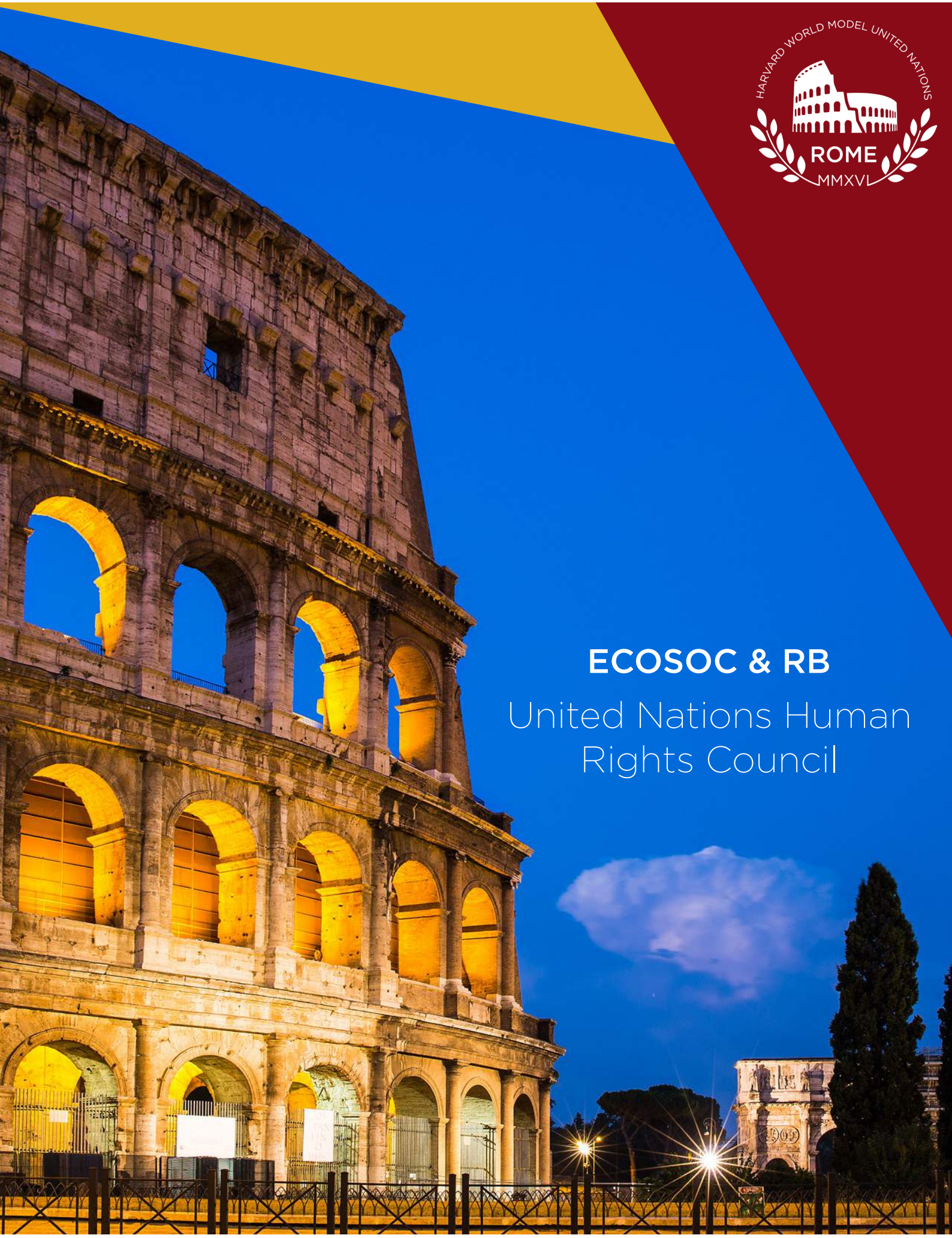

ECOSOC & RB

United Nations Human Rights Council

WELCOME TO THE ECOSOC & RB

Topic A: The Right To Health

Topic B: Poverty and Inequality

HARVARD WORLD MODEL UNITED NATIONS
ROME
MMXVI

Nabig Chaudhry | Harvard Class of 2017

Dear Delegates,

With great excitement, I would like to welcome you all to Harvard WorldMUN 2016 in Rome! My name is Nabig Chaudhry, and this year, I will be serving as your chair for the United Nations Human Rights Council (UNHRC) in the Economic and Social Council (ECOSOC). We have some phenomenal topics to uncover this year in the UNHRC, namely on The Right To Health and Poverty and Inequality. These topics, though very expansive, are remarkably relevant to our generation today, and I'm thrilled to see how we as committee will come together to undertake and resolve these complex issues.

Now just a little bit about me! I come originally from a magical place far away called Rabwah, a small village near Lahore, in Pakistan. I lived there for about five years, before my family and I, immigrated to the States, where I have lived ever since. Currently, I am in my junior or third year at Harvard and I am studying a self-designed major called Public Policy and Epidemiology. Though I am uncertain about what I would like to do in the future, I hope to be able to work in a field related to either health or human rights. We'll see where life takes me! On campus, besides WorldMUN, I also volunteer at local schools and community health centers, and engage in research projects at the Harvard School of Public Health on social and humanitarian issues. This past summer, I also interned at two nongovernmental organizations, the first being FXB International in Kigali, Rwanda, where I worked on projects to lift people out of cycles of poverty, and the second at the Global Fund to Fight Aids, Tuberculosis, and Malaria in Geneva, Switzerland, where I assisted economists on projects related to global health innovations and strategy. Some other quick things about me: I take at least one nap a day (a nap a day keeps the doctor away), hiking is my favorite pastime (nature is the best <3), Harry Potter is my personal obsession, I love writing short stories (especially on nice days), and I will always say yes to late night food (particularly ice cream or froyo).

This is also my second WorldMUN conference, and I'm so psyched to be back because my first time in Seoul2015 as a chair was one of the best experiences I've ever had. As always, I hope this year's topics on the right to health and poverty and inequality get you more involved, connected, and cognizant about the complicated and inhumane issues facing our world today. I hope this study guide proves to be instrumental, informative, and foundational in your initial preparation on these topics, and once again, I welcome you all to what is going to be one of the most influential and experiential times of your life. I can't wait to see all you in Rome for WorldMUN's 25th anniversary, and if you have any questions or inquiries, please don't hesitate to reach out to me!

Best,
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Introduction

This year the United Nations Human Rights Council will examine the intricacies and complexities of two topics: Topic A, The Right To Health, and Topic B, Poverty and Inequality. Both topics are nothing short of expansive and cover not just a specific problem but a series of interconnected human rights issues. These topics are also by no means meant to be easy, and instead will require some of the highest level of analysis, problem solving, and debate in order to solve. However, a successful exploration of these foundational problems also carries a significant award, as it has the potential to carry wide-ranging and transformative implications for upwards of millions of people around the world.

The topics will be structured in two primary parts. The first part will be a broad introduction and breakdown of the specific human rights concept, while the second part will follow with a close study of detailed and relevant human rights violations and issues occurring in the world today. Thus, even though these issues are comprehensive, the solutions that will have to be crafted will have to be very precise to the issues that the topics that they address in the form of case studies. So in a way, each of the topics holds a multitude of other topics that the committee will have to solve, using the foundational knowledge from these general human rights concepts. Topic A, on the right to health will analyze four significant

human rights violations taking place in Iraq and Syria (ISIS), Malaysia, Australia, and Croatia. While Topic B, on poverty and inequality, will address four equally significant human rights violations taking place in the India and Pakistan, Syria, Brazil, and Uganda. Therefore, before this session each delegate should be and will be demanded to think critically, and carry discussions that are both foundational and also specific to the series of human rights abuse case studies addressed.

Lastly, and most importantly, these two topics should not be taken separately or considered independent. Not only are human rights issues highly connected to one another, but these two topics in particular are structured in a way, to allow delegates the greatest idea in the field of human rights. Topic A, on the right to health, will educate delegates on the intricacies and human rights issues of traditionally marginalized communities. While Topic B, on poverty and equality, will provide a groundwork in the social, economic, and political constraints that promote discrimination and inequality. Thus, these two topics build upon and intentionally complement each other, so delegates should utilize the basic ideas presented in about to formulate the most effective and ample solutions.

History of the Committee

The human rights programming and organizational structure in the United Nations has come a long way since its initial founding. Originally beginning as a small division in the United Nations itself in the 1940s, it became the Centre for Human Rights in the 1980s, and later after a World Conference on Human Rights in 1993, the fully-fledged Office of the High Commissioner for Human Rights (OHCHR).[1] This increasing focus on human rights since the 1940s was also paralleled by human rights movement's overall growth and the adoption of the Universal Declaration of Human Rights in 1948.[2] The Deceleration revolutionized the concept of human rights and "for the first time in human history set out basic civil, political, economic, social and cultural rights that all human beings should enjoy."[3] The Universal Declaration then along with the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, creates the "International Bill of Human Rights."[4]

With these guidelines and mandates, a series of human rights bodies were then also established to specifically tackle the complexities of human rights issues around the world. The OHCHR is the organizational structure that provides these various bodies with "both substantive and secretariat support in discharging their duties."[5] Originally the task of solving human rights issues fell upon the United Nations Commission on Human Rights, formed in 1946, which worked in conjunction with the Economic and Social Council as the key intergovernmental human rights concerned body, until the creation of the United Nations Human Rights Council in 2006.[6] The United Nations Human Rights Council was created by resolution 60/251 and under its very first year of operation it adopted an "'Institution-building package' to guide its work and set up its procedures and mechanisms."[7] Furthermore, the United Nations Human Rights Council organizational makeup consists of 47 members: 13 from Africa, 13 from Asia, 6 from Eastern Europe, 8 from Latin America and the Caribbean, and 7 from Western Europe.[8] And to become a member of the Council, a country must receive an absolute majority vote in the United Nations General Assembly, and must work to "to uphold the highest standards in the promotion and protection of human rights" and to "fully cooperate with the

Council."[9]

The abilities of the United Nations Human Rights Council then primarily includes various mechanisms like the "Universal Periodic Review mechanism which serves to assess the human rights situations in all United Nations Member States, the Advisory Committee which serves as the Council's 'think tank' providing it with expertise and advice on thematic human rights issues and the Complaint Procedure which allows individuals and organizations to bring human rights violations to the attention of the Council."[10] The Human Rights Council also has the aptitude to work with the UN Special Procedures, which consists of "special rapporteurs, special representatives, independent experts and working groups that monitor, examine, advise and publicly report on thematic issues or human rights situations in specific countries."[11] The United Nations Human Right Council also works closely and extensively with the General Assembly, and can make recommendations to the General Assembly for the further inaction or development of international law concerning human rights.[12] Thus the United Nations Human Rights Council represents the most recent advancement in the quest to create a more strategic approach to handling human rights issues around the world.[13] It works to ensure that all people understand their rights, have the same rights, and can use those said rights effectively.[14] Its provides an agency to evaluate governments and nations on their performances concerning the protection of the rights of their people, and ultimately it mission is to aid individuals and groups of people whose rights may be or are threatened, reduced, attacked, or eliminated.[15]

Structure and Modus Operandi of the Committee

This committee is centered on the idea that there are extensive and substantive human rights issues rooted in the structural foundations of today's societies that hinders the access and attainment of rights by a considerable amount of individuals. These two issues, which are prevalent to varying degrees in all countries around the world, require that the United Nations Human Rights Council formulate solutions that are extremely comprehensive and encompassing. It also requires that these solutions be aware of and address the numerous factors and other structures that may interplay or hold a relationship with these central issues. For this countries in the United Nations Human Rights Council will need to be educated on not only these issues in the context of their own countries but also for their certain bloc or group.

