



President's Letter

Honorable Delegates,

Welcome to the Earlham College Model United Nations Conference 2017! We are excited that you have decided to participate in ECMUN's UN Women!

My name is Sonia Norton and I will be chairing UN Women with Leanne. I am originally from California. I am a Junior and Politics major, with a minor in Women's, Gender, and Sexuality Studies. I have been involved in Model United Nations for three years and have previously chaired ECMUN's UNICEF and ECOSOC committees. UN Women is a valuable tool in the struggle for gender equity around the world and I am excited to further explore means of promoting safety and empowerment for women through our discussions at ECMUN 2017.

My name is Leanne Cheong, co-chairing UN Women with Sonia. I am a sophomore transfer from Malaysia at Earlham College majoring in Sociology and Anthropology. It is my first year at Earlham as well as participating in Model United Nations. I am interested in Model United Nations because it allows us to listen, engage and understand from different perspectives. It is during recent years, issues regarding gender are becoming part of international discussions. I believed that these discussions will prompt us to progress in providing more just and equal opportunities for women.

We are both looking forward to working with you in this valuable committee. UN Women was created to support the development and implementation of policies and norms surrounding the position and condition of women across the globe. Its creation was a tremendous step in the movement for gender equality and women's empowerment. Your ECMUN experience will be a valuable asset in developing your communication skills, ability to work cooperatively, and exposure to international policy challenges. We encourage you to familiarize yourself with parliamentary procedure in addition to researching the topics with the goal of understanding the arguments about them and their influence on the countries you will represent. Please contact us if you have any questions or concerns about ECMUN or the committee.

Kind regards,

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Leanne Cheong (lcheong16@earlham.edu)

Committee Background

UN Women (the United Nations Entity for Gender Equality and the Empowerment of Women) is founded on the value of equality found in the UN Charter. Established under UN General Assembly resolution 64/289 in July, 2010, UN Women works to eliminate discrimination against women and girls, to empower women, and to achieve equality between women and men. It promotes gender equality and women's empowerment through three guiding responsibilities: supporting inter-governmental bodies as they create policies and global policies and norms, helping in the implementation of these policies, and promoting accountability. UN Women is governed by a multi-tiered intergovernmental governance structure consisting of the General Assembly, the Economic and Social Council, and UN Women's Executive Board.

Topic I: Female Genital Mutilation

Overview:

Throughout the second half of the 20th Century, various countries began to tackle the issue of drug consumption and the illicit sale of drugs. Today, illicit drug networks have reached every corner of the planet, turning the "War on Drugs" into an international, multifaceted struggle. Drug trade networks spread to the farthest reaches of the globe; Afghani poppy production, for example, peaked in 2014; the poppy seeds are then turned into heroin and trafficked into the Global North. Though the term "War on Drugs" was coined in the United States and for the United States, the term has been applied to a range of drug-related conflicts across the world.

In the 1960s, US President Richard Nixon began what has been since called the "War on Drugs." The "War on Drugs" has been a set of domestic and foreign policy measures. Domestically, the United States has passed legislation to outlaw and criminalize drug consumption. Internationally, the United States has carried out a number of operations to curb the production and distribution of drugs. The United States, however, has begun to shift its position, with continued attempts at de-criminalizing drug consumption at the federal and state levels.

In the 1970s, the Colombian FARC - Revolutionary Armed Forces of Colombia - began to fund their activities through the sale of narcotics. The movement, originally intended to assist rural communities neglected by their government, became a criminal guerilla. In the 1990s, cocaine sales led to an explosive growth in the FARC's activities, leading to tremendous violence. In 2008, Mexican President Felipe Calderon declared war on the country's cartels; his military strategy, though well-received by the public, led to an enormous outbreak of violence.

The "War on Drugs" has been a continuous struggle over the decades that has led to a nearly incalculable amount violence and crime. The control of drug production and trade has been largely ineffective. There has been a continuous discussion on decriminalizing

drugs and the benefits of doing so. These benefits would include control of the market and ability to tax. Portugal has been extremely progressive basically decriminalizing all drugs in 2005. While Netherlands is the one of the most liberal in terms of narcotics legalization, the United States and other Western nations have begun to work towards reforming policies on recreational and medical drug use, with substances such a marijuana seeing new legislation that enables its use medically and recreationally in many countries.

