

McKennaMUN VIII Background Guide



Social, Humanitarian, and Cultural Committee (SOCHUM)

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Claremont McKenna
College



McKENNA
MUN

DIRECTOR'S LETTER

Hi everyone,

My name is Sobechukwu Uwajeh, but my friends call me Sobé. I am a sophomore from Chicago and Lagos. Outside of MUN, I lead CMC's Black Student Association, throw for the track team, and read all types of books! This is my 6th year of MUN and I am so excited to be chairing the Social, Cultural, and Humanitarian committee this year at McKenna MUN! I am so excited to hear you all debate on HIV/AIDS in Sub-Saharan Africa and Sex trafficking! As seen in the background guide, these issues affect member states throughout the world. These are both topics that are still so relevant and I look forward to seeing the solutions you all put forth!!

Best,

Sobé Uwajeh

COMMITTEE INTRODUCTION

The Social, Humanitarian and Cultural Committee (also known as SOCHUM or GA3) is the third committee of the General Assembly of the United Nations. All 193 member states can serve in this body committed to upholding human rights throughout the world. According to the United Nations' official website, the SOCHUM Committee focuses on "questions relating to the

advancement of women, the protection of children, indigenous issues, and the treatment of refugees, the promotion of fundamental freedoms through the elimination of racism and racial discrimination, and the right to self- determination. The Committee also addresses important social development questions such as issues related to youth, family, aging, persons with disabilities, crime prevention, criminal justice, and international drug control.” To answer these questions, the body often meets with experts, nongovernmental organizations (NGOs), and the High Commissioner for Human Rights and the High Commissioner for Refugees.

HISTORY OF THE COMMITTEE

The Social, Cultural, and Humanitarian Committee was founded in 1945 with the creation of the United Nations. Over time, SOCHUM has helped the United Nations execute a series of peacekeeping operations, helped draft the widely regarded Universal Declaration of Human Rights and maintained a focus on the social implications of every world issue the UN was faced with. This body does not have the power to mandate nor force member states to act. However, the strength of this body lies in its ability to make serious recommendations that encourage and motivate member states to act in accordance.

TOPIC A: HIV/AIDS

Introduction

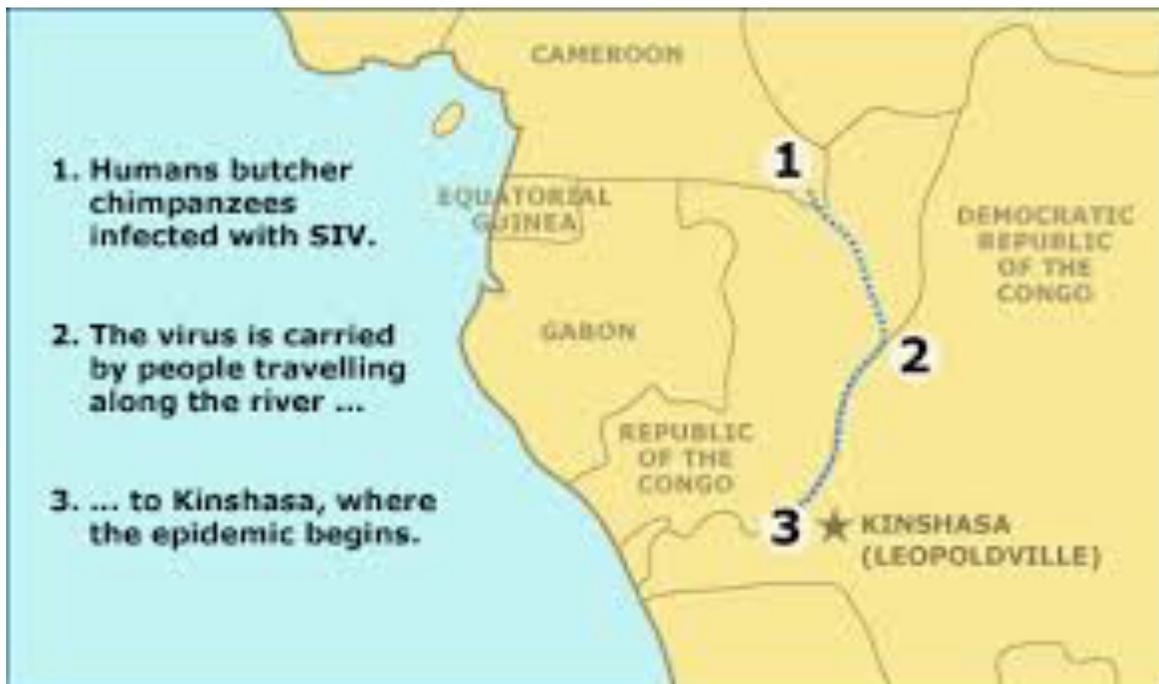
HIV/AIDS in low- and middle-income countries is a pressing issue in the world today. At its inception, this disease was a synonym for a death sentence. Since the beginning of the epidemic, it is estimated that 32 million people have died due to HIV/AIDS, and has affected over 75 million people. Though these numbers have rates that have gradually decreased, this disease still affects over 35 million people and killed 770,000 people in 2018. Though there is no cure, many medicines have helped subdue the threat of HIV/AIDS in high-income countries; many of these citizens can live a long healthy life with access to antiretroviral therapy (ART.) However, many citizens of low- and middle-income countries still struggle to find and retain medicine for HIV/AIDS. This issue goes beyond the individuals affected with the disease but extends to impact households, workforces, and communities as a whole.