The debate will then require that nations carry a productive and continuous discussion on how to best solve these issues in a way that both creates a pathway to a permanent solution while at the same time adhering to the limitations present by each country to perform certain actions. Thus, due to the fact, that there will be many sides and aspects to the issue, the committee will rely heavily on a moderated caucus, with a running speaker's list that will be utilized in its absence. Since, delegates will also be required to carry extensive personal discussion with other nations to understand their points of view and contributions to the issues, un-moderated caucuses will also be a necessary tool used in this committee. Lastly, through this debate and widespread discussion, delegates should aim to articulate their ideas

and solutions, in a respectful and utmost professional way, so that they can ultimately create one significant and united resolution that best speaks to the complexities of these issues.

Topic A: The Right to Health

History and Discussion of the Problem

Introduction

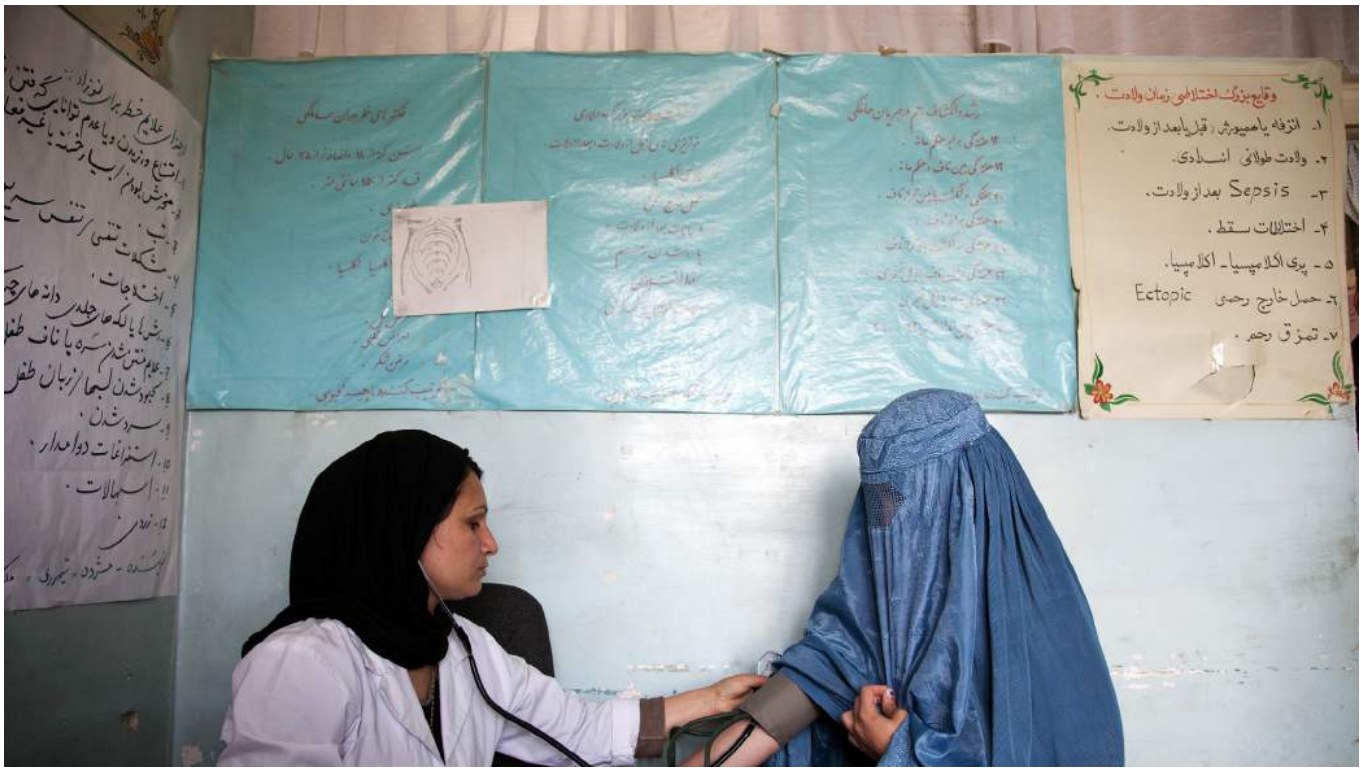
"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."[16] The human right to health, is at its most foundational level a mere embodiment of this chief principle. It is the belief that all individuals, regardless of who they are, should have access to suitable healthcare, which is efficient, acceptable, and affordable, and that the State and government must ultimately be responsible to generate the conditions where all people can be as healthy as possible through things like the availability of health services, safe working conditions, satisfactory housing, nutritive food, sanitation, and more.[17] And it is not simply just an idea limited to the confines of healthcare but instead integrates the much greater and more underlying determinants of health as well.[18]

The right to health, which at its basis is a fundamental human rights concept, also within itself holds guarantees for individuals to have certain freedoms and entitlements. Freedoms that include the right for individuals to be free from both non-consensual medical treatment like research or forced sterilization and torture like inhuman treatment.[19] And entitlements that ensure that an individual has access to an equal and unprejudiced system of health, which can provide essential medicines, treatment, maternal and reproductive health, education, information, and more.[20] However, this idea's materialization in the real world is considerably lacking. Even just in terms of the finances surrounding healthcare, about 100 million individuals descend below the poverty line every year due to healthcare and health-related expenditures.[21] This is especially alarming considering that multiple international and regional human rights treaties and national constitutions on this topic have been ratified by virtually every nation, but are still not followed through or addressed properly to the extent that they should be.[22]

Central Elements and Core Content

To first comprehend the right to health in the context of the world today, however, an understanding of its makeup is utmost necessary. The right to health, which as mentioned before incorporated both healthcare and underlying determinants, is organized by four central elements: availability, accessibility, acceptability, and quality.[23] The first, which is, availability, is defined by the property that "functioning public health and health-care facilities, goods and services, must be available in sufficient quantity within a State."[24] While the next, accessibility, discusses the need for material and non-material barriers to be absent, since the health facilities, goods, and services much be accessible for everyone.[25] Accessibility then broken down even further has four dimensions to ensure the absence of these barriers: "non-discrimination, physical accessibility, economical accessibility (affordability), and information accessibility."[26] Acceptability, on the other hand, dictates that these goods and services be gender-sensitive, medically ethical, and culturally appropriate and aware.[27] While, good quality simple asks for medical and scientific appropriateness, such as trained health professionals, unexpired drugs, sanitized devices, approved procedures, relevant operations, and more.[28]

These four central elements, thus, come to define the framework for the right to health, by orga-



nizing the principles by which the healthcare facilities, goods, and services should be run. These goods and services, which these central elements guide, are then prioritized into a set of resources known as the core content. The core content requires an "essential primary health care, minimum essential and nutritious food, sanitation, safe and potable water, and essential drugs."[29] And it is by no means, the exhaustive list on services and goods that should be provided, but in a sense more so the bare minimum that the human right to health asks for.[30]

Obligations for the State

These central elements and core content, then, become the vital basis for defining the human right of health obligations for governments and the State. Most essentially, these obligations on States Parties can be summarized into three areas: respect, protect, and fulfill. The first obligation, respect, asks States to "simply not interfere with the enjoyment of the right to health."[31] In even simpler terms, this basically asks for States not to limit the central elements of health or health-related goods and services of individuals, regardless of who they are.[32] While respect then requires that States not restrict the right to health, the second obligation, protect, asks that the State ensure that third parties, non-state parties, and certain groups do not similarly interfere with this enjoyment of the right to health.[33] And lastly, the obligation of fulfill, asks States to not just be protectors, but to also enable the change needed to properly provide the right to health for all individuals, through positive actions like passing legislation or implementing programs.[34]

These core obligations, however also cannot be fully realized without the organization, application, and periodic review of a national public health strategy or plan of action.[35] For without doing so,

the health concerns of a population and especially of a marginalized community, cannot be entirely addressed or monitored. This is better known as the principle of progressive realization, in which States must and "should take deliberate, concrete and targeted steps forward, using the maximum available resources."[36] These resources, which are made up of both national and international entities, are, thus, especially important to recognize and utilize because it is what separates a States inability to obey with right to health obligations with its unwillingness.[37] Hence, every State and nation, regardless of where they are or what resources they have, has a capability and a national, international, and human obligation to provide the essential respect, protections, and fulfillments that grant every human the right to health.

Connections to Other Human Rights and International Law

According to the United Nations High Commissioner for Human Rights, "human rights are interdependent, indivisible, and interrelated.[38] Meaning that the loss or subjugation of one will often lead to the impairment and enjoyment of other human rights.[39] Specifically for the right to health, since it is so interconnected with other underlying determinants and health services, it depends on and contributes to a variety of other human rights as well such as "the rights to food, to water, to an adequate standard of living, to adequate housing, to freedom from discrimination, to privacy, to access to information, to participation, and the right to benefit from scientific progress and its applications."[40] The right to health is also interlinked with the idea of poverty, since physically and mentally healthy individuals have significantly higher chances to succeed, learn, gain employment, and take care of themselves and their families.[41] Thus the right to health, is not a foreign concept in the fight for human rights, but instead a central and most necessary component.

The right to health is also an integral and recognized part of overall international human rights law. Appearing in multiple documents such as the International Covenant on Economic, Social and Cultural Rights, Convention on the Elimination of All Forms of Discrimination against Women, Declaration of Alma-Ata, Constitution of South Africa, and the Constitution of India, has made it a requirement that virtually all States and nations must adhere and pay attention to.[42] These conventions, treaties, and documents in international human rights law, have also been instrumental in defining and expanding upon the idea of health to create the concept it is today by incorporating components like the underlying determinants of health, mental health, and more.[43]

Common Misconceptions

Lastly, before the complexities of the right to health in accordance to the world stage can be understood, some common misconceptions surrounding the concept need to be finalized. First and foremost, "the right to health is not the same as the right to be healthy."[44] Meaning that the government and Stage is not obliged to guarantee every individual "good health," since that is influenced by a variety of biological, socio-economical, and environmental factors that are outside the control of the State.[45] Instead it is required to simply provide the services and goods that allow individuals to achieve the "highest attainable standard of physical and mental health."[46] Second, though the right to health is founded on a belief in long-term solutions such as programmatic goals, it does not mean that the State cannot take immediate action.[47] Creating plans of action, ending non-discriminatory practices, enacting legislation, expanding coverage, and more, are all extremely short-term actions that States can take, that will have immediate effect and long-lasting impact.[48] Hence, the idea that right to health is something whose

effects can only be seen after long periods of time or way into the future is untrue. Lastly, no lack of resources or monetary funds is an excuse for a State not to enact or take an action in favor of the right to health. Even though, the context of the State and availability of resources, should be taken into account, States have the obligation to maximize and make the most out of whatever resources they have.[49] And as previously stated, many actions that can be taken in regards to the right to health can be taken and make significant impacts, even without available funding, such as by ending non-discriminatory practices, setting national guidelines, creating partnerships, and more.[50]

Current Situation

Social Determinants and Marginalized Communities

As previously discussed, governments and States can effectively ensure the health of individuals by not only providing healthcare resources or strengthening the health system, but by also addressing the social or underlying determinants of health. The most interrelated social determinants to a person's overall wellbeing that States can concentrate their efforts on include early childhood development,

employment and working conditions, education, food security, and housing.[51] By also then promoting effective and efficient services that tackle these social determinants to all individuals of society, States can not only guarantee the human right to health, but also create a more content, stable, and operative nation in general. However, the access, availability, and quality of health offered to people is also inherently linked to a series of other factors like income, gender, race, and more.[52] These factors, in the context of the right to health, are even more important when considering that they are also interconnected to these underlying determinants of health, such as the sanitation, education, and overall resources that individuals have.[53] Hence, to be able to tackle issues related to the right to health, the discrimination and plight of marginalized communities is one of the, if not the, most decisive instrument by which the right to health can be safeguarded for all.

