HoMMUNC

World Health Organization (WHO)

Chair: Derek Chung
Moderator: Stephanie Ferandez

Dear Delegates,

My name is Derek Chung and I am thrilled to be chairing the World Heath Organization committee this year. I am a senior at Horace Mann School and the Chairman of the Board of Horace Mann's Model UN Team. My first Model UN conference was HoMMUNC and I hope you all have as wonderful of an experience as I did.

Outside of Model UN, I work with LiNK (Liberty in North Korea): a non-governmental organization that helps North Korean Refugees. Although I love international relations as a whole, I am specifically interested in the North Korean situation; my grandfather defected as a young man. I also have a wide array or random hobbies including cooking and ceramics.

Through Model UN I have gained invaluable skills and made countless friends. It is a fantastic way to work on your speaking and leadership skills. In fact, I used to be terrified of public speaking before I joined the team my freshmen year. Throughout the conference you will learn a lot about international relations, debate and yourself. While it may seem difficult at first, Stephanie and I will be there to help you in any way we can. We really want you all to have an enriching and fun experience.

For most of you this will be your first conference and I hope you will try to make the most of it. Do not be afraid to take risks and put yourselves out there. It is Stephanie's and my goal for everyone to participate and have a truly great time. The following background guide is a great place to start your research as you

educate yourself on these topics and explore possible solutions. I look forward to meeting you all the day of the conference.

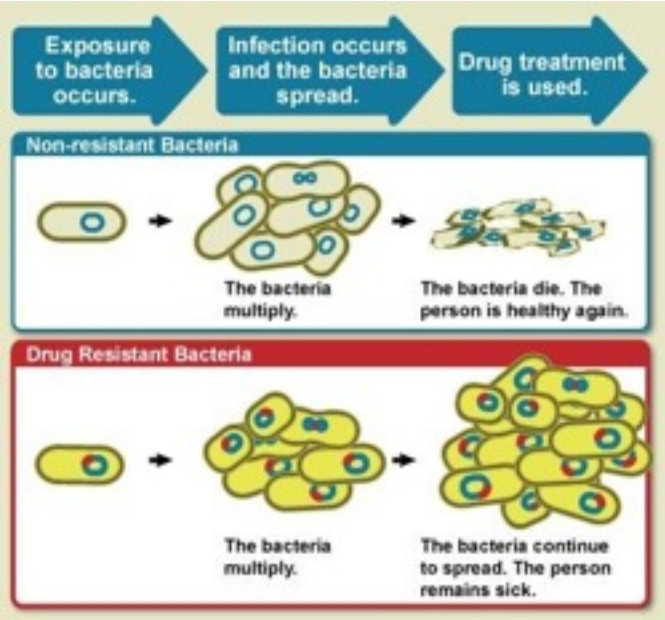
Best Regards,

Derek Chung

Overview

Within the last decade, the occurrence of antimicrobial-resistant infections has increased in both hospitals and the international community. According to the Centers for Disease Control, 23,000 people die every year because of antibiotic-resistant infections.

New Zealand just announced its first death from a completely drug-resistant bacterial infection. Antimicrobial resistance results in increased illness, mortality, and health-care costs.



Antimicrobial resistance (AMR) is the resistance of a microorganism to an antimicrobial drug that was once effective. Antibiotic resistance occurs when an antibiotic has lost its ability to effectively control or kill bacterial growth; the bacteria become "resistant" to the antibiotic and continue to multiply rapidly.[1] Resistant organisms can withstand the attack of antibacterial drugs, so drug treatments are rendered ineffective and allow the spread of the infection.[2] The evolution of resistant strains is a natural phenomenon that occurs when microbes replicate incorrectly or exchange resistant traits amongst themselves, but the use and misuse of antimicrobials hasten the advent of new microbes.[3] Should one bacterium manage to survive the antibacterial agent, it will multiply to replace all the bacteria killed off. The new generation of bacteria inherited or acquired pieces of DNA that code for resistant properties. Antimicrobial resistance is also transferable between microbes and bacterial species. Bacteria in particular have a number of strategies to receive DNA from other individuals and species. For starters, they can pick up loose pieces of DNA from their environment (transformation). This is much more common than one might think. Any time a cell dies it leaves its DNA behind for opportunistic bacteria. Bacteria can also receive DNA from other bacteria carried by viruses that have accidentally packaged up bacterial DNA, rather than viral DNA (transduction). Lastly, bacteria can receive genetic information from other bacteria via conjugation, which involves attaching bacteria by a tube called a pillus.

The new "resistant" bacteria undermine every clinical and public health program designed to treat infectious diseases.[4] Limited access to medical care and effective treatments, the common practice of self-medication, and the availability of counterfeit drugs have exacerbated drug resistance in the developing world.[5] In developed

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1."General Background: Antibiotic Resistance, A Societal Problem." *Tufts University*. N.p., n.d. Web. 02 Aug. 2014.