Topic History

According to HIV.gov, HIV (*human immunodeficiency virus*) “is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases.” HIV goes through three stages: Acute HIV Infection, Clinical Latency, and AIDS. AIDS is the final stage of the HIV infection when the immune system is mostly destroyed because of the

virus. HIV/AIDS is a sexually transmitted infection but can also be transferred through the sharing of injection equipment, childbirth or breastfeeding.

HIV has come in two different strands: HIV-1 and HIV-2. HIV-1 is more frequent and is quickly replacing HIV-2. The first strand is found really only in a series of lineages: M, N, O, P. Group M is the most widespread and is the case that most people have globally. O and N are not as prevalent and mostly limited to Cameroon. Group P was discovered most recently in 2009 and has infected 2 people at the time of writing. HIV-2 is only found only in parts of West Africa.



The first verified case of Human Immunodeficiency Virus (HIV) was in the Democratic Republic of the Congo in 1920. It is believed that HIV is the result of the transmission of the

Simian Immunodeficiency Virus (SIV) from chimpanzees in southern Cameroon. Experts think that colonizing hunters feasted on chimps, transmitting the disease to humans. From there, it traveled down the Sangha River into the Democratic Republic of the Congo's capital city, Kinshasa. There were a series of factors that made the disease easy to spread from Kinshasa.

Firstly, the population was growing rapidly. This also increased the number of sex workers.

Additionally, Kinshasa, along the Congo River, is full of transportation. This made it quite easy for diseases to spread throughout the countries transport routes. In 1980, the disease had spread throughout the DRC with half of all cases outside of the capital city.

In the midst of the spread around the Democratic Republic of Congo, the disease had spread to other parts of the world. By the 1960s, HIV-1 (strain M) had spread to Haiti through Haitian workers who worked in the Democratic Republic of the Congo. From Haiti, the disease spread to other parts of the Caribbean. It then moved from the Caribbean to New York City and later, San Francisco, all before 1980. From the United States' biggest cities, the disease spread internationally. The disease was all over the globe but specifically devastated South Asia, Eastern Europe, and Sub-Saharan Africa.