Historical Background:

Drug consumption has had a long, violent history. One of the first prohibitions enacted was on tobacco in the 15th century in German states and a few other contemporary areas. These were followed by regulations on alcohol use in England in the 16th century, which was accompanied by Opium use on a large scale. The early 17th century was the start of the use of cannabis and morphine; opium use culminated in an international conflict between China and the growing British Empire. During the same time cocaine is created is first created in its pure form. Widespread drug criminalization peaked in the 18th century, a paradigm that has remained today and been globalized.

After the creation of the UN, our organization became involved creating several resolutions regarding this issue. The most significant were: the 1961 Single Convention on Narcotics Drugs, 1971 Convention on Psychotropic Substance and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The underpinning idea was that the smaller the market, the less harm it could provoke. The goal was to create a drug-free world. This has been accompanied by a constant effort to criminalize drugs through domestic legislation.

In spite of all of this legislation, drug use and drug-related violence has continued to increase on national and international scales. The failure of the “War on Drugs” has been felt by many. At the heart of the matter is the lucrative crime market. The UNODC has declared that one of the outcomes of the “War on Drugs” has been to give criminal organizations more centralized control of the market, and thus recommends and pursuing alternative approaches.

Latin American leaders, many of whom run countries at the heart of the “War on Drugs” conflict, have been instrumental players in the debate of crimination vs regulation, especially in the 2012 Summit of the Americas. There is a resounding agreement among many that the “War on Drugs” has failed in its goal to reduce drug trade, accompanying a shift within the medical community and more progressive social circles that drugs primarily represent a health problem and that their use and abuse should not be actions subjected to incarceration or criminal penalties, but rather regulation and/or treatment.

Current Situation:

The rate of drug-related deaths is higher for alcohol and tobacco consumption, at 2.5 million and 6 million respectively. Nations such as Portugal and the Netherlands have taken large strides in approaching drug use and trade as issues of public health rather than

criminality. Over the past 15 years Portugal has recorded a steady decline in the drug overdoses, representing the lowest rate of any EU member, with just 3 overdoses reported per million deaths. However, even with decriminalization helping addicts receive the treatment they need and casual drug users avoid serious infractions for recreational use, the drug trade itself has shown no signs of slowing and continues to cause a variety of social, political and economic issues for the countries in which narcotics production and transport is popular.

While no conclusive evidence has shown that decriminalization has definitively had positive or negative side effects as a whole, the moral parameters of drug use cause sharp division on the issue. The discrepancy between “hard” and “soft” drugs also leaves room for debate as does the manufacture and transportation of narcotics, considering that even if the drugs themselves are legal or decriminalized, their production and sale might not. In order to solve this issue as a whole, countries must come together to grapple with a shared history of drug consumption and tackle the disparate legal frameworks governing each country’s consumption to

Questions to consider:

1. What economic benefits would come from the legalization of drugs?
2. How would the legalization of drugs affect the use of drugs?
3. What challenges arise from having some countries legalize drugs when others maintain criminal penalties for drug consumption?
4. Should we take cultural and ethical considerations regarding drug use when crafting international treaties to regulate drug use?

Bibliography and Recommended Resources:

UNODC: World Drug Report 2016

<http://www.unodc.org/wdr2016/>

UNODC: Drug Prevention and Treatment

www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html

Law Enforcement Against Prohibition

www.leap.cc/about/why-legalize-drugs

Marijuana Legalization and Regulation

www.drugpolicy.org/marijuana-legalization-and-regulation

A Brief History of the Drug War

<http://www.drugpolicy.org/new-solutions-drug-policy/brief-history-drug-war>

Illicit Drugs and International Security: Towards UNGASS

https://www.chathamhouse.org/sites/files/chathamhouse/home/chatham/public_html/sites/default/files/0214Drugs_BP2.pdf

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The War on Drugs: Wasting billions and undermining economies, Steve Rolles
<http://www.countthecosts.org/sites/default/files/Economics-briefing.pdf>