The right to health, like other human rights concepts is also ultimately a mechanism for ensuring equality, reducing discrimination, and empowering marginalized communities. Discrimination defined as "any distinction, exclusion, or restriction made on the basis of various grounds which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise of human rights and fundamental structural inequalities in society," is very closely associated with the marginalization of various population groups in society. [54] And these marginalized communities and populations are in most cases the people that have the least access to healthcare, health services, goods, and other social determinants of health.[55] Not also surprisingly, continuously discriminated and marginalized groups also "often bear a disproportionate share of health problems," and the impact of discrimination can regularly be compounded when an individual is ostracized based on multiple different features or bases."[56] This can make life as a member of a prejudiced person particularly difficult, especially since they not only have trouble gaining access to the resources to achieve a healthy life, but also are frequently denied or not offered services that they specially require, like reproductive health services.[57] Thus, to successfully ensure that States build a human right to health policy that is both properly operational and non-discriminatory, the necessities and rights of marginalized communities needs to be discussed, enforced, and protected, especially since their fundamental claim to human rights and health are the most common and persistently denied around the world today.

This report, will accordingly then discuss the following social spheres of discrimination: gender and sexuality, race, ethnicity, and immigration, age and disability, and poverty. And while these categories do not cover all the possibilities of groups who are discriminated or held back from the right to health, it does showcase some of the most significant and relevant instances of prejudice present in the globe today.

Gender and Sexuality

The first and one of the most substantial barriers to health is through discrimination on gender and sexuality. Gender-based discrimination, is overwhelmingly targeted towards females or those who identify as female. In fact, even though women are affected by many of the same health conditions like men, they experience them much differently due to the "prevalence of poverty and economic dependence among women, their experience of violence, gender bias in the health system and society at large, discrimination on the grounds of race or other factors, the limited power many women have over their sexual and reproductive lives and their lack of influence in decision-making."[58] The effects of such discrimination are even more evident considering that girls are much more likely to suffer sexual abuse and violence compared to men, or that in low- and

middle-income countries, more than 60% of the individuals infected with HIV were women.[59] Girls and women are also twice as likely to get an HIV infection compared to men, and due to poor nutrition where they do not receive enough iron, more than one third of girls in numerous countries are anemic.[60] Upwards of 35% of women worldwide have also experienced either intimate partner violence or non-partner sexual violence, and women, in general, have also been shown to be more susceptible and have higher rates of depression and anxiety compared to men.[61] This disease burden, is even pronounced in more developing countries where women often have less rights and resources, such as how for example more than 90% of cervical cancer deaths and 99% of death due to complications in pregnancy and childbirth occurs in low- and middle-income countries.[62]

In an effort to tackle these unique problems hindering women to their right to health, States should ensure that women first and foremost have the same essential rights, access, freedoms, as their male counterparts.[63] They should also guarantee that women have appropriate and adequate access to services related to pregnancy, childbirth, prenatal care, postnatal care, family planning, and emergency obstetric care.[64] Women's sexual and reproductive health is also just as equally as important to a women's right to health, and thus States should enable women with the control to "decide freely and

responsibly on matters related to their sexuality, including their sexual and reproductive health, free from coercion, lack of information, discrimination and violence."[65] Lastly, to further engage women in society and to address the underlying determinants of health, programs and legislation should be enacted by the State to empower women, increase their representation in society, and their abilities to gain resources like education or meaningful employment.

Sexuality is another significant indicator and hindrance to health, with the most affected populations being those individuals who identify as lesbian, gay, bisexual, or transgender (LGBT). Though there is still a considerable lack of data on the global health of LGBT populations, the data that has been collected points to LGBT populations facing substantial barriers and poorer health outcomes than the general population.[66] Some of the most significant challenges detracting from the health of population include a significantly "higher prevalence of HIV/AIDS, institutionalized prejudice, social exclusion, and anti-homosexual hatred and violence."[67] For transgender individuals, who self-identity as another gender than the sex assigned to them at birth, access to health services and resources can be even more difficult. Not only do they like other LGBT individuals have to face widespread stigmatization and ignorance in mainstream society, but often even health systems do not understand the different gender identities or their reasoning for undergoing various medical procedures, which can lead to excessively high rates of mental health illnesses like depression.[68] Furthermore, procedures involving gender reassignment therapy for transgender individuals such as hormone replacement therapy and sex reassignment surgery, are commonly unavailable, inaccessible, criticized, and not understood.[69] And in some cases, to receive this sex reassignment surgery, transgender individuals must be sterilized, which is not only unethical and humiliating but also extremely detrimental to the wellbeing of individuals within this population. Overall, the differences in sexual and gender identity of LGBT populations most commonly results in alarmingly inhumane treatment and behavior from society, in which their health is not only reduced but also at times compromised due to physical attacks, assaults, torture, and even at times, murder.[70]

Similarly to the methods discussed with tackling gender-based discrimination and inaccessibility to health, states can take comparable approaches to confront the issues facing the LGBT community. Like before one possible method that states can undertake is to ensure that these individuals have the same access, representation, and rights as any other member of society, as even not affording the same privileges as other members can hold detrimental results for their health.[71] For nations that have laws against or criminalizing consensual same-sex relationships or LGBT individuals, it may also be advisable to remove them entirely. For this illegalization can raise the disease burden on this community through things like increased HIV infection, since it prevents these individuals from seeking help, getting access to resources, and getting the information that they require.[72] Hence, equal rights, freedoms, and protections for this group are utterly and undeniably essential, and should already be in place based on the international treaties and laws in effect today.[73] States may also find it beneficial to remove barriers and inhumane treatment that may prevent people like transgender individuals from accessing the health services they may need to live a healthy, productive, and happy life.[74] And lastly, curricula and health standards could also be put into place in each health system, so that health care professionals can be trained and knowledgeable about gender and sexual identity issues.[75]

Case Study: Victims of Sexual Violence and Slavery from ISIS

The Islamic State of Iraq and Syria (ISIS) has led and executed some of the worst and most horrific human rights violations since its founding. In 2014, as their gains in the Middle East grew, ISIS took thousands of local Yezidi civilians, a Kurdish religious community, and other Iraqi families into custody.[76] From there ISIS fighters separated young girls and woman from their families and moved them around to different locations in Iraq and Syria, essentially as "spoils of war".[77] Yezidi girls and women, were systemically raped, assaulted, abused, and forced into sexual slavery and marriages by ISIS forces.[78] These acts, clearly a crime against humanity, however, represent an even more complex and heartbreaking situation, where victims even upon their escape or release, are left with horrendous mental and physical scars.[79] These woman, girls, and sometimes even boys, who end up fleeing into places like the Iraqi Kurdistan, require and deserve special resources, procedures, and services to allow them to truly heal, rebuild their lives, and achieve a healthy state of being.[80] Along with traditional medical care, which should focus heavily on sexually transmitted infections and pregnancy, psychosocial support to help with victims with their trauma, stress, and other mental health issues is also a necessity.[81] For these services to be effective, utilized, and accessible, however, victims need to not feel stigmatized or separated from the society they return to.[82] Hence, the State and especially local leaders, should themselves encourage and enact statements, endorsing these health services like counselling. Comprehensive plans and adjustments to the existing set of healthcare resources, should also be outlined, so that they can address

both the care of these victims and the procedures on how to handle pregnancies or unwanted children born from rape.[83] And these procedures should also bear in mind the rights and experiences of the victim at hand, and provide a clear and autonomous solution in line with both the best interest of the born child and the wishes of the victim.[84] Lastly, victims should be empowered to gain meaningful employment, receive an education, and participate in society, so that they can also have access to underlying determinants of health. Even if, the human rights of individuals are not protected within ISIS for the time being, other invested nations and surrounding communities, should take action to address the right to health of the victims from this terrible tragedy.

Case Study: Malaysia and Transgender Discrimination

In Malaysia, like many other countries around the world, LGBT individuals and same-sex relationships are banned and excessively scrutinized.[85] This past year, however, Malaysia's Sharia (Islamic law) court fined and jailed nine transgender women, based on the country's enormously prejudiced laws which outright bans any activities of male persons from posing as woman.[86] The women were arrested in a surprise raid, and these types of arrests represent an overall effort by the nation to continuously take transgender peoples to court simply for existing or being the way that they are.[87] Though, some progress has been made, since one of

Malaysia's state courts in 2014 ruled that the state's anti-cross-dressing laws violated fundamental constitutional rights, in the remainder of Malaysia's other states, these discriminatory laws are still potent.[88] By having these laws in place, Malaysia not only endangers the lives of LGBT and transgender individuals but also allows them to be perceived as criminals and subjected to hate crimes, attacks, degradation, and other forms of violence. This has proven to be detrimental to the health of the LGBT and transgender community, who not only undergo sexual assault and ill treatment by state and religious authorities, but also are stigmatized and discriminated when trying to access health resources and gain employment.[89] This type of compounded and systematic discrimination reduces the effectiveness of Malaysia's healthcare system and the general physical and mental health of a significant portion of Malaysia's citizens. As a member of the United Nations and subscriber to the Universal Deceleration of Human Rights, Malaysia should take significant steps to ensure the rights of the people living within its nation. This can be done by immediately ending discriminatory policies and laws, educating health professionals about transgender individuals, and passing legislation that protects transgender individuals from these harmful acts of prejudice and violence.[90] By just taking these simple measures, Malaysia not only benefits from a more productive and successful society, but also a healthier one, where every individual regardless of who they

are, can have the chance to live a productive, humane, and healthy life.