Many people believed that the disease was most prevalent amongst gay men, leading to the belief that this disease was limited to homosexual men. As research continued, the Center for Disease Control (CDC) developed the "4-H" club. The 4H's stood for the four high-risk groups

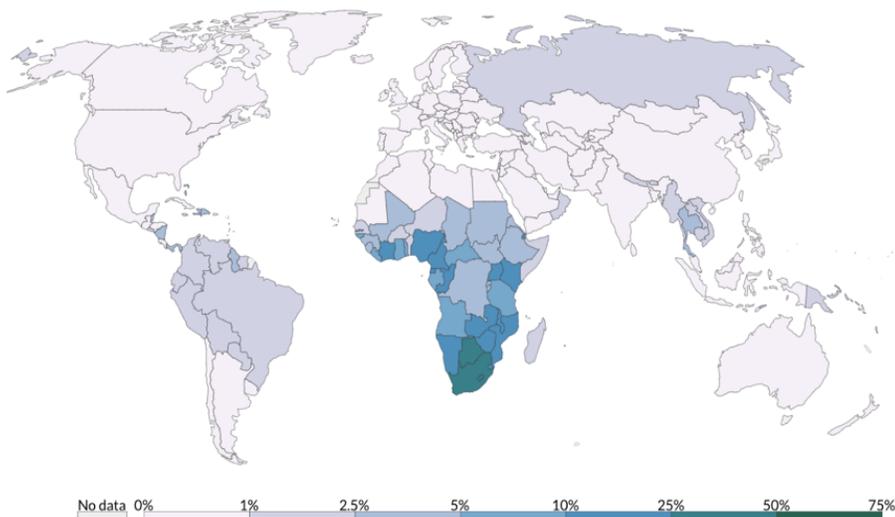
of the disease: homosexuals, heroin users, hemophiliacs, and Haitians. Naturally, this led to a world of discrimination, including xenophobia, racism, and homophobia.

The Issue

Despite all of the progress, HIV/AIDS still remains within the top 15 causes of death globally. In Sub-Saharan Africa, it is the second leading cause of death. According to *The Global Burden of Disease*, there were 954,492 deaths due to HIV/AIDS, 711,943 of which were in Sub-Saharan Africa. As seen in the illustration, the disease is now heavily concentrated on the African continent.

Share of deaths from HIV/AIDS, 2017

Our World
in Data



Source: IHME, Global Burden of Disease

CC BY

Primarily, this disease is one of health and has spread through a variety of transmissions but, most being heterosexual transmission. This has affected the distribution amongst the population. According to Avert.org, 3% of the affected are sex workers, 6% inject drugs, 9% are men who have sex with men (MSM) and 12.5% are clients of sex workers, leaving the greatest percentage of those affected including groups in the general population consisting primarily of young women, children, and prisoners.

Discrimination, legal barriers, and a lack of funding have made the disease hard to combat, especially within the most affected populations. The stigma around HIV is very prevalent and affects the lives of the affected. Specifically, a survey in the *Global AIDS update 2019 — Communities at the Centre*, show that countries in Western and Central Africa (and Ethiopia in Eastern Africa) have the highest levels of discrimination against people living with HIV. In all parts of Sub-Saharan Africa sex work and homosexuality are criminalized. In many countries, there are also laws that criminalize exposing others to HIV. These laws create implications for those who may want to seek treatment and neglects many avenues for prevention. Funding has also proved to be a large challenge in combatting HIV/AIDS. Largely based on international investment, these countries have already needed to reach out in an attempt to reach the 2020 Targets. However, there have been great efforts towards domestic sources that can continue to be improved on.

UN Actions

The United Nations has tried its hardest to keep up with the increasing need for guidance to combat the AIDS/HIV epidemic. As the disease spread to the Western hemisphere in the 1980s, the United Nations' World Health Organization (WHO) held the first annual International AIDS Conference in Atlanta, GA, U.S.A in 1985. In its first years, the conference has been instrumental in bringing leading experts and research institutes together to discuss this pressing issue. These conferences led to the eventual creation of the International AIDS Society in 1988. The association has since aimed to promote solidarity, fight discrimination and promote research for people with AIDS/HIV.

Meanwhile, already established bodies of the United Nations also brought this issue to the forefront. Because a disease at this capacity was unparalleled, the United Nations took a response that was similarly unprecedented. In October of 1987, AIDS became the first disease to be debated on the floor of any General Assembly body. In 1988, the WHO chose the first of December as World AIDS Day, further illustrating the impact of the disease. The United Nations' leaders also included HIV/AIDS in the Millennium Development Goals in 2000. HIV/AIDS is referenced in Goal 6. The goal is split into part A and B saying,

Combat HIV/AIDS, malaria and other diseases:

Target 6. A: have halted by 2015 and begun to reverse the spread of HIV/AIDS.

