



# WORLD HEALTH ORGANIZATION

*Background Guide*

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# Director's Letter

Greetings Delegates!

I am excited to welcome you all to the KINGMUN 2018 World Health Organization! This year we're excited to discussing the pressing issues of water sanitation as well as women's rights. With the help of my Chair Kavya Iyer and my Assistant Director Allison Nakasone, we are proud to have you join our committee!

Water sanitation is a rapidly growing issue, with a growing population we are reaching a situation in which we are running out of drinkable water. With a special interest in the situation in Africa, this committee needs to pay attention to the situations in their own countries and determine their own situations. Day Zero is arriving very soon for South Africa and they may not be the last country to experience this. As a committee you will have to delve deep into the situation and sort out the main problems that are causing our drinkable water resource to become depleted and determine equitable solutions to these issues. I hope that all delegates will be able to contribute their unique ideas and perspectives to help solve this urgent issue.

Women around the world have very different experiences with their reproductive rights. Ranging from social persecution to the legalization of abortion. This topic is intriguing due to the many aspects that go into this issue however, it also makes it challenging due to polarizing views on the issues. Each delegate will need to develop a concrete stance on the issues within this topic. Especially with the rising tide of the feminist movement, it is important that delegates understand the current issues in this subject. While this seemingly only affects half of the population, this is a much bigger issue that needs to be understood by all.

I hope that you find these topic intriguing, both topics are extremely important in today's news and politics. I look forward to meeting at KINGMUN 2018!!

Sincerely,  
Teya McGuire  
Director, World Health Organization

# ~ TOPIC 1 ~

## History

Water is the basis of human life from the makeup of our body to sanitizing our food to the production of goods; we can't live without water. Our water is sourced from many different places including rivers, water holes, and underground wells; one of the biggest issues is that many people have been putting human waste into our water sources. With researching pointing to a positive relationship between the amount of effort a government puts into water sanitation and the amount of economic growth in a developing country. Studies have also shown that the increase in water sanitation has led to decrease in mortality rates however, even though this research has been conducted, there has been little proof of governments attempting to implement any sort of programs to deal with the issue. Even though there are many low-cost solutions, it seems that many governments don't feel a sense of urgency. Some governments such as the South African government, did make it a priority, with 50% of the households without access to sanitation in 1994, the government has made great improvements with only 21% of the households. Over the last couple of decades there have been several treatments developed such as ways to ensure human waste doesn't enter our water supply, however we still need to develop more ways to treat our contaminated water. Even back in Ancient Greece and Rome, we knew water was important and that we needed to develop ways to get water to our people. When their water was contaminated, they used different materials to build their pipes in order to reduce the chance of poisoning those who drank from them. Although the situation is much different today, governments should work towards creating solutions to the current situation.

## Past UN Action

As a plight affecting over 884 million people around the globe, it is no surprise that the UN pays much attention to the topic of water sanitation. In fact, it is one of the UN's 17 Sustainable Development Goals for 2050 -- to "ensure access to water and sanitation for all."

WHO, the Human Rights Council (UNHRC), the United Nations Development Programme (UNDP) and the General Assembly have established five guidelines that classifies water as safe for consumption:

- Sufficiency: WHO calculates that each person requires 50-100 liters of water per day to maintain basic human needs
- Cleanliness: Water should be free from microorganisms, chemicals, human waste, or radioactive substances.
- Acceptable: Drinking water should be a proper color, odor, and "all water facilities and services must be culturally appropriate and sensitive to gender, lifecycle and privacy requirements."
- Accessibility: The water source should not be more than 1,000 meters or 30 minutes away from a person's home.
- Affordability: UNDP calculates that the cost of water should not "exceed more than 3% of household income."

In 2010, under resolution 64/292, the General Assembly concluded that clean water is "essential to the realization of all human rights." This resolution called upon member states to provide financial resources, proper infrastructure, and to develop technology that could help improve the quality of water in impoverished countries. It also allowed UNHRC to publish an annual report about the progress made on a global scale to improve the issue.

A year later, the UNHRC passed resolution 18/1 that built upon Resolution 64/292. It urged states to assess current water sanitation policies and legal framework, “develop comprehensive plans and strategies... to achieve the realization” of this human right, and to ensure all of their systems were transparent to their people. It continued to ask states to properly finance these water-projects and to develop small step-by-step targets to achieve their goals.

In the same year, WHO’s Resolution WHA64.24 outlined a detailed path to sanitary water for each member state. They urged for an increase in water safety education, for each country to improve water sanitation assessment criteria, and for safe drinking water to be accessible in public places such as schools, hospitals, and public buildings. This resolution also called for WHO to work with UNICEF to improve water sanitation for children in impoverished regions around the world.