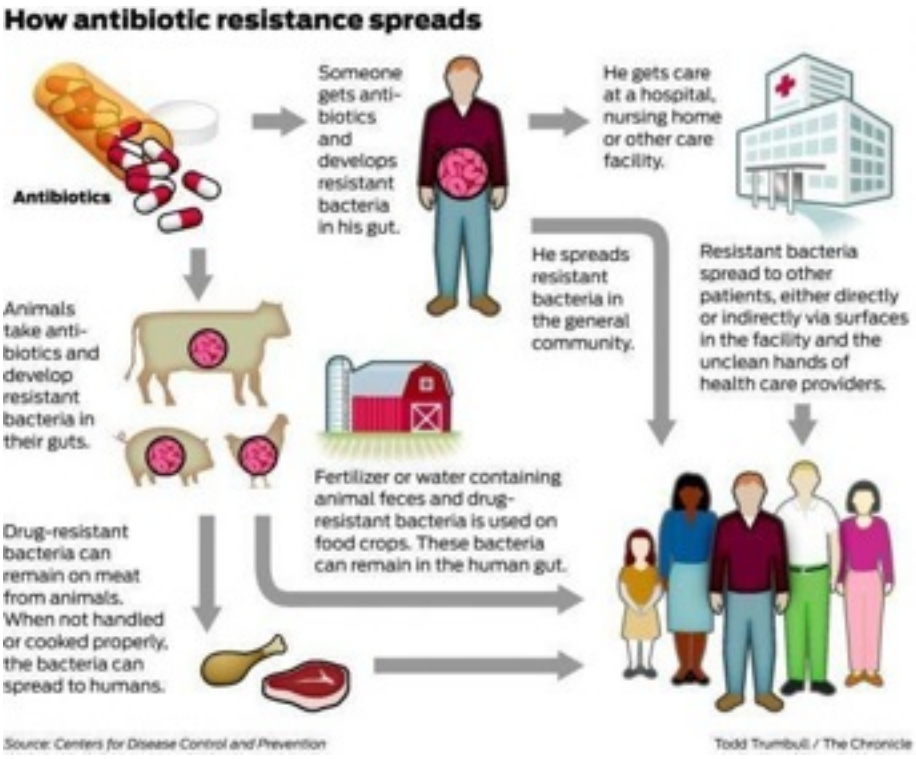
2. "Antimicrobial Resistance." *WHO*. WHO, Apr. 2014. Web. 31 July 2014.

3. I.bid

4. "General Background: Antibiotic Resistance, A Societal Problem."

5. I.bid

nations, infections acquired in settings such as hospitals and nursing homes are a major source of illness and death.[6] In addition, community-acquired infections are emerging, both as independent epidemics and as primary sources of resistance in hospitals.[7] The United Kindgom's Science and Technology Committee highlighted that AMR "has the potential to send medicine back to the early 20th century, severely limiting the use of what are now considered basic and routine surgical procedures."[8] The growing frequency of drug resistance is accredited to combinations of microbial characteristics, selective pressures of antimicrobial use, and societal and technological changes that increase the transmission of drug-resistant organisms.[9] The overuse of broad-spectrum antibiotics, such as second- and third-generation cephalosporins, greatly accelerates the development of methicillin resistance.[10]



Other factors contributing towards resistance include incorrect diagnosis, unnecessary prescriptions, improper use of antibiotics by patients, and the use of antibiotics as livestock food additives for growth promotion.[11] The prevention of antimicrobial resistance will require new antimicrobials, limited use of existing agents, and enhanced public health efforts to reduce transmission.[12]

6. I.bid
7. I.bid
8. "Government Response to Antimicrobial Resistance in UK." *Government Response to Antimicrobial Resistance in UK*. Optometrytoday, 7 July 2014. Web. 02 Aug. 2014.

9.Woolhouse, Mark E.J. "Sources of Antimicrobial Resistance." *Sources of Antimicrobial Resistance*. AAAS, 12 Sept. 2013. Web. 02 Aug. 2014.
10."Antibiotic Resistance." *ScienceDaily*. ScienceDaily, n.d. Web. 02 Aug. 2014.
11.I.bid
12.Woolhouse

Key Concepts

Microbes- From the Oxford Dictionary, a microorganism, especially a bacterium causing disease or fermentation.[13]

Bacteria- Single-celled microorganisms that can exist either as independent (free-living) organisms or as parasites (dependent on another organism for life). The plural of bacterium.[14]

Antibiotic- A chemical substance produced by a microorganism, which has the capacity to inhibit the growth of or to kill other microorganisms; antibiotics sufficiently nontoxic to the host are used in the treatment of infectious diseases.[15]

Antimicrobial- From the US Department of Health and Human Services, a general term for the drugs, chemicals, or other substances that either kill or slow the growth of microbes. Among the antimicrobial agents in use today are antibiotic drugs (which kill bacteria), antiviral agents (which kill viruses), antifungal agents (which kill fungi), and antiparisitic drugs (which kill parasites). An antibiotic is a type of antimicrobial agent made from a mold or a bacterium that kills, or slows the growth of other microbes, specifically bacteria. Examples include penicillin and streptomycin.[16]

