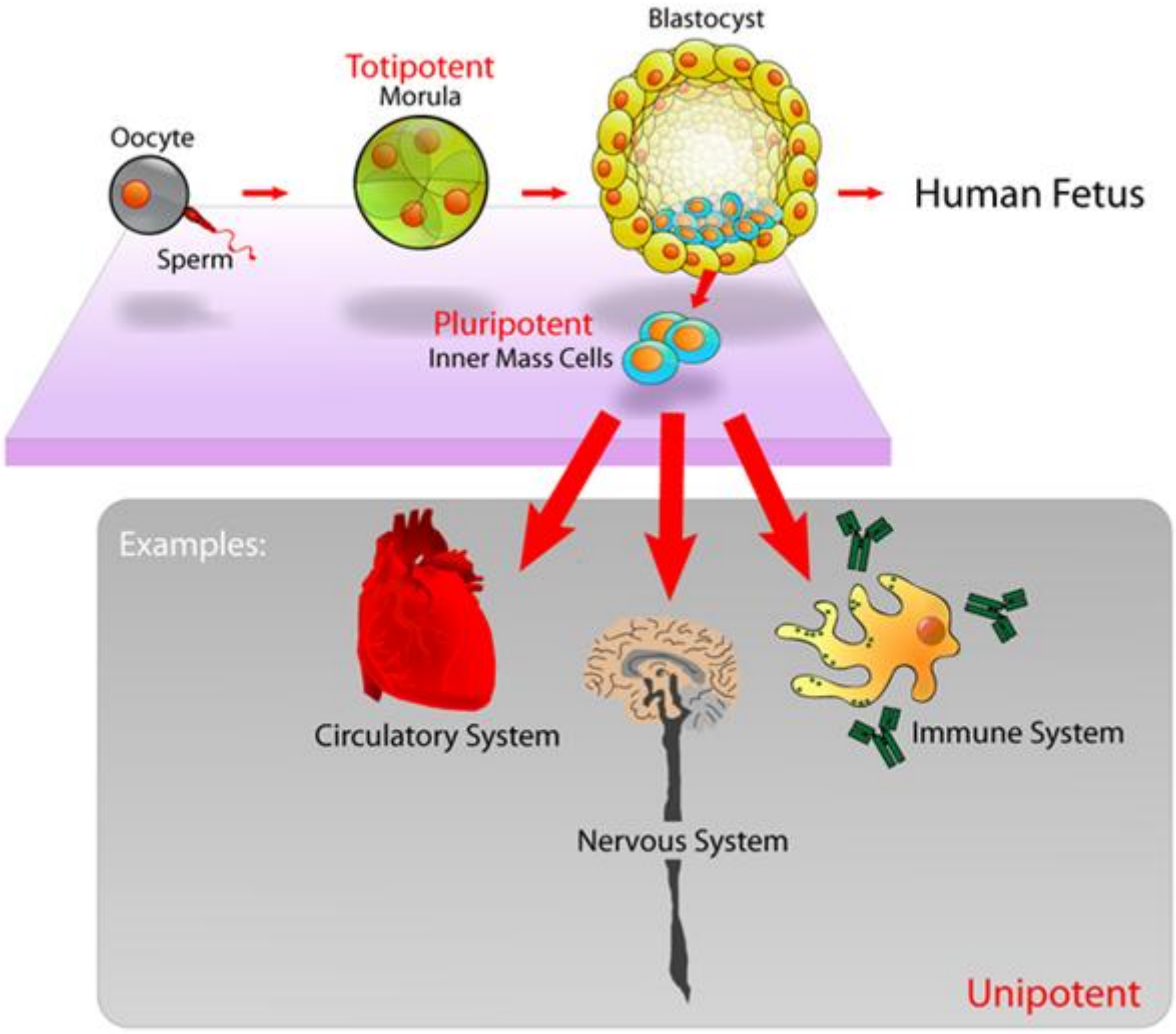
"2009 Guidelines on Human Stem Cell Research [Stem Cell Information]." *NIH* . N.p., n.d. Web. 3 Dec. 2012. <http://stemcells.nih.gov/policy/2009guidelines.htm>.

"A treatment not yet accessible to all ." *WHO*. N.p., n.d. Web. 3 Dec. 2012. <www.who.int/transplantation/stem_cells/en/>.