WHO also published a report called the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS). Published in 2017, this report also highlighted WHO’s plans for the next three years as well - to monitor member states’ water accessibility plans further, continue to work on funding, and to adhere to the UN’s Sustainable Development Goals.

## Current Situation

July 28th, 2010, the UN’s General Assembly officially stated in Resolution 64/192 that the right to clean and sanitized water was a human right, that clean drinking water is essential to realizing all other essential human rights <sup>1</sup>. Reflecting upon this, in 2015 the UN’s General Assembly included the sustainability of water sanitation as Goal 6 in the Sustainable Development Goals for 2030 <sup>2</sup>. Currently, the combined forces of UN initiatives, modern technologies, and non-governmental organizations (NGOs) are working together in order to combat the problem. Despite their efforts, water sanitation continues to be a pressing worldwide issue that greatly affects developed nations.

According to a recent study published in 2017, done by the WHO and UNICEF joint project, JMP (Joint Monitoring Programme), as of 2015 only 39 percent of the world's population has access to safe sanitary services, meaning that 3 out of 5 people do not use safely managed facilities. In addition to this, 892 million people still practice open defecation <sup>3</sup>. This sort of sanitation is an extremely important aspect to consider whilst addressing the problem of water sanitation because the improper management of waste can lead to the contamination of drinking water. The consumption of contaminated can lead to a variety of diseases such as cholera, diarrhea, and many others that can lead to death <sup>4</sup>. The issue is most crucial in Sub-Saharan Africa where approximately 180,000 children under the age of five, die yearly. Due to drought and increasing populations, the problem has only been exacerbated in most Sub-Saharan regions; only 28 percent of the population had at least basic sanitation services <sup>5</sup>.

Although the current situation is still dire, modern technologies have been invented that could be very beneficial. Desalination is the process in which minerals are separated from salt water leaving clean water. This process however is costly in both monetary value and energy thus would be difficult to implement in developing countries <sup>6</sup>. More cost-efficient solutions would need to be identified in order to implement them in developed nations and efficiently approach their problem.

## Bloc Positions

### North America and Europe

As a general statement, both the continents of North America and Europe maintain high levels population access to water sanitation. Those high numbers are in fact relative to the rest of the world and these areas still face issues, especially regarding the difference between urban and rural areas. In North America, the issue of water scarcity is more prominent, thus taking advantage of wastewater reuse is more pertinent. In Europe, standards differ in by regions: while water collection and treatment centers at least cover urban areas, the same cannot be

said for rural areas and certain sub regions. In 2015, 62 million people in the WHO European Region still lacked proper sanitation and 1.7 million people still practiced open defecation. In Southeastern Europe, water treatment is most deplorable, especially the in the Balkans where there is little treatment of wastewater before it is discharged. This contaminated discharge is part of the causation for pollution in the area. It has been found that governments have not been applying adequate funds to have the proper infrastructure and treatment. Governments in these countries need to focus on allocating the appropriate amounts of funds to make their water sanitation systems more efficient, energy efficient, cost efficient, and wide spread.

## Africa

The situation in Africa is dire, according to a 2006 World Health Organization, only 16% of Sub-Saharan Africa had access to drinking through a household connection, from 1990-2004 this number increase by 23%. Even when people are able to get the water, they often have to carry the water for miles and it can be infected with diseases. When water sources aren't within the vicinity, it is often up to the females to walk miles to collect the water. Without running water, many families in Africa have to make the choice between dehydration or sickness from the stagnant water. Even when the governments in Africa work to create wells to get people water, these wells are often not maintained very well and create problems. Many times, human waste ends up in the water that is available. Even working with programs such as the International Water Management Institute working in Africa, the progress has been slow. Especially in South Africa where the government has been trying to stretch out the few water resources to as many people as possible, there is no doubt the country will need help to keep ensure their people have access to clean drinking water. They are not the first to face drought, and they will not be the last. Governments in this region will have to learn how to allocate water and ensure that people are able to survive off of the little water that is available.

## Asia and South America

As a continent with such a wide range of cultures, economies, and governing systems, it is fair to say that water quality and sanitation differs across the countries within Asia as well. This unfortunately means that 1.7 billion people in Asia and the Pacific do not have access to modern sanitations, as urban areas get more crowded and with the lack of infrastructure in rural places. A lot of this problem is caused by open defecation and further pollution of water sources, a leading cause of infant deaths in Asia.