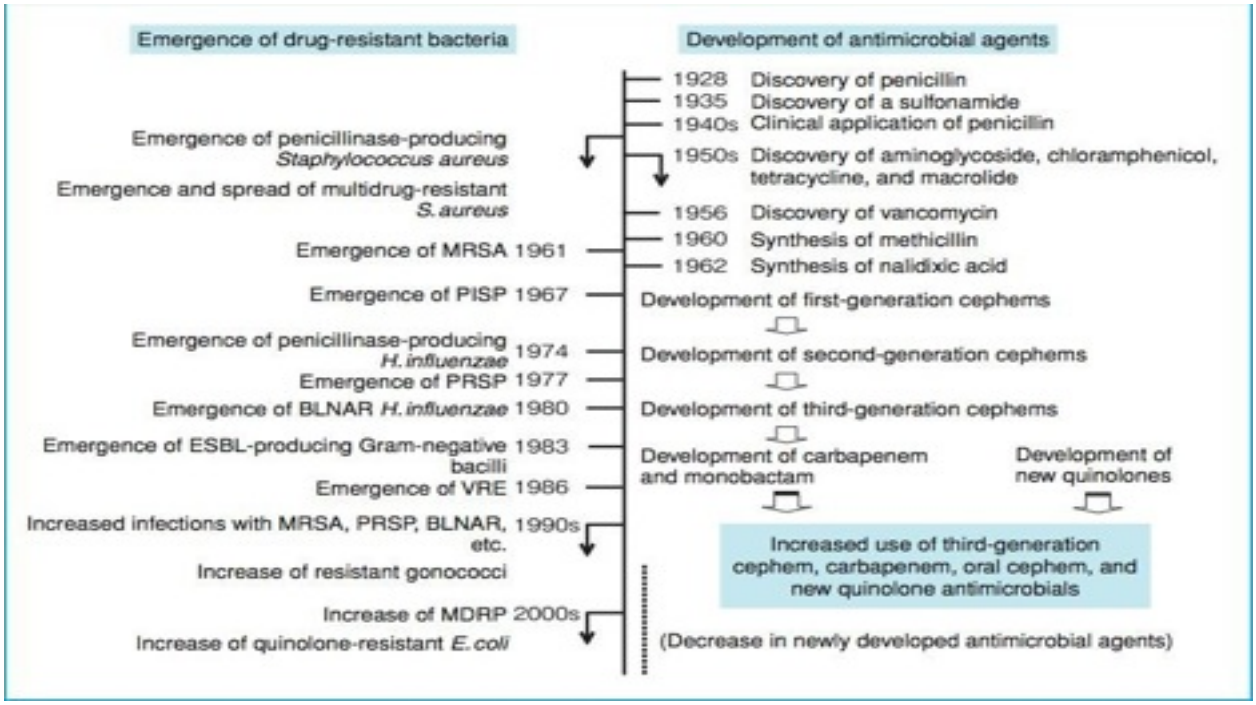
Antimicrobial Resistance- Refers to the ability of the microorganisms to withstand antimicrobial treatments. It is the result of microbes changing in ways that eliminate the effectiveness of drugs, chemicals, or other agents that would otherwise kill them.[17]

13."Definition of Microbe in English:." *Microbe: Definition of Microbe in Oxford Dictionary (British & World English)*. Oxford University Press, n.d. Web. 02 Aug. 2014.

14."Bacteria." *Medterms*. MedicineNet.com, 19 Mar. 2014. Web. 02 Aug. 2014.

15."Antimicrobial Resistance." *Medterms*. MedicineNet.com, June 2012. Web. 02 Aug. 2014.
16.Frieden, Thomas. "Antibiotic Resistance and the Threat to Public Health." *Antibiotic Resistance and the Threat to Public Health*. U.S. Department of Health & Human Services, 28 Apr. 2010. Web. 02 Aug. 2014.
17."Antimicrobial Resistance." *Medterms*. MedicineNet.com, n.d. Web. 02 Aug. 2014.

Historical Background



In the history of human diseases, infectious diseases have accounted for a very large portion of illnesses; but not until the later half of the 19th century were microorganisms found to be responsible for a variety of infectious diseases that had been plaguing humanity.[19] The first antimicrobial agent in the world was salvarsan, a remedy for

syphilis that was synthesized by Ehrlich in 1910.[20] Ehrlich's most famous idea was that of a “magic bullet” that targets only disease-causing microbes and not the host.[21] Ehrlich argued that chemical compounds could be manufactured that would “be able to exert their full action exclusively on the parasite harbored within the organism”.[22]
He then introduced a system for screening people with infectious diseases. “The systematic screening approach introduced by Paul Ehrlich became the cornerstone of drug search strategies in the pharmaceutical industry and resulted in thousands of drugs identified and translated into clinical practice, including, of course, a variety of antimicrobial drugs.”[23]

Next in 1928, Fleming discovered penicillin, which came into clinical use in the 1940s. Penicillin, which is an outstanding agent in terms of safety and efficacy, led in the era of antimicrobial chemotherapy by saving the lives of many wounded soldiers during World War II. [24] The following two decades ushered in new classes of antimicrobial agents one after another, leading to a golden age of antimicrobial

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18.Saga, Tomoo. *History of Antimicrobial Agents and Resistant Bacteria* (n.d.): n. pag. Research and Reviews, Mar.-Apr. 2009. Web.

19.I.bid

20.I.bid

21.Aminov, Rustam I. "Abstract." *National Center for Biotechnology Information*. U.S. National Library of Medicine, 08 Dec. 2010. Web. 02 Aug. 2014.