History of Drug Use:
<https://inpud.wordpress.com/timeline-of-events-in-the-history-of-drugs/>

Topic II: Women in Power and Decision Making

Overview

Gender inequality, especially in the public sphere, has been an issue for most societies for most of history, yet the problem has only recently entered modern political and social discussions. Despite continuous efforts to fight gender inequality, women still do not have equal opportunities in participation of decision making and are largely underrepresented in our society especially in positions of power and leadership roles. Saudi Arabia has just recently allowed women to vote in municipal local elections in 2015, bearing the honor (shame?) of becoming the most recent country to introduce women suffrage. Within countries with representative style government's the UN Women's records show that 21.8% of all national parliamentary offices, or equivalent positions, were held by women as of June 2016. This marks a sharp increase from 11.3% in 1995, but while the percentage of women's participation doubled over the years, it is still relatively low. According to The United Nations Children's Fund, approximately 31 million girls of primary school age and 32 million girls of lower secondary school age were school dropouts in 2013. Combined with social structures that enforce gender stereotypes, unequal opportunity accessing resources such as education and training limit female participation in higher level political and commercial decision making processes.

Historical Background

Gender equality has always been on the agenda of United Nations. The United Nations Economic and Social Council (ECOSOC) commissioned the establishment of a global intergovernmental body which is the Commission on the Status of Women (CSW) in 1945 to promote gender equality and the empowerment of women. The United National General Assembly adopted the Universal Declaration of Human Rights (UDHR) on 10 December 1948. It is recorded in the "General Assembly resolution 217(III) A" after voted in favor by 48 countries while 8 countries chose to be abstained. UDHR represents the universal recognition that basic rights and fundamental freedoms are inherent to all human beings, inalienable and equally applicable to everyone, and that every one of us is born free and equal in dignity and right (United Nations). The Beijing Declaration and Platform for Action was adopted by 189 countries in 1995 which frames a project in advancing women's rights and empowering women in twelve areas such as poverty, education, health, violence, economic and power and decision making. Two commitments made from the meeting includes actions in ensuring women's equal opportunities to participate in activities of decision making which is a basic human right as well as initiatives in supporting women in developing more ability and skills to actively participate in their decision making.

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) was created in 2010 to support intergovernmental organization such as CSW and continue to hold accountability in efforts of gender equality for women and empowerment the female community. Promotion of gender equality in access to labor and employment is included in Goal 3 of the Millennium Development Goals (MDG) in 2000. A global solidarity

campaign “HeForShe” is advocated by Goodwill Ambassador Emma Watson to ask men and boys to become allies of the gender equality movement due to the fact that males suffer from gender equality as well. As the project reaches an end in 2015, Goal 5 in the new Sustainable Development Goals (SDG) is gender equality which include broad targets from ending discrimination and sexual violence, providing women with full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life.

Current Situation

The world population according to gender is relatively equivalent at 49.6% female and 50.4% male, but despite continuous efforts and campaigns advocating gender equality, women still suffer from discrimination and unequal opportunities in many society. According to the statistics from the Inter-Parliamentary Union, only 13 countries worldwide have forty percent and above female representation in parliament. These countries include: Rwanda, which has the highest among all at 63.8% female representation, following by Bolivia at 53.1%, and then Cuba, Seychelles, Sweden, Senegal, Mexico, South Africa, Ecuador, Finland, Iceland, Namibia, and Nicaragua all hovering around the 40% range. Rwanda’s exceptionally high number can partially be attributed to the adoption of the stipulation in the post-genocide constitution that at least 30% of representatives within the parliamentary must be women.

Focal Point, a sub-committee of UN Women, is committed in monitoring and reporting the representation of female in the UN system. The goal of fifty-fifty gender representation was set to be achieved in 2000 but progress has been slow, as 2013 the status of women in the United Nations has registered marginal growth in the representation of women over the past decade (2003 to 2013), increasing from 36.3 per cent in 2003 to 41.8 per cent in 2013.