Race, Ethnicity, and Immigration

Race and ethnicity, are also other factors that are closely tied into the health access and lifestyle of an individual. Often, this factor is most significantly correlated to the health access of an individual if that person is a migrant or a minority in their said host country. Being a minority or migrant, has serious implications and limitations on the right to health, simply due to the discrimination, language and cultural barriers, and legal status that these individuals may have.[91] And a combination of all of these barriers together, regularly prevents racial and religious minorities from even feeling like they have the right to healthcare services.[92] This then along with the fact that racial or religious minorities also have less access to underlying determinants such as education systems and meaningful employment, makes their health disparity particularly substantial.[93] For example, when taking the example of the United States of America, it was found that African-American, American Indian, and Puerto Rican infants have a significantly higher death rate than white infants, African-American women were twice as more likely to die from cervical cancer and breast cancer than white women, and in general, ethnic minorities were found to have higher rates of diabetes, HIV infection, depression, hepatitis, syphilis, and more when compared to their white counterparts.[94]

These problems are then even more exuberated for undocumented or irregular migrants and for individuals who may be held in detention or holding centers, since the resources are even more limited.[95] Due to the fact, that many times these migrants are not often their own citizens, States often define the care they will provide to these individuals as only emergency health care.[96] This makes the situation on healthcare rights very tricky, as each nation can interpret and make their own conclusions about this concept.[97] Hence, one possible course of action to tackle this issue may be to make it so that regardless if the non-citizen is irregular or simply in the host country for employment, the state would still provide an adequate standard of physical and mental health services to these individuals.[98] And then also ultimately, would never attempt to deny or limit their access at any time to medical or health-related care.[99] Since, by preventing access to valid health services, States can actually incur more damages from under-reporting, and increased infection.[100]

States in order to promote and allow all races, ethnicities, and migrants to have the same opportunity for a healthy life, should make sure to address the inequalities and inequity that arise from being a member of these marginalized populations. As mentioned in other cases, addressing social determinants is one significant way, in which this can be done by taking actions like passing legislation that endorses safe working conditions, adequate pay, access to education, low-income support, and more.[101] Barriers in language or culture should also be addressed, by encouraging the use of translators in health facilities and training health staff on cultural awareness and inclusion, so that members of racial, ethnic, and religious minority communities are understood and not discriminated against when they do decide to seek help. For migrant workers or other non-citizen migrants, creating a clear pathway to citizenship and integration into society is also highly beneficial, and allowing them to have equal access to health services and goods is also a requirement, so that they are not abused or treated unjustly.[102] Of course, when considering this in the context of more resource-strained nations, providing for illegal immigrants may not be a viable option and so even if nations cannot cover them financially, they should at least take respectable measures to protect and allow them access to health services and care. Thus, while nations and States

should strengthen the overall health system, it is also just as important to remember that racial minorities and immigrants have special needs that must be taken into account, so that all individuals can the same right to health.

Case Study: Australia and the Treatment of Asylum Seekers

Australia has been repeatedly criticized for the way that it handles and treats asylum-seekers or people who claim to be refugees but whose cases are still being evaluated.[103] In 2015, reports investigating this situation in Australia, found a significant gap between Australia's human rights responsibilities and the actual treatment of these individuals.[104] Australia has and maintains a very restrictive and appalling immigration detention system, in which individuals are mandated to be held for extreme and indefinite time periods.[105] While it is understandable that Australia hold applicants for a period of time, keeping them in these sites for indefinite periods is inhumane and has been shown to "inflict serious psychological harm upon them."[106] Just in September 2013, there was a documented 6,579 people including 1,428 children in these facilities, and out of these, in just the period of one year there were a reported 846 incidents of self-harm stemming directly from the prolonged and indefinite detention type system Australia uses.[107] The health services offered in these facilities were also dismissal, creating even further strain on the mental and physical health of these individuals.[108] And since the nation, does not afford working rights to asylum-seekers on bridging visas, this is only further reduces their ability to lead

healthy lives as they have a higher chance of being forced into a state of poverty.[109] Australia should hence, make immediate changes to the way they handle asylum-seekers and the way they operate immigration detention facilities. The conditions and methods currently employed, violate considerable human rights treaties that Australia is obliged to follow, and creates a dire situation for the immigrants involved. By reducing the time spent in these facilities, and streamlining instead these immigrants integration in society through a clear transition policy from the detention center with work permits, great improvements to the right of health and of life in general can be made.[110] Adequate mental and physical health services should also be made available in these facilities, so that care can be provided for any psychological or emotional harm incurred while in them.[111] Though, these individuals may still be in the process of becoming valid citizens or refugees in Australia that does not give Australia or any other state, for that matter, the right to lock them up, treat them inhumanely, not provide them with resources, and overall just reduce their opportunity for a healthy life later on.

Age and Disability

Age is another important indicator that usually limits one's right to health. These barriers to health are especially relevant for younger aged people or children, since they face a multitude of complex health challenges during various stages of their physical and mental development.[112] Currently, most childhood deaths occurs because of few major cause around the world –"acute respiratory infections, diarrhea, measles, malaria and malnutrition," – and children face some of the worst HIV infection risks around the world due to the rates of mother-to-child transmission.[113] These maladies in total, have resulted in an enormously high amount of infant and child mortality and morbidity, especially in more developing countries.[114] And these problems have been even more pronounced for girls than boys, who often have reduced access to underlying determinants of health or various treatments, and also face higher rates of forced medical procedures like female genital mutilation.[115] Hence, governments and health professionals need to ensure, likewise, to other vulnerable groups that children and adolescents are not subjected to any discriminatory practices.[116] And that their rights are held to same amount of importance as other groups, through the equal access to care, treatment, drugs, nutrition, safe environments, and other physical and mental health services.[117]

There are approximately more than 650 million people living with disabilities around the world, with two thirds of them residing in developing countries.[118] Though, they make up such a significant part of the population, they are some of the most marginalized and neglected groups in society.[119] Often viewed as objects of charity instead of subjects wielding human rights, there right to health has also regularly been compromised.[120] Similarly, to children and other marginalized groups, the rights of the disabled are also very closely connected the policies in place, and thus discriminatory policies which limit "individual autonomy, participation and social inclusion, respect for different, accessibility, and equality of opportunity," all work against helping those who are disabled achieve the best livelihood possible.[121] Different types of disabilities can also each create different sets of issues for the individual when they try to access healthcare services. Such as a physical disability may prevent individuals from actually going to healthcare facilities, especially if they reside in slums, rural areas, suburban settings, or inaccessible areas.[122] While psychosocial disabilities, may not be understood or handled properly, and the medical care for them could be too expensive or unaffordable.[123] When getting treatment, medical practitioners may also instead of respecting the

rights of the disabled individual simply enforce or conduct a treatment without their approval.[124] Lastly, disabled persons are also disproportionately affected by violence and are often the "victims of physical, sexual, psychological and emotional abuse, neglect, financial exploitation," and forced medical interventions like sterilizations.[125]

Thus, adequate and updated policies, programs, and laws need to be enacted in every nation to help support disabled persons. Anti-discrimination laws for disabled persons should be endorsed to promote and protect the rights of these individuals. And healthcare systems and facilities should be updated and organized with the physical and psychosocial needs of disabled persons in mind. Instead of forcing them to stay or live in shelters or special homes, policies that promote the independence of disabled persons would also be highly valuable to the State, and the costs of certain procedures or treatments that disabled persons may require should be at least partially subsidized by the State so that the price can be manageable.[126] Finally, and most importantly, disabled people should be protected and ultimately supported so that they can also lead productive and integrated lives in society, and stigma against them should be reduced so that they like everyone else, can receive the same quality of healthcare and services.[127]

Case Study: The Need for Disability Rights Reform in Croatia

Though most countries in the European Union, generally have strong rights for people with disabilities, in 2015, a report by the UN Committee on the Rights of Persons with Disabilities found the situation of disabled peoples in Croatia to be otherwise.[128] Croatia, which does have some laws in place, still seriously lacks behind in legislation that not only reflects a human rights model, but one that also protects the rights of people with disabilities.[129] Disabled persons in Croatia have a considerably lower chances of eventually moving out of residential institutions or reintegrating back in society, since "private institutions, wards for long-term care in psychiatric institutions, and foster homes for adults from those efforts," are not required to have deinstitutionalization plans.[130] And due to the lack of legal protection for these said individuals, thousands of disabled persons were forced, sometimes against their consent, to remain in segregated institutions.[131] This has also spurred a "high rate of child abandonment and institutionalization of children with disabilities," in Croatia, and a situation where people with intellectual and psychosocial disabilities are denied legal capacity or "the right to make decisions about basic rights, such as to marry and form a family, to sign an employment contract, or to hold property."[132] This guardianship regime that Croatia, thus currently employs on disabled persons is extremely demeaning, and has also allowed the frequent use of involuntary treatment, restraint measures, and degrading procedures on these said individuals.[133] The country's current Mental Health Law, also reduces the rights of disabled individuals since if a person is deemed to be not capable of giving their consent, their treatment or procedures like sterilizations can be given to them based on the best interests of others.[134] All of these factors together, have led to multiple instances in the past few years where there has been numerous documented cases of abuse like prolonged detention without consent, forced treatment, lengthy seclusion, and the utilization of physical and chemical restraints.[135] These policies and actions have, thus, significantly reduced the physical and mental health, and overall right to health of disabled persons. Croatia, hence, to oblige to the international treaties it has agreed to, should institute reform on their policies and laws concerning disabled persons. This includes requiring deinstitutionalization plans for all institutions where disabled persons may be held, passing legislation on the rights of disabled persons, mandating informed

consent on all procedures performed, and modifications on the guardianship regime and Mental Health Law to allow greater autonomy to disabled persons.[136] Only through, an integrated response, where the human rights of disabled persons are thus instituted, protected, and empowered can these individuals even began to enjoy the right to lead physically and mentally healthy lives.

Poverty and Health Rights

Lastly, one of the most overarching factors that compounds the health inaccessibility of marginalized communities is poverty. Peoples living in poverty have one of the highest and most substantial associations to the deprivation and absence of key human attributes like health.[137] And a significant portion of the lack of health from poverty comes from its undermining of social determinants of health, since "it forces people to live in environments that make them sick, without decent shelter, clean water or adequate sanitation."[138] Individuals living in poverty are also "less well nourished, have less information and are less able to access healthcare," in general.[139] This along with poverty's compounding effects, makes ostracized minority communities like disabled, LGBT, or immigrants face even higher rates of poverty and lower socioeconomic status than other majority groups.[140] Health and illness are also conversely related to poverty, as "illness can reduce household savings, lower learning ability, reduce productivity, and lead to a diminished quality of life, thereby perpetuating or even increasing poverty."[141] Hence, poverty becomes one of the strongest and most weighty drivers in health inequality and inaccessibility around the world, as the poorest of the poor, no matter where they live, consistently have the worst health.[142]

Combatting poverty's relationship to inad-

equate health, is in some ways, a much more complex challenge, since it is so intertwined with other marginalized communities. It requires much broader strengthening of both the health system and specific interventions that target these underlying determinants of health. Though, the issues may vary from country to country, promoting equality and equitable access especially for discriminated members currently living in poverty is a huge step.[143] This not only increase their chances of success in society, but also provides them with laws and protection that aid them in gaining access to education, employment, and other resources. Low-income protection or support programs, which provide individuals, who are under a certain income threshold, with free or subsidized health services, monetary resources, or nutritious food, have also been proven to be exceptionally effective.[144] Public and fair housing initiatives, sanitation development, and overall expansion of infrastructure, especially in concentrated areas of poverty like slums, are other programs which can directly tackle the lack of social resources that the poor have.[145] To, thus, be able to grant poorer individuals and people living in poverty, the same right to health and healthy living as other wealthier individuals, concentrating on accessibility and the social determinants is not only essential but key.