22.I.bid

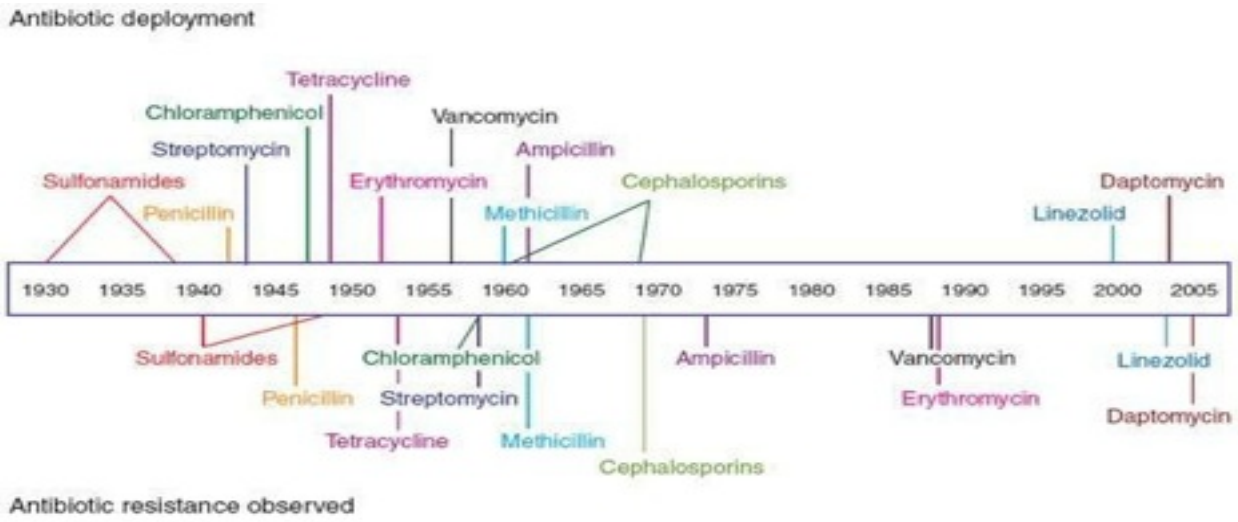
23.I.bid

24.Saga, Tomoo

chemotherapy. Later in 1939, Ernst Chain and Howard Florey introduced treatments for bacterial infections during the Second World War by isolating penicillin[25].

In the late 1940s and early 1950s, new antibiotics including streptomycin, chloramphenicol and tetracycline, and the age of antibiotic chemotherapy were introduced to the public.[26] "These antibiotics were effective against the full array of bacterial pathogens including Gram-positive and Gram-negative bacteria, intracellular parasites, and the tuberculosis bacillus. Synthetic antimicrobial agents such as the "sulfa drugs" (sulfonamides) and anti-tuberculosis drugs, such as para aminosalicylic acid (PAS) and isoniazid (INH), were also brought into wider usage."[27]

In recent history, many of the bacterial pathogens associated with epidemics of human disease have evolved into multidrug-resistant (MDR) forms due to antibiotic use. [28] For example, MDR *M. tuberculosis* is a major pathogen found in both developing and industrialized nations and became the 20th-century version of an old pathogen. Other serious infections include nosocomial (hospital-linked) infections with *Acinetobacter baumannii*, *Burkholderia cepacia*, *Campylobacter jejuni*, *Citrobacter*



freundii, *Clostridium difficile*, *Enterobacter* spp., *Enterococcus faecium*, *Enterococcus faecalis*, *Escherichia coli*, *Haemophilus influenzae*, *Klebsiella pneumoniae*, *Proteus mirabilis*, *Pseudomonas aeruginosa*, *Salmonella* spp., *Serratia* spp., *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Stenotrophomonas maltophilia*, and *Streptococcus pneumoniae*.[29]

Resistant strains of microbes emerged fairly soon after the introduction of a cure.[30] In 1946, resistance to penicillin in some strains of staphylococci was recognized.

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25. Todar, Kenneth. "Bacterial Resistance to Antibiotics." *Bacterial Resistance to Antibiotics*. Kenneth Todar's Online Textbook of Bacteriology, n.d. Web. 02 Aug. 2014.
26. I.bid
27. I.bid
28. Davies, Dorothy. "Origins and Evolution of Antibiotic Resistance." *Microbiology and Molecular Biology*.

The American Society for Microbiology, n.d. Web.
29.I.bid
30.I.bid

By 1953, during a *Shigella* outbreak in Japan, a strain of the dysentery bacillus (*Shigella dysenteriae*) exhibited resistance to chloramphenicol, tetracycline, streptomycin and the sulfonamides.[31] Over the years, almost every known bacterial pathogen has developed resistance to one or more antibiotics in clinical use.

Eventually proof emerged that bacteria could pass genes for drug resistance between strains and even between species. For example, "...antibiotic-resistance genes of staphylococci are carried on plasmids that can be exchanged with *Bacillus, Streptococcus* and *Enterococcus* providing the means for acquiring additional genes and gene combinations. Some are carried on transposons, segments of DNA that can exist either in the chromosome or in plasmids. In any case, it is clear that genes for antibiotic resistance can be exchanged between strains and species of bacteria by means of the processes of horizontal gene transmission (HGT)."[32]

The World Health Organization in May 2014 produced a report to combat Antimicrobial resistance based off of information gathered from 129 of its 194 member states.[33] It includes a collection of data from 114 member states in relation to antibacterial drugs used on the following infections when nothing else worked[34]:

- Escherichia coli, (E. coli) which can cause diarrhea, urinary tract infections and bloodstream infections
- Klebsiella pneumonia, which can cause pneumonia, urinary tract infections and bloodstream infections
- Staphylococcus aureus, a cause of wound infections and bloodstream infections
- Streptococcus pneumonia, a cause of pneumonia, meningitis and otitis (ear infection)
- Nontyphoidal Salmonella, which causes diarrhea and blood stream infections
- Shigella, a cause of diarrhea
- Neisseria gonorrhoea, which causes gonorrhoea

The key findings of this report revealed, “only between 35 and 92 states were able to provide any data on the use of the nine antibiotics for the seven specific infections.”[35] There were frightening high rates of resistance amongst these common bacteria. Other key findings included[36]:

- Drug resistant Tuberculosis (TB) has not been reported with the necessary accuracy or diligence needed to design a global strategy to address it.
- A number of countries have reported resistance to artemisinin in malaria (bacteria); this finding raised the concern that the bug may continue to spread.