Target 6. B: achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

Perhaps the most effective of all United Nations actions is the establishment of a Joint United Nations Programme on HIV/AIDS, more commonly known now as UNAIDS. This association is dedicated to alleviating the threat of HIV/AIDS around the world. Outside of helping with the Millennium Development Goals, UNAIDS also created an ambitious target to end the epidemic. *90-90-90*: Treatment for all aimed to have 90% of people living with HIV to know their status, 90% of people diagnosed with HIV to have continued access to antiretroviral therapy, and 90% of all people receiving therapy treatment to have viral suppression, all by the year 2020. At the end of 2018, East and Southern Africa were at 85-79-67, respectively; Central and West Africa were at 64-79-76. At the time of writing, it is unknown if this goal has been achieved before the end goal.



Currently, the UNAIDS is working with its 2016-2021 Strategy. This strategy is working with the Sustainable Development Goals (SDGs) 3, 5, 10, 16, 17, and how they are applicable to the global crisis. This work includes advocating for reduced inequalities, global partnerships, and strong institutions.

Key Actors

Sub-Saharan Africa

This group of countries is in favor of solving the crises that are occurring domestically. Many of these countries have already taken significant steps in solving this crisis. In Rwanda, they have implemented medicine monitors to ensure people receiving ART are taking them correctly and on time. In Ethiopia, scientist and community leader, Bogaletch Gebere created community conversations to empower women to take stands against high HIV risk behaviors. Malawi uses a strategy called Option B+ to prevent pregnant mothers from spreading HIV/AIDS to their children. According to the WHO, Botswana, Ethiopia, Tanzania, Senegal, and Zambia provide ART medicines at a low price. It is evident that many of these countries have taken attempts to solve these problems, but it will require more work to have the whole region moving towards the 90-90-90 goals and eventually eradication of HIV/AIDS.

Furthermore, it is important to take into consideration the cultural problems that persist and how much governments are willing to infringe on those in the name of combatting this disease. With varying demographics within the countries, some ethnic groups and religions may have traditions that facilitate the spread of HIV/AIDS. It is important to focus on both prevention and treatment while maintaining space between cultures and Western bias.

United States, France, UK, China, UAE, and other Developed Nations

Many of these countries have had their own HIV/AIDS crises and successfully mitigated the crisis domestically. They have the funding and knowledge to prevent the expansion of the disease. Additionally, each of these countries has a special interest in Africa as they are the top countries with Foreign Direct Investments (FDIs) in parts of Sub-Saharan Africa. They want to see Sub-Saharan Africa's population do well because of their economic relationships with the countries most affected by this disease.

Brazil, Thailand and other import countries

After years of limited access to medicines due to harsh patents, the international TRIPS agreement allowed permitting countries to use generic versions of ART medicines. Both of these countries were able to have successful AIDS programs. They were also able to combat their disease with their ability to produce and sell generic pharmaceuticals that were no longer patent protected. These countries will be useful contributors to ameliorating the problem both through

their ability to sell medicines combatting HIV/AIDS and their expertise in manufacturing antiretroviral medicines.

Questions to Consider

1. What policies can be implemented to successfully hit the 90-90-90 goal in Sub-Saharan Africa?
2. How can countries in sub-Saharan Africa maintain a healthy balance between autonomy and help from the international community?
3. What policies can the UN implement to ensure that this region does not get left behind during future international health crises?

Further Reading

UNAIDS Strategy: <https://www.unaids.org/en/goals/unaidsstrategy>

Global HIV/AIDS Overview: <https://www.hiv.gov/federal-response/pepfar-global-aids/global-hiv-aids-overview>

Avert.org's Overview of HIV/Aids in East and Southern Africa:

<https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview>

Avert.org's Overview of HIV/Aids in West and Central Africa: <https://www.avert.org/hiv-and-aids-west-and-central-africa-overview>

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TOPIC 2: REFUGEES

Introduction

According to the United Nations’ Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children of the United Nations Convention Against Transnational Organized Crime, human trafficking is:

The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of sexual exploitation.

Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

(b) The consent of the victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used.

Although sex trafficking is the most obvious form of trafficking, most cases of trafficking involved forced labor whether it be state-sponsored or from the state, which leads to sexual exploitation in many cases. Though the true number trafficking victims is unknown, the

International Labour Organization estimates about 4.8 million people were victims of forced commercial sexual exploitation.

Topic History

Though this issue has gained prevalence in recent news, sex trafficking has existed in many forms throughout history. Because of its breadth, it is difficult to pinpoint a starting point of sex trafficking internationally. Because of its incognito nature, it is difficult to track trends or patterns of sex trafficking around the world. However, there are a few known examples of sex trafficking and its lasting effect on the world today.

The parents of sex trafficking are colonialism and imperialism. The Atlantic Slave trade occurred from the late 1400s to the 1800s, where African royalty often traded their prisoners of tribal war and criminals in exchange for weapons and other luxuries from European colonizers. As the demand increased, so did the supply of African slaves. By the time there was abolishment of slave trades throughout the Western world, 12.5 million enslaved people went to the Americas against their will. Enslaved persons were exploited physically, mentally, and sexually.

With the formal end of one form of sexual slavery came another, this time with more drastic repercussions for the Western world. Throughout the late 19th century and early 20th century, the sexual exploitation of white women in Europe referred to as “white slavery” became

more prevalent. Because of its location in the heart of the Western world, this exploitation triggered a series of international conferences in search of a solution. This led to the first movement to end sex trafficking, eventually leading to a series of legislation that targeted specifically, white women. The 1904 International Agreement for the Suppression of “White Slave Traffic” and the 1910 International Convention for the Suppression of the White Slave Traffic were dedicated to preventing trafficking of white women at the borders. Both of these agreements focused on sexual exploitation as an immigration issue rather than as an issue of inequality.

After the World War I, sex trafficking became more prevalent amongst all races and children of both genders. In 1921, 33 countries of the League of Nations signed the International Convention for the Suppression of Traffic in Women and Children. This convention not only strengthened migratory sex trafficking legislation but created the Advisory Committee of the Traffic of Women and Children. This committee was made up of nine countries and several non-governmental organizations (NGOs) and implemented a system of annual reports of progress. Furthermore, there has been a series of anti-sex trafficking legislation from the United Nations, but that will be touched on later in the guide.

In modern history, trafficking rings have become increasingly relevant and harder to detect. However, researchers now have a greater idea of the hubs of sex trafficking around the

world. According to the International Labour Organization, “seven in ten victims are exploited in the Asia and the Pacific region. This was followed by Europe and Central Asia (14%), Africa (8%), the Americas (4%), and the Arab States (1%).” These statistics go to show that sex trafficking is truly a global problem. Every country is involved whether they serve as a destination country, a source of victims or as transit stops.

The Issue

The sole cause of human trafficking is human traffickers. Human trafficking is not a natural occurrence and happens because of the decision made by those who traffic victims. With that being said, there are risk factors that increase the likelihood of a person being trafficked. According to the International Labour Organization, women and girls make up 99% of the forced labor commercial sex industry, making them more likely to be targeted by traffickers. Cances Magazine write about other “push” and “pull” factors for sex trafficking: “Factors such as poverty, an abusive or neglectful home environment, or political instability in one’s country or region are considered “push” factors, in that they may compel people to enter situations with a high risk of human trafficking; whereas demand for slave labor is considered a “pull” factor, in that it is demand that creates a market in which human traffickers operate and profit. There is no “push” without “pull.” “Pull” factors exploit those in poverty because the “push” factors of

meeting basic human needs of food and shelter for oneself and one's family are compelling.”

Other risk factors include isolation, developmental delay, and childhood sexual abuse.

For the people who help facilitate trafficking, the factors often extend past the basic needs. There are three primary facilitators—purchasers of sex acts, exploiters (including traffickers, pimps, brothel owners), and nations themselves.