State Action, Policy, and Law

All of these recommendations, complications, and varying issues stemming from each marginalized group, may appear to be too overwhelming or disconnected to come up with a single unified policy for States that addresses this right to health. And the fact that the right to health is also just on its own a very complex concept, that requires States to address a large number of problems at once, does not make it any easier to tackle. However, one only needs to bear in mind, that the essentials that define the right to health (availability, accessibility, acceptability, and quality) and the obligations of the state (respect, protect, and fulfill) are the fundamentals that any policy or proposal for action should aim to address. So in each situation, when a State does build a comprehensive program according to the right to health, they only need to apply these core values and obligations to their current situation, and devise specific interventions that help them achieve them all.

Laws and legislation are, thus, an indispensable tool for expanding these rights to health for everything and for reaching these obligations required from the State. As mentioned before, the most fundamental legislation that any nation can enact towards the right to health, is anti-discrimination policies which grant and protect the rights of everyone, and specifically marginalized communities.[146] Even the making and execution of these simple and inexpensive laws, can have a profound effect on society and discriminated groups, for it creates a major shift in human society where others start to recognize, respect, and appreciate one another.[147] A shift that carries long-term benefits not only for nations, but also greatly broadens the access to healthcare facilities, resources, and underlying determinants to marginalized communities.[148] Legislation, hence, sets the foundation from which States, depending on what resources they have, can expand on other programs that combat health inequality and promote the right to health for all.

So although, States may each face different circumstances and issues, at the end of the day they all have an unavoidable responsibility as a rational and humane institution to achieve the full realization of these rights through any appropriate means possible.[149] Therefore, passing legislation that grants things like contraceptive rights to women, protection for LGBT individuals, or greater autonomy to the disabled, is not something that should run counter to the policies or laws of any stable, functioning, and coherent nation. For limiting the rights to certain

individuals or believing they don't exist is not a protection of any society, civil liberties, religion, or governmental system, but an inhumane and irrational prejudice and human rights violation instead.

Support from Third Parties

As States then, craft these right to health based policies, programs, and legislation, they should also look to third parties for further support and cooperation. For United Nations bodies in particular, States can gain backing from groups like the World Bank, the International Monetary Fund, or United Nations specialized agencies, who are all willing to collaborate with State parties to implement all of these rights at their national levels.[150] Subsequently, on the other hand, United Nations bodies, can also hold or limit funding and support from nations until these rights or programs be implemented or considered.

The private sector and local businesses, especially those involved in healthcare or pharmaceutical products, can also provide another avenue for collaboration or the implementation of these rights for States.[151] For through them, States can build supply chains, increase healthcare access, and make

treatments and medicine more affordable. However, at other end, they can also prove to be a barrier to making healthcare more affordable or accessible, by keeping prices of medicine for things like HIV/AIDS treatment, unreasonably high.[152] And can also indirectly effect the health of others, by polluting the environment or creating a hazardous environment for individuals to reside in.[153] To combat these type of infringements on people's right to health, then States should take a variety of measures to institute reform, though they can be a bit tricky. This once again, can be done primarily through legislation, in which States can require businesses within their nation to be held to certain standards that protect the health rights of the individuals residing within the country.[154] They can also work with other international bodies and agencies to be able to negotiate with companies over their pricing of pharmaceuticals or drugs, so that they can be accessible and affordable. And in some rare cases, if the resources and legal allowance is available, simply produce their own affordable pharmaceuticals or medicines. Ultimately, third parties and the private sector afford a valuable opportunity for initiating and providing healthcare, however, they at times also need to be held to principles or certain social responsibilities so that the right to health of others can be protected.

Accountability and Evaluation

Mechanisms of accountability and evaluation, are the last and one of the most crucial final steps needed in getting States to follow their obligations to the rights of health. "Accountability compels a State to explain what it is doing and why and how it is moving, as expeditiously and effectively as possible, towards the realization of the right to health for

all."[155] And although international human rights law may not have an exact formula to accomplish this, a variety of mechanisms can be utilized as long as they are accessible, transparent, and effective.[156] However, in all cases there should exist at least one domestic mechanism, since they can hold the State more quickly, easily, and effectively accountable than other regional or international mechanisms.[157]

The first set of domestic mechanisms are administrative, policy, and political mechanisms. Administrative and policy mechanisms focus on the development of a national health policy or strategy, and their link to participatory budgets, indicators, and expenditures.[158] Since, once a plan is crafted, agencies in the government can be assigned to monitor progress, health regulations, government budget use, and milestones of the national policy.[159] These agencies can also run impact assessments and collect indicators to see how well the program or plan is running or meeting demands.[160] On the other hand, political mechanisms such as democratic processes, mentoring by NGOs and civil society organizations can also be used in parallel to the administrative and policy mechanisms.[161] There methodology also similarly relies on indicators, impact assessments, budgetary analysis, and benchmarks to hold States accountable to their programs or plans in the right to health.[162]

Judicial mechanisms are the next set of domestic mechanisms that can run complementary to administrative, policy, and political ones.[163] They rely heavily on domestic laws, legislation, and the national legal system, and "provide remedies to individuals if their right to health is violated."[164] This mechanism is also especially powerful, because they can address violations on the right to health or human rights, based on international treaties that have been ratified by the State, and can provide a means of power to marginalized communities who would otherwise not have any.[165] For instance, the court system in Argentina ordered and allowed the State the ability to produce antiretroviral drugs against HIV/AIDS, to ensure that individuals always have access and could afford them.[166] Along with this judicial mechanism, national human rights institutions can also play a significant role in monitoring by recommending policy, advising the Government, handling complaints, carrying investigations, and ensuring the ratification of international human rights treaties.[167] However, the successful operation of these domestic monitoring mechanisms relies on their ability to unbiased, uncorrupted, and operational, which is not always the case.[168]

In these cases, it may also be effective to look for accountability at a regional or international level to hold the State to its obligations. Different regional judicial courts like the African Commission of Human and People's Rights or the Inter-American Commission on Human Rights, are the primary regional mechanisms by which regional accountability can be conducted.[169] On an international level, multilateral governing organizations like the United Nations treaty bodies can ensure accountability, by monitoring State compliance, conducting studies, and publishing evaluations and reports on their findings.[170] International judicial courts can also similar to other domestic and regional courts, receive complaints, launch investigations, and grant a voice to marginalized groups who are unable to receive one in their own State.[171] International financing organizations like The World Bank or The Global Fund to Fight AIDS, Tuberculosis and Malaria, can also hold State's accountable by incorporating human rights measurements and benchmarks as a criteria to receive funding or certain amounts of funding.[172] Thus, accountability and evaluation mechanisms are a very necessary pillar of any right to health plan, as it both monitors the State's promises and grants power to traditionally discriminated groups, whose human right to health is being ignored or abused.

Past Committee Actions

Though the United Nations Human Rights Council was formed relatively recently, it has been directly influenced by a slew of documents and actions stemming before its time. These actions have not only laid the groundwork for then the eventual creation of the Council, but they also played a dynamic component in establishing the human right to health.

The Universal Declaration of Human Rights

The Universal Declaration of Human Rights in 1948, was one of the first documents (besides the World Health Organization constitution) to formally mention the human right the health.[173] It not only set the foundation for this human right, but also the precedence from which, the right to health would be further defined and put into practice.[174] The mention of the right to health was made in Article 25 of the document, in which it is stated that, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."[175] From this passage, and various others, the Declaration connected health to human rights, and began the idea that the right to

health was a fundamental human right. This Declaration was also passed and adopted by the United Nations General Assembly, making it a mandatory obligation for all United Nations member states.[176]

International Convention on the Elimination of All Forms of Racial Discrimination

In 1965, the International Convention on the Elimination of All Forms of Racial Discrimination furthered the discussion on the right to health even more, by incorporating racial and ethnic discrimination.[177] In Article 5 of the document, with reference to Article 2 which stated that, "States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights," it was declared that individuals were required to have "the right to housing," "the right to education and training," and "the right to public health, medical care, social security and social services."[178] This treaty, also though ratified by a large number of countries around the world, particularly in Latin America and Europe, still has not been recognized in extensive parts of North America, Africa, and Asia.[179]

International Covenant on Economic, Social and Cultural Rights

Shortly after, then in 1966 the International Covenant on Economic, Social and Cultural Rights, extensively advanced this concept on the right to health by both broadening and specifying its horizons.[180] Article 12 of the document directly addressed the issue by affirming that: "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness."[181] This statement along with the relationships they made to other rights such as the right to food, housing, education, and more, also increasingly connected the right to health with the social determinants of health as well.[182] This Covenant is also signed and ratified by virtually every country in the world except for the United States of America and Cuba where it has not yet been ratified and a few where it has not been signed or ratified such as Saudi Arabia, Yemen, Malaysia, and more.[183]

Convention on the Elimination of All Forms of Discrimination Against Women

The Convention on the Elimination of All Forms of Discrimination Against Women, held in 1979, also spoke to the right of health in Article 12, where it was written that "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning. Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation."[184] And while a large majority of countries have also ratified this Convention, the United States of America has still only signed, and some countries like Somalia, Iran, or Sudan have yet to do either.[185]

Convention on the Rights of the Child

Following the Convention on the Elimination of All Forms of Discrimination Against Women, the next action to speak to the right to health came in 1989 with the Convention on the Rights of the Child.[186] Though there are multiple instances and mention to the rights of children in line with the right to health, one of most potent comes in Article 24 which in full covers that: "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (a) To diminish infant and child mortality; (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution; (d) To ensure appropriate pre-natal and post-natal health care for mothers; (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; (f) To develop preventive health care, guidance for parents and family planning education and services."[187] This treaty has been accepted and ratified by virtually every country in the world except for the United States of America and Somalia, who have signed the Convention but have not ratified.[188]

International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families

The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, came shortly then after in 1990, and made several claims involving the health rights of migrant workers to their working conditions. Of this, the most notable claim came in Article 43, which mentions the equal treatment of migrant workers with other State nationals, especially in terms of "access to social and health services, provided that the requirements for participation in the respective schemes are met."[189] The acceptance of this Convention has been less so than others, however, by only a few countries in both Latin America and Africa, while the rest of world has yet to sign or ratify the document.[190]

Convention on the Rights of Persons with Disabilities

Lastly, one of the most recent gatherings, which discussed the right to health has been the Convention on the Rights of Persons with Disabilities in 2006.[191] The Convention, goes into great detail like other conventions on the non-discrimination, autonomy, freedoms of disabled persons, and explicitly in Article 25 states that, "persons with disabilities have the right to equal access to the same standard of health care and health-care services as others, and States parties must take all appropriate measures to ensure that persons with disabilities have access to health services that are gender-sensitive, including health-related rehabilitation. Health care must be provided on the basis of free and informed consent."[192] This Convention, has also been signed and ratified by a majority of the world's States, however, there still exists several countries that have yet to ratify the document like the United States of America,

Ireland, Finland, and Sri Lanka.[193]

Central Questions

The right to health with its seemingly abstract ideas, and both broad and specific implications will require delegates to go beyond the surface to be able to craft a resolution that works. The concept encompassing the right to health will need to be defined and its components made explicit, for it only from the basis of this foundation that delegates will be able to tackle everything else. These integral parts and components will also have to be agreed upon within the bloc or group of other countries that delegates will be engaging with, since each country may choose to focus on different things. Hence, delegates should except to participate in a high-level of discussion from the beginning, in which ideas on what exactly defines the foundation to the right to health will be debated.