31.I.bid

32.Todar
33."WHO Warns about Threat of Drug Resistance." - *Health News*. NHS, 1 May 2014. Web. 02 Aug. 2014.
34.I.bid
35.I.bid
36.I.bid

- There have been increasing levels of resistance to anti-HIV drugs in those who have recently started treatment.

The implications of these findings is that what were treatable infection are now life-threatening. Similarity, previously harmless operations like the removal of the appendix could also be life threatening due to the threat of infections. Treatments of certain infections, due namely to E.coli and Klebsiella, now require "last resort" antibiotics, which are significantly more expensive and therefore limited in resource constrained settings.[37]

The UN has been battling AMR for over a decade. In 1998, the World Health Assembly signed a resolution urging Member States to take action against AMR.[38] In 2001, WHO published the *WHO global strategy on containment of antimicrobial resistance* along with a series of recommendations.[39] In 2005 another World Health Assembly resolution on antimicrobial resistance cautioned emphasized the slow progress and called for a more rational use of antimicrobial agents by providers and consumers.[40] Unfortunately national and global responses have been inadequate and few of the recommendations have been pursued.[41]

The attack on Antimicrobial resistance has to include cooperation between the health sector and the food safety sector. "Antibiotic resistance can spread, not only from human to human but also through the food chain and the environment. Thus, tackling it requires multifaceted approaches. Intersectoral and interdisciplinary collaboration and information sharing are crucial," said Zsuzsanna Jakab, WHO Regional Director for Europe.[42]

***Europe and the United States*:** The WHO European Region leads the way in addressing the problem; The Regional Director said that the Region's action plan on AMR, adopted by European Member States in 2011 promoted the surveillance, prevention and control of AMR in the food chain as well as in the health sector.[43] In May

37.I.bid

38.Emily Leung [a], Diana E Weil [a], Mario Raviglione [a], Hiroki Nakatani [a] & on behalf of the World Health Organization World Health Day Antimicrobial Resistance Technical Working Group

39.I.bid

40.I.bid

41.I.bid

[42]"Health, Environment and Agriculture Sectors Must Tackle Antibiotic Resistance Together." *World Health Organization*. World Health Organization, 30 June 2014. Web.

[43]I.bid

2014, the EU and the US teamed up to battle AMR with a comprehensive progress report. The first progress report of the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) was published in May. It reviews the enactment of the set of recommendations defined by the TATFAR in 2012, for “a better cooperation in the global fight to keep antimicrobials effective.”[44]

***Africa*:** Understanding of AMR in the African region is hampered by inadequate data because surveillance of drug resistance is limited to a few countries; this situation results in a dearth of accurate and reliable data on AMR in the African Region.[45] In order to thwart AMR, comprehensive national AMR policies should be implemented involving the entire public health sector. To maintain the advantageous life of antimicrobial agents in African countries there must be improved access to diagnostic laboratories, improved investigation of the emergence of resistance, better regulation and better education of clinicians and veterinarians as to the appropriate use of antibiotics.

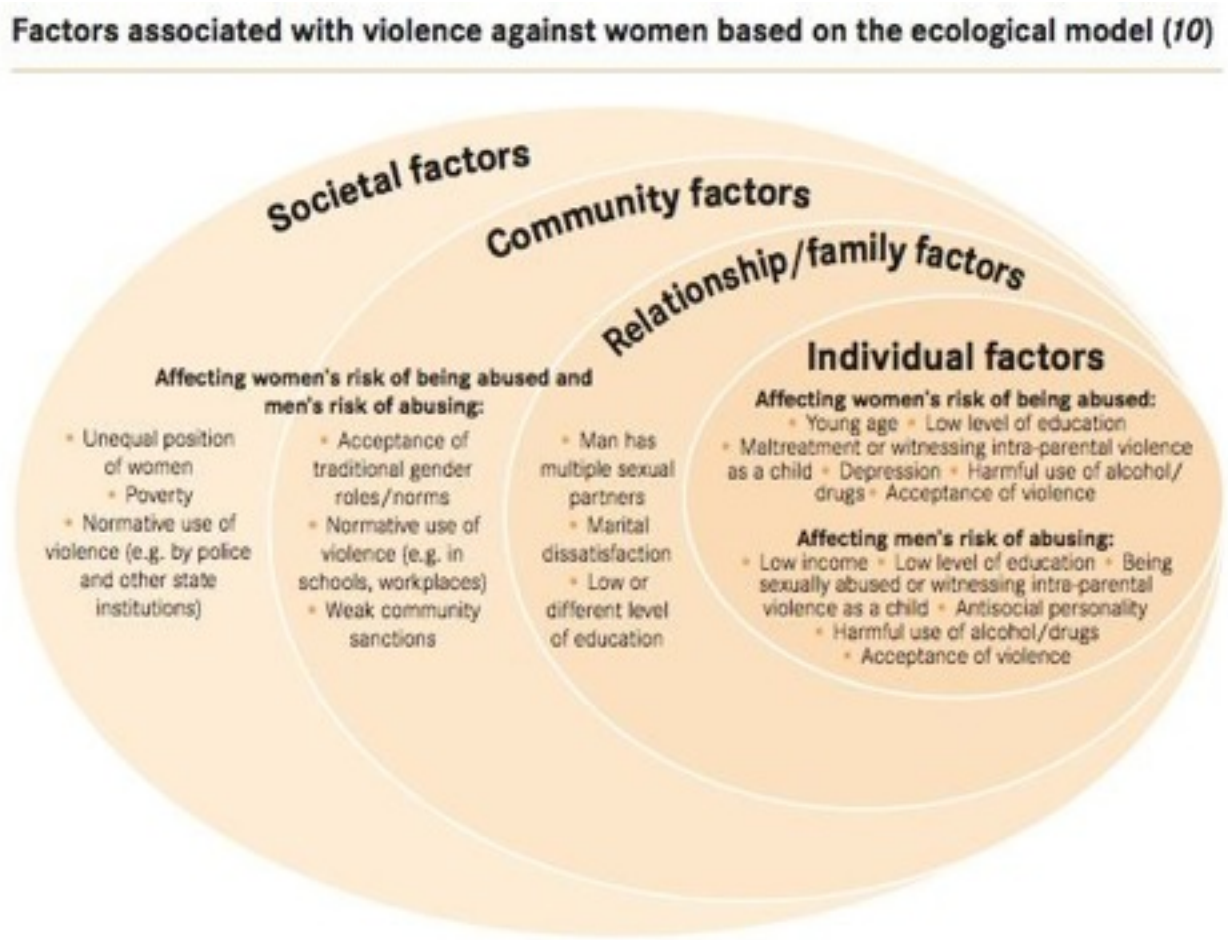
Asia: In Asia, there is an alarming number of antibiotic-resistant species, including penicillin- and erythromycin-resistant Streptococcus pneumoniae, ampicillin-resistant Haemophilus influenzae, multidrug-resistant (MDR) Acinetobacter baumannii, and other microbes. In Asia, there is need for the regular monitoring of resistance profiles and the continuous surveillance of resistance data. There is also a need for strict infection control policies in healthcare settings, in order to mitigate AMR.