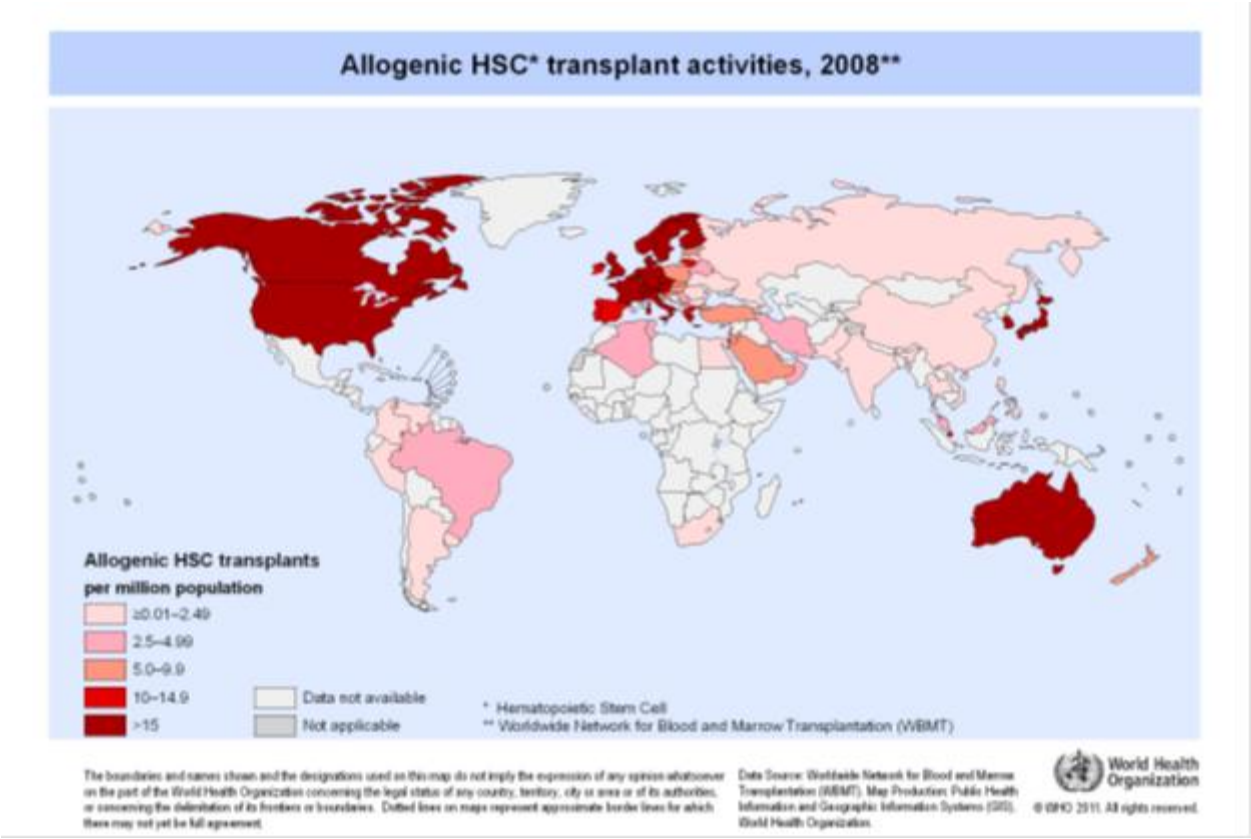
"Stem Cell Basics ." *NIH* . N.p., n.d. Web. 3 Dec. 2012. <http://stemcells.nih.gov/info/basics/defaultpage.asp>.

"Stem cells are daily circulating around the World ." *WHO*. N.p., n.d. Web. 26 Nov. 2012. <www.who.int/transplantation/stem_cells/en/>.

Appendix 1


Blastocyst
Totipotent
Morula
Oocyte
Sperm
Human Fetus
Pluripotent
Inner Mass Cells
Examples:
Circulatory System
Nervous System
Immune System
Unipotent

Appendix 2


Allogenic HSC* transplant activities, 2008**
Allogenic HSC transplants
per million population
≥0.01–2.49
2.5–4.99
5.0–9.9
10–14.9
>15
Data not available
Not applicable
* Hematopoietic Stem Cell
** Worldwide Network for Blood and Marrow Transplantation (WBMT)
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Data Source: Worldwide Network for Blood and Marrow Transplantation (WBMT). Map Production: Public Health Information and Geographic Information Systems (GIS). World Health Organization
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