From this initial base, delegates should also be prepared to bring the State and its obligation to the right to health into the debate. And with these obligations, delegates will have to investigate how they will incorporate and address all the different major types of discrimination that happens for certain populations during their attempts to attain this right to health. The relationship between the components on the right to health, State obligations and the needs of these marginalized communities will have to be fully detailed and outlined, since without it no resolution on the right to health can be truly effective.

And lastly and in some cases most importantly, delegates will need to within the making of this resolution on the right to health, also state courses of action to each of the case studies mentioned. The situations in Iraq and Syria (ISIS), Malaysia, Australia, and Croatia, are current human rights violations occurring to individuals on the basis of their right to health, so it will be required that delegates take the time to formulate solutions for each of these cases. Four separate human rights issues occurring around the world may appear hard to manage and should result in great debate among members, but in reality they should also fit very closely within the components of any good right to health resolution. Since, any effective and operative right to health resolution will be able to use the fundamental basics of health, State obligations, and needs of marginalized communities to provide a series of measures that can be taken to address each of these grave situations.

Questions a Resolution Must Answer

- What defines the right to health? What does it mean? What components does it encompass? And why is it important?
- What defines a State's obligation to the right to health? Why should these obligations be required for the State? How will they be feasible? And how will they be monitored and enforced?
- Which population's right to health are most lacking or infringed upon? How will the needs of these marginalized communities be addressed? How do they tie in to the components of the right to health and the obligations of the State?
- How should the human right to health violations in Iraq and Syria be handled? Malaysia? Australia? Croatia?

Bloc Positions

The human right to health varies significantly between country to country, region to region, so it is somewhat impossible to group constituents perfectly together. Thus for the sake of recognizing the clearest distinctions, the blocs will be divided among

developed countries, or countries who typically have a significant amount of health infrastructure already in place, and developing countries, or countries who are usually still creating or developing their health infrastructure.

Developed Countries

Developed countries, overall do fairly well in their attempts to provide a right to health to their citizens. Not only do these countries have a strong health infrastructure, but they also usually have in place a substantial set of anti-discrimination policies to help protect marginalized communities within their nation. There has also been a gradual or overall positive trend in the rights enjoyed by marginalized communities in developed countries especially for the LGBT and racial minority populations. However, even with this health infrastructure and human rights policies in place, much work still remains to be done. Many countries have still not ratified a wide range of international human rights documents or incorporated them into their State policies, especially countries like the United States of America.

And although, the health infrastructure may be there, many individuals still face numerous challenges when attempting to use these services. This is particularly evident from the noteworthy amount of health disparities, existing between racial, ethnic, and religious minorities and majorities, the rich and the poor, immigrants and non-immigrants, LGBT and non-LGBT populations, and more. Since, these marginalized communities still in a majority of cases face lower rates of access to healthcare systems, affordable housing, nutritious food, educational systems, and more compared to their counterparts. There is also a question of affordability for developed countries, because although the health services may exist, many times they are too expensive for individuals to utilize. Hence, for more developed countries, a large amount of the issues lie with socioeconomic factors and the underlying determinants of health, as prejudiced communities in those regions still undergo discrimination and confront a wide-range of barriers, preventing them from getting the same right to health as other individuals.

Developing Countries

Developing countries, just because of often a lacking or currently growing health infrastructure struggle to in many cases provide all the health services that more developed countries may be able to offer to their citizens. However, in many cases their health services that they do offer, are much more financially affordable to members of their population compared to more developed countries. And though, the range of human rights policies, vary significantly, between country and country and are showing a positive increase in numerous countries, for many the human right policies for marginalized communities are still is very problematic. Such as in much of the developing world, women still are not granted adequate maternal health services, prenatal care, postnatal care, contraceptives, and more. And in some extreme cases, marginalized communities like LGBT populations or ethnic or religious minorities in certain regions are still highly prosecuted, believed to be non-existent, and systematically discriminated against. This is also unsettling considering, that although much work similarly to developed countries needs to be done on ratifying international human rights treaties, a majority of these countries have agreed to several of them.

Developing countries, however, are also afforded a unique opportunity. Since, these countries are still in the process of putting together their health systems or infrastructure, they can more easily alter the course of their health programs or make more structural changes early on. Thus, depending on the current situation of the State, developing countries can very early on create a combined approach to

the buildup of their health infrastructure that can work to resolve multiple problems at once. Such as by tying together the expansion of health infrastructure with both underlying determinants of health like sanitation systems and human right to health policies, they can greatly reduce unnecessary disease burdens and death, and vastly improve the lives of both their country's overall population and their marginalized communities.

Suggestions for Further Research

To further expand on the issues and topics raised in this paper, delegates should explore a wide range of sources. Probably the two most significant sites for further research on the right to health are the United Nations Human Rights Council and World Health Organization. Their publications and fact sheets issued on this concept provide a valuable source of information and data for delegates. Along with these organizations, other bodies like the Human Rights Watch and Amnesty International also have a variety of publications or reports on the right to health, which may prove interesting to delegates. And since, the right to health, as a topic is also relatively new, exploring news articles and scientific journal articles from journals like the Health and Human Rights Journal, will also be beneficial.

Delegates should also do further research on each of the four case studies and issues mentioned taking place in Iraq and Syria (ISIS), Malaysia, Australia, and Croatia. With a great knowledge on these specific human rights scenarios, delegates will be much better prepared to create connections between the situations with the general concept on the right to health. And they should also do independent searches on each of the marginalized groups like LGBT, especially if they do not fully understand the conditions or identities of these populations. Lastly, delegates should make sure to understand their specific country's position and human rights policies, so that they can make the most accurate representations and decisions while in committee.

Topic B: Poverty and Inequality

History and Discussion of the Problem

Introduction

Poverty, which can be most simply defined as economic deprivation or lack of income, is estimated to affect nearly 2.2 billion people or more than 15 percent of the worlds population, according to a recent study by the United Nations Development Programme (UNDP).[194] And while, there are a vast amount of measurements available to define this occurrence of poverty, such as the World Bank's $1.25 a day classification, there is considerably much more involved than simply a lack of economic resources.[195] Instead, the state of poverty significantly hinders the full enjoyment of human rights, with a lack of access to basic services and multifaceted exclusion, along with this central lack of income.[196] In some ways, no social phenomenon is as limiting and destructive to an individual's social and economic rights in education, health, housing, nutrition, and water, as poverty.[197] Furthermore, besides even these social and economic limitations, poverty also incorporates a political element, with individuals in poverty undergoing a severe deficiency of civil and political rights to fair trials, political participation, security, and access to the law.[198] The phenomena of poverty is also even more unique in the fact that it can act as a cause, a consequence, and a direct violation or constitutive of human rights violations, making examining poverty from more than just a development perspective so necessary, because it is inherently tied into the dignity and rights afforded to an individual.[199]

Human Rights-Based Approach to Poverty

Though, poverty is often seen as a tragedy or inevitable part of development, an application of human rights, invokes a very different perspective to the situation.[200] This is especially important, when one considers how in many cases, nameless economic or developmental forces are often blamed instead of specific bodies for suffering populations due to hunger, poor sanitation, ill-health, lack of education, economic deprivation, and more.[201] A human rights-based approach, thus, asks for a paradigm shift in how we view, discuss, and address poverty.[202] More specifically, it requires that individuals recognize the human actions, policy choices, and laws that influence and exacerbate poverty.[203] Hence, poverty becomes distinctly a violation of human rights and human rights issue when it is promoted by either the direct action or inaction by public bodies, private companies, or most importantly, governments.[204] This all fundamentally also leads to the idea of accountability. Since a human rights focus asks for accountability from governments and other actors for these consequent actions or inactions.[205] Thus, ultimately, shifting the focus away from poverty, as a vision of charity to one more so based on obligations and responsibilities. And instead of labeling people under poverty as objects of development, under a human rights spectrum their situation becomes an intolerable justice and not simply just a tragedy.[206]

Inequality and Discrimination

When analyzing the actions and inactions of States and other actors in the realm of poverty, one also sees another fundamental idea emerge around inequality and discrimination. Discrimination and poverty, like other human rights issues, are closely tied together in a complex cause and effect relationship, as discrimination, like previously discussed, can both lead to poverty and also be a consequence of it.[207] Inequality and discrimination, which is also directly linked to policies, laws, and unequal access to resources that governments may act or not act on, also holds a powerful relationship to marginalized communities.[208] It has been estimated "that more than two-thirds of extremely poor people in low-income countries and lower-middle income countries live in households where the head of household is from an ethnic minority group," or a marginalized member of the community.[209] This trend has also been observed with other traditionally discriminated groups like women, children, disabled persons, LGBT individuals, those living in rural areas, and more.[210] Hence, when approaching poverty from a human rights perspective, crucial issues and solutions are primarily associated with the inequality and discrimination within the system and society. And, so to combat poverty through human rights-based approach, one must focus on the protection of rights and removal of discrimination and inequality in multiple different dimensions.[211]

Defining Poverty

Poverty is a global issue, yet there are very little international standards or guidelines for measuring poverty.[212] To understand this idea and its application in situations all around the world, it is, hence, necessary to break down and define all the various terminology used around the concept of poverty. First, there is income poverty, or "when a family's income fails to meet a federally established threshold that differs across countries."[213] Income poverty, usually adjusted to the number of persons in a family, is used to "identify the families whose economic position…falls below some minimal acceptance level."[214] And though, the threshold varies from organization to organization, such as the previously before mentioned with the World Bank standard, the term of "extreme poverty" is most widely accepted to be for individuals living off less than $1 a day.[215]

Poverty is also divided between absolute pov-

erty and relative poverty. Absolute poverty "measures poverty in relation to the amount of money necessary to meet basic needs such as food, clothing, and shelter."[216] Absolute poverty, does not take into account the broader quality of life or inequality present in society, and, therefore, does not adjust for varying social, cultural, and political needs.[217] While, relative poverty, "defines poverty in relation to the economic status of other members of the society: people are poor if they fall below prevailing standards of living in a given societal context."[218] Therefore, relative poverty takes the inequality more into account than absolute poverty; however, both concepts still are largely focused on income and consumption, instead of more of the social factors, which a human rights-based approach to poverty is more concentrated on.[219]

To include variables like social exclusion then into poverty, the concept of relative poverty is developed further with three other relevant perspectives: income perspective, basic needs perspective, and capability perspective.[220] The income perspective, "indicates that a person is poor only if his or her income is below the country's poverty line (defined in terms of having income sufficient for a specified amount of food)."[221] While the basic needs perspective includes "the need for the provision by a community of the basic social services necessary to prevent individuals from falling into poverty."[222] And lastly, the capability perspective incorporates empowerment and signifies

that poverty is the lack of at least some basic capability to function.[223] All of these together ultimately seek to eradicate the popular economical idea that individuals are the sole cause for their rise and fall into poverty and instead asks for a consideration of all social, economic, and political characteristics of poverty when tackling the issue.[224] Therefore, even though poverty may be integrally tied to one's finances, by bringing together these varying characteristics and employing a human rights-based approach, one can more deeply understand the situation of individuals in poverty, especially in accordance to the inequality and discrimination they may face.