With the growing number of female participation in politics being visible, there is an improvement in building a society of gender equality. However, political and electoral violence against women should be taken noticed. Violence against women in politics are violent acts within the political sphere that specifically target female political figures. Recently in June, British Labour Party Member of the Parliament Jo Cox passed away after being shot and stabbed multiple times by suspect Tommy Mair. Other notable politicians such as the former prime minister of Australia, Julia Gillard, have made commented on the difficulty of being a woman in power or in politics in general, prompting Gillard to acclaim publicly that “ [any] women who enter politics would encounter sexism and misogyny” and that “threats of violent abuse is far too common in female political careers.”

Questions to consider (3 to 4 Questions)

1. It is very clear that many organizations including the UN have long worked on issues of representation, why is gender equality is not established?
2. What caused certain regions such as Rwanda to have the ability to develop policies to encourage sustainable equal gender representation in its political system while others could not?

3. How can developing nations ensure that women rights do not get violated and more provisions are put in place to encourage more evenly spread political representation?

4. Why are female politicians more targeted, harassed and discriminated against? How do threats of violence towards male politicians differ from those towards female politicians?

Bibliography and Recommended Resources

UN Women

<http://www.unwomen.org/en/about-us/about-un-women>
<http://www.unwomen.org/en/about-us/about-un-women>

Commission on the Status of Women

<http://www.unwomen.org/en/csw>
<http://www.unwomen.org/en/csw>

UN Women – Leadership and Political Participation

<http://www.unwomen.org/en/what-we-do/leadership-and-political-participation>
<http://www.unwomen.org/en/what-we-do/leadership-and-political-participation>

United Nations Sustainable Development Goals - Goal 5: Gender Equality

<https://sustainabledevelopment.un.org/sdg5>
<https://sustainabledevelopment.un.org/sdg5>

Beijing Declaration and Platform for Action

<http://www.un.org/womenwatch/daw/beijing/platform/>
<http://www.un.org/womenwatch/daw/beijing/platform/>
<http://www.un.org/womenwatch/daw/beijing/platform/>

Inter-Parliamentary Union Statistics – Percentage of Women in the lower or single house

<http://www.ipu.org/wmn-e/classif.html>
<http://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>
<http://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>

Topic III: Prenatal and Postnatal Care

Overview

Prenatal care, also known as antenatal care, is the basics of maternal health care. During the process of regular visits to health professionals or trained midwives throughout the whole pregnancy, mothers to be are provided with health checkups that monitor the health of the mother and the fetus. Regular monitoring through checkups assist in preventing mishaps such as miscarriages or risks during pregnancy, and ensures a safer and healthy delivery. Postnatal care during the postpartum period is about six to eight weeks after the baby is delivered. Good sleeping habits, sufficient rest, proper nutrition, and vaginal care are important for the mother as she experienced physical and emotional changes upon delivery. Today, approximately 830 women still die every day due to complications during pregnancy and childbirth. Maternal death still occurs despite the fact the causes are preventable. According to World Health Organization, the lack of accessibility to health services is in large part due to economic disparity between the rich and the poor results in high number of maternal deaths in some areas of the world. Developing regions in the world accounted for the overwhelming majority (99%) of maternal deaths with the Maternal Mortality Ratio (MMR, maternal deaths per 100,000 women) of developing nations sitting at 239 whereas developed regions have an MMR of 12.

Historical Background

In September 2000, world leaders which include 149 heads of State, government and high-ranking officials from over 40 other countries adopted the Millennium Development Goals (MDG) at the Millennium Summit. Goal 5 of MDG is improving maternal health in which the target is to reduce maternal mortality ratio by three quarter between 1990 and 201, and by 2015, it is universal to all to have access to reproductive health services. Since 1990, maternal death ratio deaths worldwide declined by 43%. However, every two minutes, a woman loses her life to maternal death which can be preventable. Initiatives by United Nations Population Fund (UNFPA) include the improvement on the accessibility of medication, efficient health services and promotion of international mental health standards.