Though South America has a significantly lower population that Asia and the Pacific Islands, the problems their people face, especially in rural areas, are the same. 36 million people do not have access to clean water in South America. Once again, the issue of open defecation into water sources is a very large problem-- in countries such as Bolivia, nearly 50% of the rural population practices this.

For countries in this region, the issue is not lack of water-- it is water distribution and sanitation. Focusing on building better infrastructure that is affordable and implementable is what will be key to create change in these areas.

## Case Studies

### South Africa

It was announced in early 2018 that Cape Town, South Africa is soon to be without water. At first 'Day Zero' was set for April but has been pushed by to June. The city has over 4 million people with dwindling water supplies. The government needed to allocate water for not only drinking, but bathing and food production as well. The government did not put as much funding into water recycling treatments as they should have which has contributed to the lack of water. It has been decided that when the system falls to 13.5% capacity, the water taps will be turned off. As of now, the residents are on 50 liters per person per day which will be cut by half when



‘Day Zero’ occurs. Many organizations have gotten involved as this is not only an environmental crisis, but a human rights and health crisis as well. While the restriction in water distribution is an important step in this crisis, organizations need to do more to ensure this is not something everyone has to deal with. Some other african countries are trying to implement solar powered water treatment plants and irrigation systems, while this is a great idea it is not also economically viable. It has been suggested that the South African government work with locals to create more effective farming techniques to reduce water usage in agriculture as well as put more funding into programs to deal with this water crisis.

## Flint, Michigan

Since 2014, the residents of Flint, Michigan, United States, have been without clean water. Their main water source was switched from Lake Huron to the Flint River while a new pipeline was being constructed, but their water soon began to look and smell peculiar. A year later, workers from the EPA reported that water in Flint contained a high amount of lead which can lead to heart, kidney, and nerve damage. The mixture of iron from the pipes and this lead turned the water a murky brown color.

The State of Michigan received dozens of lawsuits from residents, and the main case that reached the state court was dismissed in September of 2015. Meanwhile, people reported children developing rashes and other mysterious symptoms. By the end of 2015, the city was in a state of emergency, with other cities around Michigan distributing bottled water to its residents. Michigan Governor Snyder requests \$55 million from President Barack Obama to install new underground pipes – but receives less than 1/10<sup>th</sup> of that.

After four years, over 15 people have died from lead poisoning or lack of water. In 2017, a federal judge finally approved a \$97 million-dollar settlement to install steel water lines. This project is set to reach 18,000 households by 2020.

## Guiding Questions

1. What percent of your country’s population lives in rural areas? How would these numbers affect water sanitation policy?
2. Is open defecation a problem in your nation? If not, what is the underlying reason for your country’s level of sanitation?
3. What does your country need: Water management resources or water sources in general? Is the problem lack of clean water, or access to it?

## ~ TOPIC 2 ~

### History

Women's Reproductive rights cover a broad range of issues from education of sexually transmitted disease to the provision of treatments or medical assistance. In 1994 a UN paper was published classifying the health needs of women into four categories: sexual/reproductive functions, dysfunction/disease or reproductive systems, disease, and social diseases. From these four groups it is clear that women have long since been struggling to be able to deal with these issues. This covers the broad spectrum of providing women with birth control to whether or not abortion should be legal. According to the United Nations Human Rights Council this topic directly relates to: "the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination". The division between countries has been sufficiently clear in which some countries are pro-abortion, provide women with medical facilities, provide women with birth control, provide education about sexual health, as well as feminine products. On the other hand, some countries persecute women for miscarriages or abortions, they don't fund health care facilities that provide care for women's health needs, they don't provide education to women about their right to say "no" or about the health implications of reproduction, and often shame women for their reproductive systems through genital mutilation or other ways. This topic is having been discussed and debated for many decades, one of the most prominent developments was the creation of Planned Parenthood in 1916 and the creation of the Human Reproduction Programme in 1972. In many countries, systems against females have continued to prevent women from being able to obtain many rights. In many countries, especially on the African continent, many women have been subjected to Genital Mutilation, teen pregnancies, and sexual violence. The culture of many countries has ingrained a specific viewpoint towards women that has yet to be changed.

### Past UN Action

Though this topic has been debated back and forth for decades, in 2014, the UN proclaimed -- Reproductive rights are human rights. In this 230-page report, the OHCHR outlines proper reproductive guidelines for men and women, both in the workplace and at home. The report focuses on HIV treatment, sexual education, and how countries can monitor and assess their own level of gender equality when it comes to reproductive rights.