Cause, Consequence, and Constitutive

As previously mentioned, poverty in relation to human rights violations can be observed from three viewpoints: as a cause, a consequence and a constitutive. The argument of poverty as a cause suggests that those living in poverty are often mistreated as human beings and are discriminated against, marginalized, stigmatized, exploited, and given unequal access to resources and services.[225] While, the consequence argument states that direct violations of human rights are instead responsible for causing poverty.[226] Such as a forced evictions or denial of adequate housing, can lead to homelessness and subsequently, a state of poverty. Then, the constitutive argument, argues that the phenomena of extreme poverty itself is a violation of human rights, since it is unacceptable to allow any human being to live in such degrading conditions, where their physical, emotional, and psychological well-being is severely compromised.[227] These arguments all hold valid and powerful points, however as previously stated, poverty is a tremendously complex and multidimensional issue, and should not ever just be addressed according to one argument or perspective. Understandably, then, like other concepts surrounding poverty, the cause, consequence, and constitutive arguments should all be engaged together to fully comprehend human rights and its relationship to poverty.

Obligations to Poverty

With a human rights-based approach to the condition of poverty, one also arrives at a similar standard of obligations for public and private actors like other human rights issues. For poverty, these duties, primarily for the State, can be separated into positive (duties to assist) and negative duties (duties to refrain from abusing people's rights), and then even further into four chief responsibilities: duty to respect, duty to respect, duty to fulfill, and duty of non-discrimination.[228] The duty to respect is a "negative duty to do no harm," while the duty to protect "is a positive duty to prevent third parties, such as private corporations, from harming individuals."[229] The duty to fulfill, is then another "positive duty to take steps to implement policies and programs to improve the realization of human rights," while the duty of non-discrimination is both a positive and negative duty, requiring States not to take actions that have discriminatory effects or inaction that fails to prevent discrimination.[230] These duties and obligations to poverty, are also connected to multiple international human rights treaties, and do not require States or other actors to use financial resources they may not have. Instead, the focus of these obligations is for public and private actors to both not worsen poverty but also to take initiatives to reduce it by focusing on the human rights of the poor.

Challenges to Addressing Poverty

Poverty, like other human rights issues, contains within itself a wide-range of other relevant and vital human rights related concepts. Especially, due to its complex social, economic, and political characteristics and relationship to marginalized communities, the alleviation of poverty innately affects a slew of other human rights for an individual.[231] Such as,

for individuals facing extreme poverty, their access to the human right of health, education, adequate housing, and more is often compromised, making the concept of poverty even more intricate, since there are such a range of other human rights involved. [232] This complexity is also repeated when considering the range of actors who may also be responsible for conditions of poverty depending on the situation and level. Since, not only is the state responsible for its actions and inactions but so are private corporations, social institutions, and other public actors at local, regional, national, and international levels.[233] Lastly, poverty is also affected by a range of causes and determinants, which can be contested at ideological, empirical, and economic levels, making it very difficult to assign accountability and responsibility, for all the factors that may be fostering this condition.[234]

Current Situation

Social Characteristics: Integration, Shelter, and Education

Social characteristics, for the sake of this report, will encompass the social integration and ex-

clusion, access to adequate housing and shelter, and educational opportunities for those living in poverty. Along with these notions, they will also touch upon the effect of the environment and climate change on the world's poor.

Poverty has a profound effect on one's integration with the remainder of the society. Poverty is intrinsically isolating and socially exclusionary. It removes individuals from the rest of the public, in usually separate communities, neighborhoods, or slums, where they can longer participate as significantly in decision-making civil, social, and cultural life.[235] In fact, their economic participation, social participation, participation in culture, educational involvement, and political and civic participation are all hindered by their social exclusion from general society.[236] This social exclusion reduces the abilities of individuals in poverty, to integrate into society, and to partake in normal relationships and activities, that are available to the majority of others.[237] There is also a considerable level of stigma, associated with those near or in poverty, as it is often seen as their own doing or fault, which only further compounds their separation from the overall community.[238]

From this lack of social integration, it is also not surprising, that the poorest people have an unequal access to resources and services compared to the rest of the society.[239] This, inherently, results in individuals in poverty, having some of the most unstable, unpredictable or poor housing and living

conditions out of any other groups.[240] In fact, a study in the United Kingdom found that children living in poverty were twice as likely to reside in bad housing, compared to their peers.[241] And, this is, unfortunately, further compounded if those individuals are part of traditionally marginalized communities like ethnic minorities or members of the LGBT or disabled populations, who often face higher rates of homelessness and inadequate housing.[242] When looking into urban poverty, in particular, informal and perilous housing settlements like slums become extremely prevalent, with the World Bank predicting that around 1 billion people today or one-third of the urban population in developing countries now lives in slums.[243] Slums not only then perpetuate this idea of exclusion, but are also dangerous to individuals living in poverty, due to the lack of sanitation, housing, health, and overall infrastructure usually present in the informal settlements.[244]

This lack of proper infrastructure and housing also puts the poorest people, more at risk for a slew of natural disasters and environmental effects. Since, not only are they less protected from these natural forces, but also have fewer resources or attention dedicated to their own safety during these events.[245] And as the intensity of storms and other natural disasters increases or fluctuates due to climate change, those living in poverty will be the ones to suffer the most.[246] This trend of disproportionate damage to the poorest populations is also observed, when it comes to man-made environmental destruction, in which those living in poverty are often the first to be impaired by pollution, industrial waste, and other man-made calamities by public and private actors.[247]

And lastly, this lack of integration into society and limitation of resources also creates barriers for education access and services for those living in poverty. As they often have the most underfunded and under-resourced school systems around the world.[248] Taking the case of even developed countries like the United Kingdom again, it was found that at every single stage of education, children from poorer backgrounds lagged behind their peers.[249] These poorer students were on average nine months behind other children from wealthy backgrounds towards the beginning of their education, with the gap only increasing over time.[250] For more developing countries, the issues of children attendance to school is even more difficult due to the unavailability of schools, distance, existence of child labor, lack of supplies and other fundamental resources.[251]

Addressing the social characteristics of poverty are thus, remarkably multifaceted and large tasks. However, if one examines them through the human rights lens of inequality and discrimination, there can be some clear methods that can be employed to alleviate these issues. Some examples include making sure there is an equitable access to resources for the school system for both wealthier and poorer public school systems. Or legislation that protects those in poverty, and especially marginalized communities, from discrimination and other forms of injustice that may seclude them from the rest of the society. In all cases, nevertheless, to tackle the social characteristics of poverty, a human rights-based approach on equality and non-discrimination, is absolutely necessary.

Case Study: Heat Waves in India and Pakistan

In the summer of 2015, temperatures spiked on the South Asian subcontinent, following massive heat waves in the region.[252] Thousands of people in both India and Pakistan, in major cities like New Delhi and Karachi, died due to exhaustion, dehydration, and mostly heat-induced strokes.[253] In both nations, hospitals were overrun with patients and people were unable to get transported to receive medical care, particularly the elderly.[254] In India, the main issues were attributed to ill preparation for the

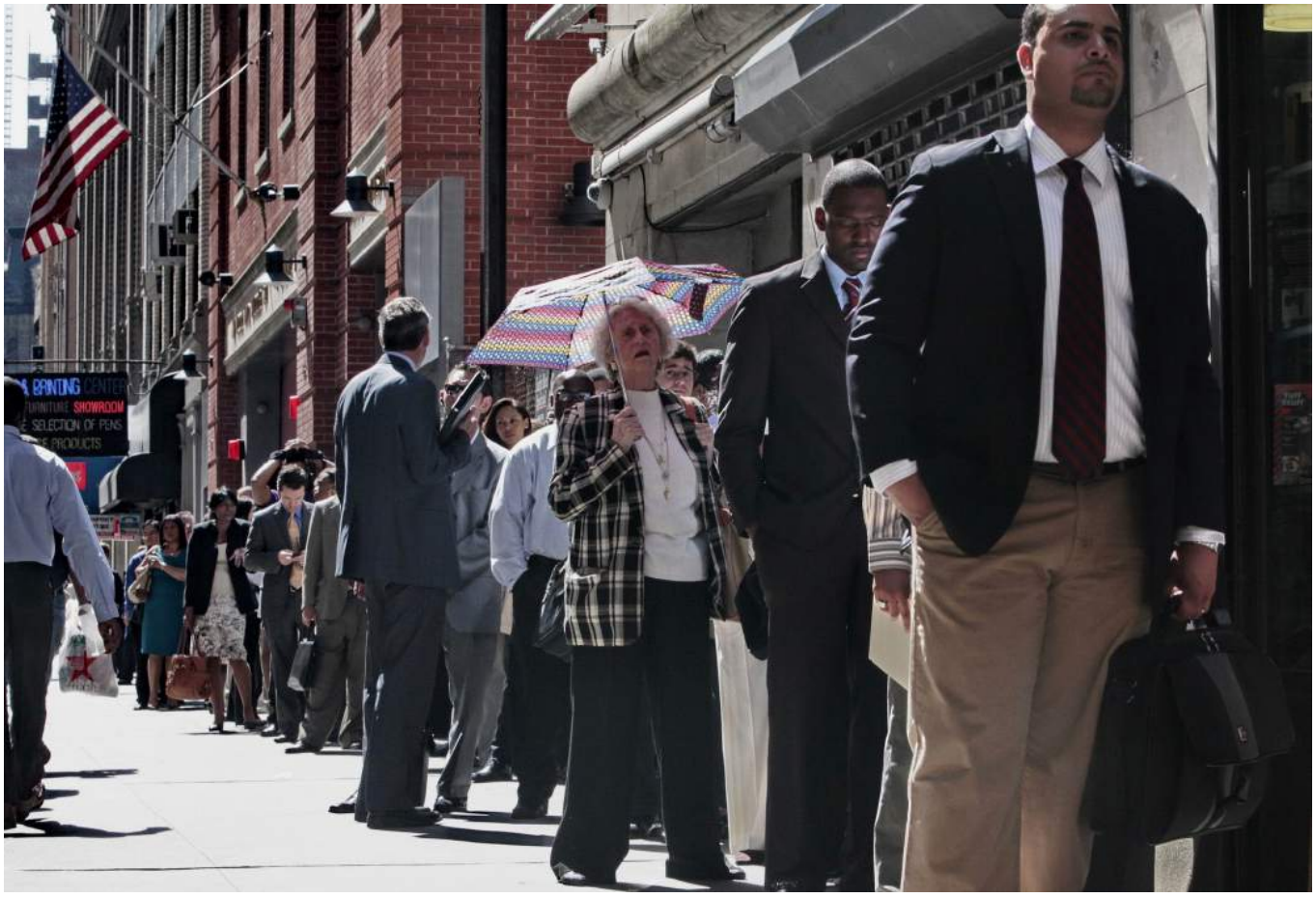
event and lack of action by the local government.[255] And in Pakistan, the power grid in the region faltered and there was a considerable lack and access to water, due to what many cited was a mismanagement of affairs in the local and national governments.[256] In both cases, however, these events disproportionately affected the poorest of society, who were still forced to labor or work during these heat conditions to earn livelihoods.[257] Or had less access to the power grid, generators, back-up water supplies, and better and quicker emergency medical care compared to the citizens in wealthier parts of the cities.[258] Accountability, in this case, thus becomes extremely important, since the action or inaction of the government and local actors, can be credited as a direct causation for the large majority of these deaths. And as the instances of these extreme weather phenomena increases, as scientist have predicted, more equal and accessible access to public services and goods to poor, will be upmost necessary.[259] Since they are often the least responsible for human-led climate change, but unfortunately, suffer the greatest casualties from it.[260]

Economic Characteristics: Hunger, Health, and Employment

Economic characteristics, which are often considered the primary focus of poverty, will revolve around the right to health, nutrition and food, and fair employment. They will also delve into issues of water access, urban development, agriculture, and more.