Purchasers of sex acts come from all walks of life and know no racial or ethnic bounds. Many might assume that men who purchase sex have no access to sex, are lonely, or are outcast from society. Studies have shown that 80% of men are married or in a sexually satisfying relationship. However, more studies show that there were two primary subsections of purchasers: newlywed-men seeking more variety and older men who did not have a lot of sexual experience prior to marriage. Regardless of these subsections, there is a correlation in the purchasers of sex acts and their attitudes towards women. In general, they tend to justify violence against women, use less protection, and denounce consent. They also tend to view sex as a commodity, further inhibiting cultural norms on the inferior status of women.

Exploiters also play a significant role in sex trafficking. Brothel owners, pimps, traffickers, hotels, restaurants, taxi services, and corrupt officials often benefit as exploiters themselves. According to Professor Donna M. Hughes, “They operate the business of sexual exploitation.

They make money from the sale of sex as a commodity.” There is a clear financial motivation behind the work of exploiters.

This becomes even more prevalent when one looks at “pull” events that increase the demand for trafficked persons. According to the Global Centurion, there are 14 key hubs of demand. These hubs include several locations with different draws. For Mexico, The Caribbean, Middle Eastern Countries, China, and Israel, the political or environmental instability increases markets and the number of exploiters. For Germany, The Netherlands and some parts of the US, the legalization of prostitution in some areas led to an increase in sexual exploitation. For India, China, Sri Lanka, and Cambodia, these countries have niche exploitation markets that are created through policy and social norms. Even big sporting events such as the Super Bowl or the World Cup create a massive surge for commercial sex exploitation. Each of these reasons provides markets for exploiters to get involved in the industry.

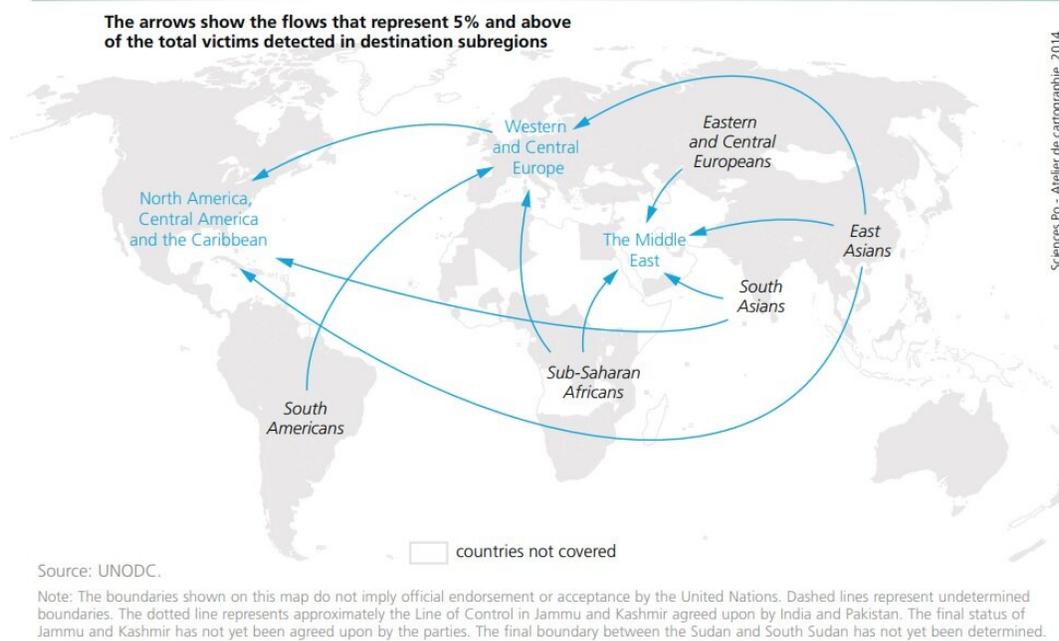


Finally, the nation plays a significant role in the sex industry. Whether a country decides to legalize or criminalize prostitution it has a direct impact on sex trafficking. German and UK researchers investigated the complex relationship. Their research proves that legalized prostitution leads to increased trafficking. However, the demand for trafficked people decreases as prostitutes become more widely available. This being said, countries where prostitution is legal report more human trafficking. This can be attributed to victims and bystanders feeling more comfortable reporting incidents without fear of persecution.