In 2008, the UNFPA launch a project in investing in midwifery alongside the International Confederation of Midwives (ICM) with the mission for advancement in quality and quantity of skilled midwifery to carry out skilled birth attendance in developing countries that have limited midwiferies. The project is carried out in 11 countries with the highest levels of maternal deaths and lowest rate of birth attended by health professionals such as Benin, Burkina Faso, Burundi, Cote d'Ivoire, Djibouti, Ethiopia, Ghana, Madagascar, Sudan, Uganda and Zambia. As the initial MDG comes to an end, the transition from MDG to the new Sustainable Development Goals (SDG)'s Goal 3 advocates for good health and wellbeing by bringing the global maternal mortality ratio down to 70 deaths per 100,000 live births by 2030 from 216 in 2015. In order to achieve this global goal, countries are required to reduce their MMR by 7.5 percent yearly.

Current Situation

Maternal Health Thematic Fund (MHTF) was launched by the UNFPA and currently supports 39 countries such as Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Haiti, Kenya, Lao, People's Democratic Republic Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Nepal, Niger, Nigeria, Pakistan, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Timor-Leste, Togo, Uganda, Yemen, and Zambia. Efforts of the MHTF center around the Midwifery Programmes, Emergency Obstetric and Newborn Care Maternal Death Surveillance and Response System, and Obstetric Fistula and First-Time Young Mothers program.

With more accessibility to the health care system during prenatal care mothers can develop a birth plan with respective health professionals to work out steps to take upon any emergencies throughout the pregnancy. Mothers are given thorough information of their sexual and reproductive rights as a woman. Details regarding administration for the new born baby is also provided for mothers. To ensure a safe delivery, skilled birth attendance is encouraged during delivery as they are well-trained to perform treatments and intervene in complications during delivery. According to World Health Organization, most maternal death is preventable if health professionals or trained midwiferies intervene during postnatal care. The causes of maternal death include severe bleeding after delivery which can led to otherwise healthy women losing their life. Risk of bleeding out aside, improper birthing techniques or delivery methods can leave mothers with infections, especially in developing areas of the world where the environment is often unhygienic.

One of the leading cause to maternal death is obstetric fistula. It is a situation where there is a hole between the birth canal and bladder or rectum of the mother due to prolonged, obstructed labor, without access to timely, high-quality medical treatment (United Nations Population Fund). According to statistics from UNPFA, more than 2 million women in sub-Saharan Africa, Asia, the Arab region, and Latin America and the Caribbean are estimated to be living with fistula, and some 50,000 to 100,000 new cases develop annually. Due to this, postnatal care is required within the first 24 hours of deliver up to about six weeks later as severe incidents mentioned will led to death. The maternal mortality ratio has declined by 14 per cent in the 39 countries supported by the MHTF since 2010 from 223,274 cases in 2010 to 205,214 cases in 2015.

Through the MHTF supported Midwifery Programme, UNFPA helped support 8,339 midwives to undergo pre-service training and assisted 265 midwifery schools in 2015 alone. However, there are barriers that led to midwife not being able to sustain prenatal and postnatal care. According to the MHTF Annual Report of 2015, only three countries such as Haiti, Madagascar and Pakistan have reported a strong midwifery association in terms of influencing policy and decision-makers.

Questions to consider

1. What are the other factors that led to unequal access to prenatal and postnatal care?
2. What caused certain regions to have the ability to sustainably develop prenatal and postnatal care while others could not? Is it due to political, economic or socio-cultural issues?
3. Most of the UN programs target the developing nations, what about issues in developed nations?

Bibliography and Recommended Resources

Maternal Health

<http://www.unfpa.org/maternal-health>

Obstetric Fistula

<http://www.unfpa.org/obstetric-fistula>

Midwifery

<http://www.unfpa.org/midwifery>

UNFPA – Maternal Health Thematic Fund (MHTF) Annual Report 2015

http://www.unfpa.org/sites/default/files/pub-pdf/2015_MHTF_Annual_Report-FINAL-web.pdf

World Health Organization – Maternal Mortality

<http://www.who.int/mediacentre/factsheets/fs348/en/>

Trends in Maternal Mortality 1990 to 2015

http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1

United Nations Millennium Development Goals

http://www.who.int/topics/millennium_development_goals/maternal_health/en/