The World Health Organization has also created a comprehensive list of guidelines for all aspects of women's reproductive health -- from ovarian cancer to female genital mutilation to abortion. In committee however, we will be focusing on abortion and sexual education.

Abortion has been banned in many areas of the world, due to religious perspectives and moral taboos. However, "restricting access to abortions does not reduce the number of abortions." In fact, WHO estimates that an estimated 25 million unsafe abortions occur annually, counting for 45% of all abortions. Women often conduct these abortions with unregulated pills or by using outdated methods such as "sharp cuttage." WHO explains that reducing the number of unsafe abortions can be achieved through "supportive policies and financial commitments to provide comprehensive sexuality education," accessible contraceptives, family planning services, and access to safe abortions conducted by professionals.

It is often hard for UN Organizations to pass resolutions regarding abortions directly due to each country's cultural, religious, and societal stances regarding the subject, so WHO and the UN usually focus on improving sexual education. In Resolution 2012/1, the Commission on Population and Development urges governments to improve quality of sexual education and improve social services for adolescents.

Under the UNHRC, the Sexual Rights Initiative was developed in March of 2015. A resolution was passed under the SRI to increase "access to sexual and reproductive health services and comprehensive sexuality education." Drafted by member states of the European Union and the Group of Latin America and Caribbean

States, many other member states were able to have their input based on their cultural views. The final resolution ultimately requested countries to develop sexual education in their laws with an application of gender perspective.

## Current Situation

According to a report from 2012 done in mainly developing regions only 52 percent of women make their own decisions regarding sexual relationships, the usage of birth control, and receiving of health services <sup>1</sup>. However in regards to the current situation, there have been measurable steps towards ensuring the reproductive rights of women: skilled services were provided for an increase from 61 percent to a 78 percent of live births globally, the birth rate among 15-19 years old lowered by 21 percent from 2000 to 2015, there has been a 45 percent decline in transmission of the HIV virus, and 24 percent less women go through the brutal and harmful practice of FGM (female genital mutilation) <sup>1</sup>. These numbers are all representative of an increase of attention going towards the reproductive rights and health of women. There are still many regions, even developed nations, in which the reproductive health of women is not guaranteed.

One of the largest issues surrounding women's reproductive rights is abortion. Different standpoints on abortion may stem from religious and cultural beliefs however these beliefs reflect in countries' government policies. In 2013, 97 percent of countries globally legalized abortion for the safety of the mother; however only 50 percent of countries permit abortions in the case of rape or fetal impairment, and only 30 percent for economic and social reason or upon request <sup>2</sup>. An increase in regulation against abortion leads to an increased number of unsafe abortions. Unsafe abortions create unnecessary risk for the mother; the mortality rate increases threefold <sup>3</sup>. The link between strict abortion regulation and mother's mortality and health is quite evident as developing countries with restrictive policies have 233 deaths per 100,000 versus 77 per 100,000 in more developed liberal countries <sup>2</sup>. Abortion, if not for the permitted reason, is considered criminal in many countries, and women will be prosecuted under the notion that they have committed murder.

Another issue to be considered is the availability of family planning. Family planning consists of guidance, supplies, and support through clinics, health-centers, and hospitals; it allows for the safe and educated planning of a future as a parent. These kinds of services are typically supported either by the government or by NGOs. As of 2013, developing countries are twice as likely to provide such services than in developed countries <sup>2</sup>. Since education is pertinent to helping young adults make safe and well-informed decisions that can affect their health, the availability of family planning should remain relevant.

## Bloc Positions

### Asia, Middle East, Africa

All three regions struggle to ensure reproductive rights for women. In 2012, the Asian Pacific Forum adopted a regional action plan to take steps towards creating a better future for the females that live within the region. One of the most prominent steps that has been taken is the confrontation of 'honor killing', a tradition in which a female is killed to preserve the honor of the family. One of the main issues that Asian women face come from their lack of reproductive rights, with HIV/AIDS and unplanned pregnancy rates soaring it is also alarming to see that 40-60% of abortions that are performed in Asia are unsafe. Females struggled. Women in Africa also have similar issues, reports found that 62% of the childbirth/pregnancy related death came from African countries. Also, in this region, genital mutilation as well as child marriages are at high rates. Women in the African and Middle Eastern regions tend to struggle with unwanted pregnancies and high HIV rates. Organizations have been working hard to try and spread information out to women to ensure that women get information about their reproductive rights, but progress has been slow due to the culture within the areas. Also, the lack of funding towards any programs or facilities is a big issue that not many governments are willing to look into.