44."EU and US Team up in the Fight against Antimicrobial Resistance." *ECDC Reviews*. ECDC, 13 May 2014. Web. 02 Aug. 2014.

45.Ndihokubwayo, Jean. *Antimicrobial Resistance in the African Region: Issues, Challenges and Actions Proposed*. Rep. African Health Monitor, Mar. 2013. Web.

Overview

Violence against women is the leading cause of injury and disability, as well as mental, sexual, and reproductive problems.[46] The UN defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."[47] The World Health Organization released a report revealing that one in three women experience sexual or physical violence in her lifetime.[48] 35 percent of women are victims of physical



or sexual violence, with 30 percent of women were victims of domestic violence.[49] The study also found that 38 percent of women murdered were killed by their intimate partners.[50]

46.WHO overview

47.United Nations Declaration on the Elimination of Violence against Women, 85th plenary meeting, December 1993

48.Mosbergen, Dominique. "Violence Against Women Is A 'Global Health Problem Of Epidemic Proportions,' Says WHO." *The Huffington Post*. TheHuffingtonPost.com, 20 June 2013. Web.
49.I.bid
50.I.bid

Accuracy in quantifying prevalence are hindered by an underreporting by women of abuse. The World Health organization did an expansive survey through population based surveys such as Demographic and Health Surveys, CDC Reproductive Health Surveys, and the *WHO multi-country study on women's health and domestic violence against women*. The WHO Multi-country survey measured prevalence in 15 sites in 10 countries and reported that 15–71% of partnered women, either currently or in the past, between the ages of 15–49 years, reported physical and/or sexual violence by an intimate partner at some point in their lives.[51]

Women who experience violence can also experience severe health problems as a result. "More than 80 percent of domestic abuse survivors, and nearly 90 percent of those who said they had also been sexually abused, reported such problems as low back pain, chronic headaches, arthritis and more. They also reported a higher than average incidence of depression, diabetes, asthma and digestive disease, as well as elevated rates of impaired brain, immune or endocrine system dysfunction."[52] Though Psychological abuse is often considered less severe than physical violence, health care providers globally are increasingly recognizing that all forms of domestic violence can have devastating physical and emotional health effects. [53] Abused women experience mental health problems such as anxiety, post-traumatic stress disorder, and depression. As trauma victims, these women are also at an increased risk of substance abuse.[54] According to a U.S. study, women who experience intimate partner abuse are three times more likely to have gynecological problems than non-abused women [55]

Map showing prevalence of intimate partner violence by WHO region

51."Violence against Women." *WHO*. WHO, Oct. 2013. Web. 31 July 2014.

52.Neporent, Liz. "Domestic Abuse Has Long Term Health Impact, Survey Says." *ABC News*. ABC News Network, 05 Nov. 2013. Web.

53."Health Effects." *Health Effects*. The Advocates for Human Rights, Aug. 2013. Web.

54."Health Effects." *Health Effects*. The Advocates for Human Rights, Aug. 2013. Web.

55.B. Shane and M. Ellsberg, “Violence Against Women: Effects on Reproductive Health,” *Outlook* 20 (2002), accessed August 2, 2013, http://www.path.org/publications/detail.php?i=597.
55.I.bid

The World Health Organization noted that domestic violence has significant indirect costs for society. For example, a survey on violence against women in Canada revealed that 30% of battered women had to cease regular activities because of the violence, and 50% had to take sick leave from work because of injuries. UNICEF reported that a study in Santiago, Chile, estimated that women who suffer physical violence earn, on average, less than half of the income of women who do not face violence at home[56], due to factors that inhibit the abilty to function normally. In Vietnam, considering out-of-pocket expenditures that women incur to access medical treatment, police support, legal support, counseling, and judicial support, cost more than 1.41 per cent of the GDP in Viet Nam in 2010.[57] Annual costs of intimate partner violence have been calculated at USD 5.8 billion in the United States in 2003[58] and GBP 22.9 billion in England[59] and Wales in 2004[60] . A 2009 study in Australia estimated the cost of violence against women and children at AUD 13.6 billion per year.[61]

Domestic Violence: Domestic violence is abuse that happens within the home, generally by intimate partners. According to StopVAW (Stop Violence Against Women), “The purpose of domestic violence is to establish and exert power and control over another; men most often use it against their intimate partners, such as current or former spouses, girlfriends, or dating partners.”