Additionally, one can acknowledge the roles of different countries in the facilitation of commercial sexual exploitation. As mentioned before, there is no country excluded from involvement in human trafficking. In the maps below, one can see that countries in East Asia

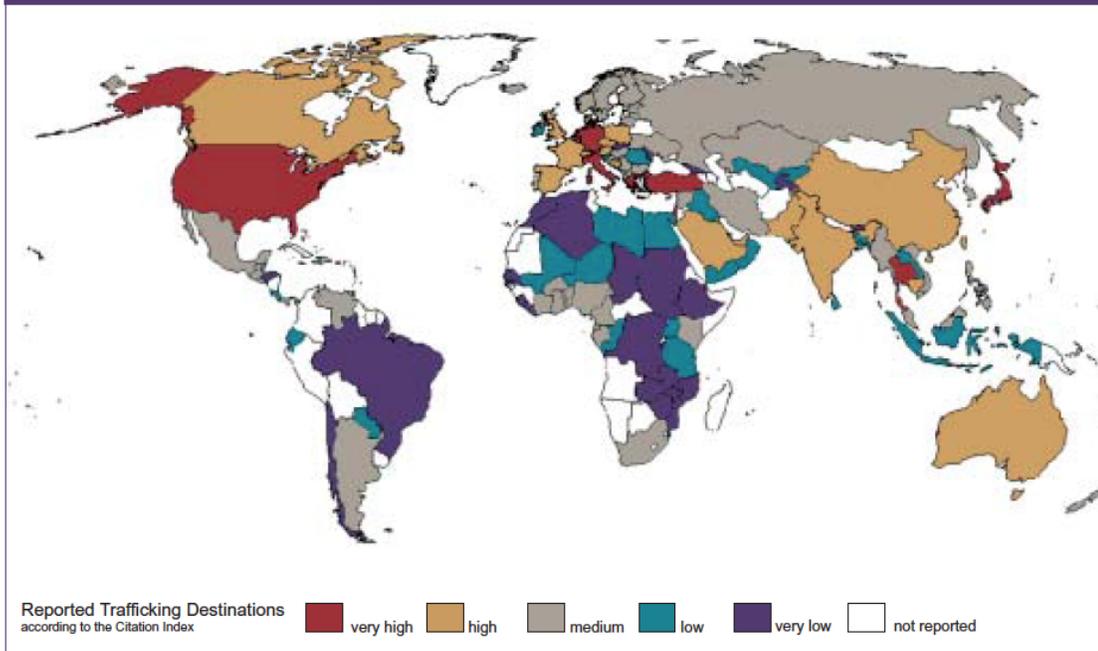
have more reported cases of human trafficking. One can also see that primary reported destination countries are in North America, Western and Central Europe, and The Middle East.

MAP 6: Main destination areas of transregional trafficking flows (in blue) and their significant origins, 2010-2012



Because this is the Social, Cultural, and Humanitarian Committee, policy should focus on modifying the different roles different countries (destination, host, and source) and different actors (exploiters, state, purchasers) play. It should also focus on how these actors can help victims of sex trafficking.

Figure 24: Countries of Destination, as measured by the extent of reporting of trafficking



Past Treaties and UN Actions

Because sex trafficking has been around for so long, there have been international treaties regarding sex trafficking for quite some time. Following World War II, the United Nations created and adopted the Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others in 1949. According to the European Commission, the convention “prescribes procedures for combating international trafficking for prostitution, including expulsion of offenders.” The treaty also encourages member states to criminalize brothels and accommodations for prostitution purposes. This treaty was not accepted by many nations because of its stance on voluntary prostitution, In Article 1 of this treaty is states,

The Parties to the present Convention agree to punish any person who, to gratify the passions of another:

(1) Procures, entices or leads away, for purposes of prostitution, another person, even with the consent of that person;

(2) Exploits the prostitution of another person, even with the consent of that person.”