## North America and Europe

Though living in a western, overall liberal political atmosphere, women in North America and Europe do face a large amount of difficulty in obtaining reproductive services. The rise of the religious right and the push for restrictive reproductive policies in America has made it harder for women to seek affordable birth control or safe abortions. Just north, however, Canada spends around \$650 million each year on sexual and reproductive rights. The country helps finance global programs that fight against anti-abortion laws in countries where abortion is illegal.

Across the pond, policies for women's reproductive health vary as well. While the EU focuses on four main goals to ensure proper reproductive health, it cites many obstacles that arise in policymaking – from financial barriers, harmful social stigmas, and an overall lack of access to sexual education and contraception.

For the North American/European Bloc, the main issue will be religious/cultural norms and a possible lack of funding. Finding a compromise for conservative and/or poorer countries in the European Union will be key.

## South America

Unfortunately, Latin America suffers from some of the most restrictive women's reproductive rights in the world. 95 percent of abortions are unsafe, and 2,000 women die due to this - making Latin America the region with the highest maternal rights globally. It is to the point where certain countries refuse to acknowledge reproductive rights as human rights despite the United Nations resolution declaring them as so. Only two countries and one city permit abortion without restrictions on reasons: Cuba, Uruguay, and Mexico City. And though a woman can travel to one of these locations to undergo a procedure they are unable to get there due to poverty, location, or they lack the education that such kind of help exists. There has been some progression in moving the debate away from an argument over morality towards it being an issue of public health. However, under that argument, many direct the focus back towards the health of the fetus. Additionally, there are many cases in which though the two should be separated, the church heavily influences government. This (mainly) Catholic influence poses a difficult blockade for any movement towards improved regulations. Ultimately, because abortion is a very personal issue, emphasis needs to be focused on the issue of health for there to be change in legislation.

## Case Studies

### South Sudan

A war-torn country divided in two - Sudan and South Sudan both represent some of the worst situations regarding overall welfare and women's reproductive rights. Poverty, violence, insecurity, and disparity are all chronic characteristics of South Sudan. According to the ministry of health in South Sudan, in 2011 teenage pregnancy held a rate of 34.5% and contraceptive use/knowledge is less than 5%. The country has a maternal mortality rate of 789 deaths per every 100,000 live births.

A strong prevalence of culture and tradition has created a set of social formalities placed upon women prohibiting them from exercising any control over their own reproductive lives. In a case study done on the Fertit people in Western Bahr el Ghazal (WBeG) in South Sudan. For the Fertit people, birthing a child is a thing of great value, they believe it to be "God's Will". Due to this reason, young women are expected to conceive and give birth right after marriage. The prevention of pregnancy or the postponement of pregnancy may be viewed as going against God. Though women of the younger generation are more interested in using contraceptives, it was reported that men are skeptical and against using them and as reported by traditional leaders, that men make all the decisions in the households.

Exacerbated by the poverty and limited opportunities for success, women experience a gap in power between gender. However due to South Sudan being a post-conflict area, the country has displayed a unique opportunity for both men and women to create new social norms. In the study, interviewers found that despite the heavy traditional influence, there was some understanding of health concerns regarding reproduction. They also found that there was a trend of wanting to wait on childbearing for women when interviewed privately. By understanding the culture and situation of the region, the health programs are going to be able to reform and provide support appropriately.

## Australia

As one of the world leaders in women's reproductive rights, Australia is predicted to meet their goal of enable 120 million women to gain access to modern contraceptives by 2020. The government put in \$18 million USD into programs for family planning services, originally, they were promising \$40 million to these programs. Also, even though Australia has been supportive of women's reproductive rights in many areas, they still have regional laws that prohibit abortions and criminalize those who go through with the process. This is limited to two regions, everywhere else in Australia some Medicare plans do cover the cost of abortion or contraception costs.

With abortions legal for any woman that is less than 24 weeks pregnant, many felt that the Victorian Act was a victory but with the passing of Zoe's Law 5 years later, any fetus of 20 weeks or more would be treated as a living person. This means that women seeking abortions may be denied this right due to their unborn child having the right to life. Recently, the debate about abortions has been headlining in Australia due to the controversy of conflicting state laws.

On the other hand, the Australian Department of Health has made it clear that reproductive health is a priority for Australian women and the government is working to ensure that women have access to the materials they need and to ensure that they have the health care that they need.

## Guiding Questions

1. What is the cultural and political atmosphere of your country?
2. How important is sexual education? Should it be a priority?
3. How do women in your country feel about their reproductive rights?
4. This topic should not simply be about birth control or abortion. What about sanitary products? Maternity leave/support for pregnant women? What does your country offer in those areas?