Intimate Partner Violence: According to the CDC, “The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse.* This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.”

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[56] http://www1.umn.edu/humanrts/svaw/domestic/link/healtheffects.htm [57]http://www.unwomen.org/co/digital-library/publications/2013/2/estimating-the-cost-of-domestic-violence-against-women-in-viet-nam

58. National Center for Injury Prevention and Control, 2003, Costs of Intimate Partner Violence Against Women in the United States, p. 2, Atlanta, Centers for Disease Control and Prevention. Cited in UN General Assembly, 2006, “In-depth Study on All Forms of Violence against Women: Report of the Secretary-General,” A/61/122/Add.1, p. 137, New York. - See more at: http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#notes
59. National Center for Injury Prevention and Control, 2003, Costs of Intimate Partner Violence Against Women in the United States, p. 2, Atlanta, Centers for Disease Control and Prevention. Cited in UN General Assembly, 2006, “In-depth Study on All Forms of Violence against Women: Report of the Secretary-General,” A/61/122/Add.1, p. 137, New York. - See more at: http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#notes
60. S. Walby, 2004, The Costs of Domestic Violence, p. 12, Leeds, Women and Equality Unit and University of Leeds. - See more at: http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#notes

61. The National Council to Reduce Violence against Women and their Children, 2009, The Cost of Violence against Women and their Children, p. 4, Canberra, Commonwealth of Australia. - See more at: http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#notes

Sexual Violence: According to the CDC, “Sexual violence (SV) is any sexual act that is perpetrated against someone's will. SV encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). These four types are defined in more detail below. All types involve victims who do not consent, or who are unable to consent or refuse to allow the act.”

Violence is recognized as a public health concern, but little over 30 years ago, violence was rarely categorized along with health.[62] The United Nations' Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted in 1978. It encompasses all rights—civil, political, economic, social, and cultural—and lays down governmental obligations corresponding to individual rights of women.[63] By making gender based violence as a political issue it contributes to violence not being seen as a cultural or private matter but as a political matter that will require action.

Until the early 1980s, concerns about violence against women existed in the context of criminology, sociology, psychiatry, or psychology.[64] Violence emerged as a major public health concern for the first time in 1980 in the U.S. Surgeon General’s report Healthy People 2000 identified the control of stress and violent behavior as a priority.[65] Other reports, workshops, and conferences followed this document that addressed violence as a public health issue.[66] The study of violence from a public health perspective was institutionalized in the U.S in 1991 with the creation of the Division of Violence Prevention within the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC).

Recently, the UN has taken great steps to combat violence against women as a public health issue. In May 2014, member States adopted a resolution on “Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children” at the 67th World Health Assembly.[67] Dr Christine Kaseba-Sata, First Lady of Zambia, also addressed delegates at the World

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[62]http://www.endvawnow.org/en/articles/302-timeline-of-policy-commitments-and-international-agreements-.html

63.http://jech.bmj.com/content/56/4/242.full

64."Violence against Women: A Global Public Health Issue!" -- *Krantz 56 (4): 242*. N.p., n.d. Web.

65."Violence against Women: A Global Public Health Issue!" -- *Krantz 56 (4): 242*. N.p., n.d. Web.
66.I.bid
67."WHO and UNFPA Workshop to Strengthen Capacity for a Public Health Approach to Prevention and Response to Violence against Women in East Africa." *WHO*. N.p., n.d. Web.

Health Assembly about the prevalence of violence against women and girls and the extent to which cases of violence remain hidden and unrecognized.[68]

On the 17th through 20th of June 2014, workshops were held to strengthen participants' applying concepts, evidence and guidelines for addressing violence against women as public health problems. Participants of the workshops included representatives from Ministries of Health, Gender, other relevant Ministries, civil society and UN partners from seven East African countries including: Eritrea, Ethiopia, Kenya, Rwanda, South Sudan, Tanzania and Uganda.[69]

On June 20, 2014, a new report was released by WHO in partnership with the London School of Hygiene & Tropical Medicine and the South African Medical Research Council. The report, *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, is the first systematic study of global data on the prevalence of violence against women – both by partners and non-partners. The new WHO reports aim to "... to help countries improve their health sector's capacity to respond to violence against women."[70]

Because violence against women is widespread and deeply engrained, urgent action by a wide range of institution, from local health authorities to national governments and international donors is needed. Attitudes in regard to domestic violence, the status of women, and violence as a part of human relationship have to be changed.[71] Recommendation include: Strengthening national commitment, promoting prevention, involving the education sector, supporting victims, and support further research.[72] Health-care should also be required to ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence and offer support when women disclose violence.[73] Health Care providers should be trained in the identification and treatment of intimate partner violence.