Many countries such as Germany, the Netherlands, New Zealand, Greece, and Turkey had legalized prostitution at the time. This convention did not have a significant impact on the global community.

Almost every committee of the United Nations has been involved in enacting anti-sex-trafficking measures. The United Nations Office on Drugs and Crime (UNODC) has arguably done the most by creating the 2000 convention that in turn made the most notable protocol on sex trafficking.

However, the 2000 United Nations Convention against Transnational Organized Crime (also called the Palermo Convention) led the way to two treaties that worked to end sex trafficking. The more relevant of the two is the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Woman and Children. This protocol focuses primarily on victims and their statuses in member states. Specific articles of the protocol highlight various issues. Article 5 encourages member states to criminalize trafficking in all regards. Article 6 encourages states to assist victims and protect them through state-sponsored actions. Article 9 is dedicated to prevention in persons. Furthermore, Article 10 urges law enforcement to learn about the signs of trafficked victims.

Though this document is quite comprehensive, there are many shortcomings that made anti-sex legislation difficult to complete. First, many of the provisions within the protocol are

mandatory. Because different countries have different resources and economic infrastructure, developing countries have harder times providing assistance and protection to their victims. In some countries, Non-Governmental Organizations (NGO) have filled in the gaps, but this is not the case in most countries and cannot act as a permanent or long-term solution. Additionally, many of these countries have not decriminalized the sex acts victims are often forced to perform. Victims have been and will continue to be persecuted for crimes they were forced or coerced to do. Similarly, victims also run the risk of being deported. Because many victims are escaping political or economic instability in their homes, deportation is a terrible reality these victims want to avoid. This makes it harder for victims to come forward or seek protection from the state. Lastly, there is no standard for the reintegration of victims into society.

Country Positions Through Case Studies:

Denmark:

As in many member states of the UN, Denmark's general public is against the criminalization of prostitution. Because of this, the government has been able to support sex workers through unions. Although conditions work well for women who are legally prostitutes, trafficking victims often face the chance of being deported. Often times, pimps and exploiters threaten the families and home lives of the victims- making the risk of deportation even more daunting. Denmark and

other destination countries should focus on how to ensure victims are well taken care of while, remaining mindful of the citizenship status of victims.

Nigeria:

Though numbers of victims are unknown, Nigeria is often cited as one of the world's top origin countries for trafficking victims. Though many victims are taken from the country by terrorist organizations such as Boko Haram, a significant number of them choose to go to Europe for the promise of a better life. Often in debt bondage, they hope to send money to their families or escape the instability of their home areas. Nigeria and other origin countries should focus on how to discourage sex trafficking by promoting stability in their nations.

Colombia:

Because of its location between South and Central America, Colombia is the ideal transit country. Unfortunately, there is no such thing as a pure transit country as exploiters know no bounds. Because of this Colombia faces sex trafficking problems of their own in regard to sex trafficking, despite upholding the minimum guidelines in the 2003 Protocol. Additionally, because of Venezuelan people seeking refuge, there is an increased number of potential victims.

Countries that serve primarily as a transit country should follow recommendations made by refworld.com and "increase specialized services and shelter available to all trafficking victims;

improve efforts to screen and protect potential trafficking victims among incoming... migrants and provide them with adequate services.” They should also continue to push for harsher border control and anti-trafficking legislation when possible.

Questions to Consider:

1. How can countries become safer for victims of sex trafficking?
2. How can the United Nations approach the issue in a way that is equitable to victims in all states?
3. Where is the balance between prosecution, prevention, and protection for sex trafficking victims?

Further Readings:

Mapping Human Trafficking: <https://www.globalcenturion.org/archived-workpages/mapping-hubs-of-demand/>

Push and Pull: The Intersections of Poverty, Health Disparities, and Human Trafficking: <https://www.cancerincytes.org/push-and-pull-the-intersections-of-pove>

Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others: https://ec.europa.eu/anti-trafficking/legislation-and-case-law-international-legislation-united-nations/convention-suppression-traffic_en

UNODC report on human trafficking exposes modern form of slavery: <https://www.unodc.org/unodc/en/human-trafficking/global-report-on-trafficking-in-persons.html>

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