68.I.bid

69.i.bid

70."Violence against Women: A 'global Health Problem of Epidemic Proportions'" *WHO*. N.p., 13

June 2014. Web.
71.I.bid
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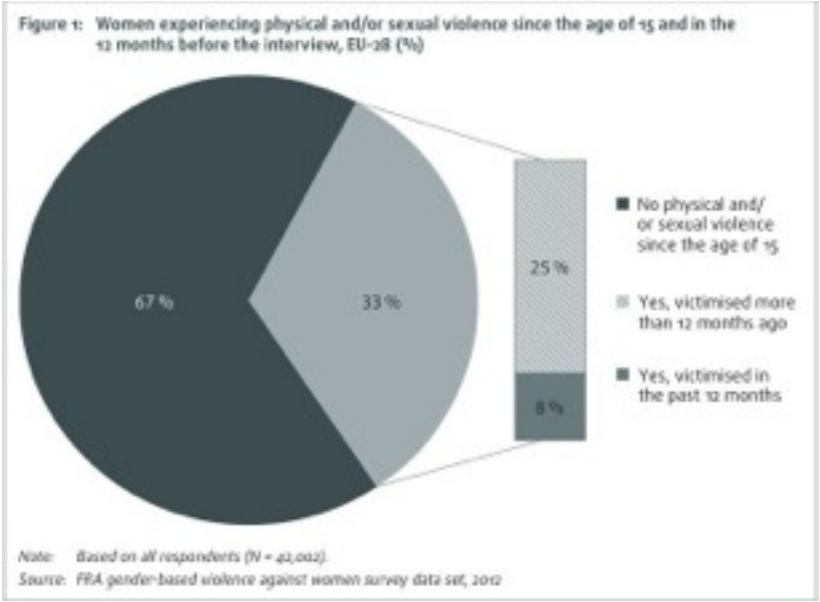
73.WImen;s Health WHO

Bloc Positions

European Union

In March 2014, the European Union Agency for Fundamental Rights conducted a groundbreaking survey across 28 member states in regards to violence against women. “The survey is based on interviews with 42,000 women across the EU, who were asked about their experiences of physical, sexual and psychological violence, including incidents of intimate partner violence.”[74] Despite the new survey, Policy makers and practitioners in many EU Member States still grapple with a lack of comprehensive data, as most women do not report violence and are not encouraged to do so. As a result, policy design to address the issue is under informed due to a lack of evidence. The European Union recommends “future EU strategies on equality between women and men could build on the survey findings to address key areas of concern with respect to women’s experiences of violence.”[75]



Latin America

A recent report by UN Women, a UN agency, found that many Latin American countries have a higher-than-average incidence of domestic violence. According to the report, a woman is assaulted every 15 seconds in São Paulo, Brazil’s largest city, and in Colombia attacks in which acid is thrown at women’s faces, disfiguring them, nearly quadrupled between 2011 and 2012. [76] “Of the 25 countries in the world that are “high” or “very high” in the UN’s ranking for “femicides” (killings of women that seem to be related to their sex), more than half are in the Americas, with El Salvador the worst in the world.”[77] The main problem is that most cases of violence against women are not investigated nor prosecuted. In El Salvador alone, after law was passed requiring that cases relating to violence against women be followed up, only 16 of 63 reported cases were followed up.[78] Just in the first three months of this year 1,822 rapes were reported in the Brazilian state of Rio de Janeiro; only 70 men were arrested.[79] Latin America has

74."Violence against Women: An EU-wide Survey. Results at a Glance." European Union Agency for Fundamental Rights, Mar. 2014. Web.

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76."Everyday Aggression." *The Economist*. The Economist Newspaper, 21 Sept. 2013. Web. <http://www.economist.com/news/americas/21586575-laws-punish-domestic-violence-are-too-often-

honoured-breach-everyday-aggression>.
77.I.bid
78.I.bid
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to encourage the reporting and investigations of attacks on women, and on eradicating the machismo engrained into the culture.

Asia and the Pacific

Partners for Prevention, a United Nations program devoted to preventing violence against women in Asia and Pacific, conducted a survey of around 10,000 men in six Asian countries - Bangladesh, Cambodia, the People's Republic of China, Indonesia, Papua New Guinea and Sri Lanka - on the issue of violence. “Men who reported ever having perpetrated physical and/or sexual intimate partner violence in their lifetime varied from 26% in rural Indonesia to 80% in Bouganville, Papua New Guinea… In most of the survey’s sites, the level recorded was between 30 and 57%.”[80] One of the survey's most shocking findings was that half the number of men who reported having raped a woman did so for the first time when they were teenagers.[81]

Africa

Africa’s economic decline has left many women in situations is so severe, noted a study by the WHO and the Joint UN Program on HIV/AIDS (UNAIDS), that many women see no option but to remain with husbands who routinely batter them. The women remain in abusive relationships because men for financial security. “The combination of dependence and subordination can make it very difficult . . . to demand safer sex or to end relationships that carry the threat of HIV/AIDS infection.”[82] Women with higher levels of education have greater autonomy and control of resources within their marriages.[83] Countries in Africa must work on providing women with some means of financial autonomy and ensure women have equal rights to property as their husbands.

North America

Although North America is often seen as a place where women have equal rights and status, violence against women is still widespread. “Forty to 51% of women experience some type of violence in their lifetime including child abuse, physical violence, rape and domestic violence, likely at the hands of a current or former partner.”[84] The concept of violence in North America includes non-traditional types such as sexual harassment and stalking.[85] North American countries should focus on treatment of victims of violence and ensuring their safety.[86] Education at all levels is required to change the attitudes towards women, which perpetuate violence and abuse despite laws that forbid it.[87]

80."Ending Violence against Women in Asia and the Pacific." *Asian Development Bank*. Asian Development Bank, 26 Mar. 2014. Web.

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84.Robinson, Elrick G. "Result Filters." *National Center for Biotechnology Information*. U.S. National Library of Medicine, Aug. 2006. Web.
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