It is widely believed that the world produces enough food to be able to feed everyone in the world, however it is estimated that despite this availability, one in eight goes to bed hungry every night and that one in three children is underweight.[261] 98% of the world's undernourished are also in developing countries, with an even larger majority being traditionally marginalized communities.[262] Such as out of the people suffering from hunger, a much larger share are part of some ethnic, racial, or cultural minority group and more than 60% are women.[263] This issue of hunger mainly stems from people in poverty not being able to afford nutritious food, hence, making them even weaker and less able to earn a means by which they would be able to escape both hunger and consequently poverty.[264] This is also further enhanced by the malnourishment and the eventual stunted growth of the children, which can also reduce their abilities for the future and increasingly condemn them to a life in hunger and poverty.[265] Thus, the consistent hunger or malnourishment of individuals traps them within never-ending cycles of poverty, creating an extremely dire and hopeless situation.

The lack of hunger and nutrition is also then tied into the reduced health and well-being of the poorest people. Poverty most profoundly reduces the access that people have to vital and essential health services and goods.[266] This inaccessibility is due to a variety of reasons, with the most primary being un-



affordability, lack of information, and lack of voice.[267] Health also like hunger then becomes something that instigates poverty, since the ill-health of either an individual or a family member can force families to seek healthcare or health services that they cannot afford.[268] It can also result in them having to sell what little assets they may have, having to leave work, or stop attending school to take care of their ill family members.[269] For marginalized populations again like women, LGBT individuals, or disabled persons, specific health treatments or services like maternal healthcare may be denied or simply not available, further comprising their well-being.[270] And as previously discussed, the environment or housing of individuals may also influence the health of people in poverty, creating even further health issues for the poorest people.

Water quality and sanitation also influences the health of individuals, since they can promote the transmission of disease and illness.[271] In fact, almost 1.7 billion people lack access to clean water, and about 2.3 billion people suffering from preventable water-borne disease each year.[272] These water-borne diseases disproportionately affect the poorest individuals, where there is often the least amount of development and infrastructure for clean water and proper sanitation systems.[273]

From all of this, comes then one of the most significant issues of poverty – unemployment. Unemployment and underemployment, which are believed to be at the core of poverty, is often the only method by which the poor can actually improve their well-being and livelihoods, and is directly related to a vast number of other issues like hunger, health, education, housing, and more.[274] Employment and job creation strategies are, thus, essential for achieving both poverty reduction, and economic and social development.[275] However, for these employment measures to be effective it is also crucial that these jobs that are offered be non-discriminatory, secure, safe, and dependable, especially for marginalized groups like women and younger people.[276] And for these employment measures to be most effective, there should also needs to be a focus on education and skills-training for people in poverty, and accountability on public and private actors to provide fair pay and protections for individuals who may work or labor for them.[277]

The economic characteristics that plague poverty, thus, are all tied into the finances and assets that the poorest people often don't have. While tackling these issues, may require a more developmental approach, the reduction of these problems can also be aided with a human rights-based approach to poverty. Such as one possible action may be the legislative passing of non-discriminatory policies, which enhance the abilities of marginalized communities and the poorest people from not being victimized against in their job searches or employment. Or a requirement by the government to be more equitable in their building of water treatment and proper sanitation infrastructure and more active in reducing degrading labor practices through amendments or additions to the law. However, it is critical that even with the economic characteristics of poverty, the social ones still be considered alongside them, so that way the steps taken to tackle poverty can be even more powerful and integral.

Case Study: Syrian Child Refugees

The world is facing one of the largest and most catastrophic refugee crises since World War II, where an approximate 60 million people are displaced, with 4 million being from Syria alone.[278] About half of this total population is children, who as refugees having been escaping disastrous and deadly conflicts.[279] And even though international organizations like the World Food Program, have been trying to do all they can, there are severe funding shortfalls that are creating dire situations in access

to food, health, and education for these children.[280] Lack of employment and resources, is also resulting in massive waves of child labor, sex slavery, and child marriages.[281] And a few countries like Turkey, Lebanon, Greece, and more, who are currently the primary bearers of this burden, cannot continue to do so forever, as is evident from the mass refugee movements into Europe and other surrounding nations.[282] "Accepting, feeding, immunizing, resettling and helping this many people can be done only at an institutional level with worldwide organizations."[283] And though, obviously long-term solutions would include an end to the conflict and more stability in the region, more needs to be done from the international community to help protect the rights to food, water, and shelter of these people in need, since they cannot rely on their own State for aid.[284] Perhaps, the solution is funding from wealthier nations or more accountability from local and global institutions, however, one thing that is clear is that, the human rights of these children and refugees are being largely ignored. Thus, to prevent them from plummeting into cycles of poverty, the world as a community must come up with tangible solutions to reintegrate them back into society, protect them from discrimination, and to give them a voice so that their crisis can be recognized to a greater degree by the international community.

Political Characteristics: Political Access, Violence, and the Law

Along with social and economic characteristics of poverty, there is an innate political aspect that is not discussed enough among the international community. The political characteristics of poverty revolve around the lack of law and political access, and disproportionate amount of violence, that the poor often must face. These characteristics, since they are also political, are understandably influenced directly by the State and other public institutions like the police or other state protective forces.

People living in poverty, are some of the populations with the least amount of knowledge, understanding, and voice when it comes to the law and public institutions.[285] This not only stems from their lack of education but also from their overall social exclusion from the rest of the society, which distances them both physically and psychologically from central public institutions like the government.[286] Sometimes the poor, as part of other marginalized communities like women or LGBT individuals, may even themselves directly victimized by the law or unable to vote, making their political exclusion even more potent. Legal ownership and rights is another relevant issue of concern for the world's poor, as people in poverty in a majority of cases, are not aware what their rights are, do not have legal ownership of land or their children, and in some cases, are not even part of any legal registry that defines their citizenship to a particular country.[287] This lack of legal existence and rights also complicates further, the poor's access to educational systems, healthcare, and other social programs.[288] And most fundamen-

tally, also comes down to their prevalent inability to vote, run for office, or simply be part of the political process that would allow them to instigate change and have their voice heard.[289]

This lack of political access also then perpetuates a cycle of crime and violence, which has the capacity to entrap individuals in poverty through unemployment, instability, and danger.[290] In fact, "poverty and crime combined together leave people with two choices: either take part in criminal activities or try to find legal but quite limited sources of income - when there are any available at all."[291] It is of no surprise, then that the most crime and violence is often prevalent in areas of high poverty, where individuals also have the least amount of access to safety, education, food, safe water, healthcare, and more.[292] The most alarming characteristic of poverty and violence, however, is probably the excessive rate in which, people in poverty are killed, victimized, and incarcerated compared to the rest of the general public.[293] This like, in all of the cases discussed before, is also increased if that individual belongs to traditionally marginalized population, since inequalities and discrimination in the system have been shown to greatly expand rates of crime and violence.[294]

The politics of poverty are, thus, even more so than social and economic characteristics, connected with inequality and discrimination. Systematic subjugation and discrimination of populations reduces their abilities to participate or involve themselves within the political process. Rendering them not only incapable of having a voice but also alienating them from even realizing or recognizing their basic human rights. Anti-discriminatory policies and methods to increase political participation of people living in poverty are, hence, fundamental to any reform. Since, lack of political integration within society suppresses these individuals, creates cycles of violence, and ultimately prevents them from rising above the conditions imposed by poverty.

Case Study: The Favelas of Brazil

Favelas, known as informal urban settlements, are prominent and massive slums found in most major Brazilian cities.[295] Often surrounded or limited to certain portions of cities, they often grow both upward and outward, resembling large and unstable concrete agglomerations.[296] In Rio de Janeiro, they are often attributed to areas of high crime and squalor, however, much of the violence and injustice that takes place within the settlements is due to discrimination by state security forces like the police.[297] Residents can and have accounted to systematic killings by cops, in which people are executed just based on the suspicion of having ties to gangs or drug trafficking.[298] And more often than not, other residents and children are caught in the cross-fire that ensues, resulting in the deaths of innocent citizens, who have no way of getting justice or accountability from the government or police for the killings.[299] Even when residents in Favelas collect evidence, it is usually ignored, deleted, or restricted, and the cries of the local residents are silenced.[300] The media also turns a blind eye to these instances of violence and unnecessary force employed by the police and other forces, leaving the poor in Rio de Janeiro isolated without any political access or voice.[301] This inequality and discriminatory violence targeted towards the poor living in favelas, is a prime example of how the poorest individuals repeatedly get their rights, citizenship, and protection from the law disregarded.[302] Tackling crime and making the city safer for all is, of course, a major issue, however, in the accomplishment of that goal, the poor should not be mistreated, abused, and unheard.[303] The State should make sure their rights are protected and enforced just like anyone else, because to limit their inclusion and protection only further alienates them into a system separate from that of the rest of society.

Case Study: Uganda and the Lack of LGBT Protections

Uganda, like a large number of other countries, prohibits homosexuality, creating a hostile environment for anyone in the LGBT community.[304] In recent years, however, the country has taken an even more hostile approach by repeatedly attempting to pass legislation that not only outlawed homosexuality, but also "compelled citizens to report suspected homosexual activity to the police, triggering increased levels of prejudice, violence and discrimination against the gay community."[305] This criminalization of a whole population, based simply on who they are or who they love, is both destructive and unethical. It limits the political access and protection of the LGBT population, and has allowed them to be jailed, attacked, and killed without any repercussions to the instigators.[306] This lack of protections for a population, does not deter crime or promote stability in a nation, but instead creates volatility. It limits and brings members of the LGBT population into poverty, due to their inability to attain employment, access social services, and be socially included into the remainder of society.[307] No State can believe, that purposely promoting acts of violence against another group is beneficial, because instead it only results in hindering the economic, social, and intellectual growth within that nation.[308] Inequality and discrimination instigate violence and eventual cycles of poverty. States, instead of preventing citizens from living

healthy, safe, and inclusive lives, should do their best to protect and integrate them into the greater social, economic, and political schemes of society.

Actions to Alleviate Poverty

To invoke a human rights-based approach to reducing poverty, inequality needs to be addressed and at the heart of any action taken. Discrimination in societies should be dismantled and development strategies should be "designed to reach and benefit the most marginalized, excluded and in need populations."[309] These actions also include "addressing the urgent social needs of such populations as well as assessing difficulties that marginalized and excluded groups experience in enjoying," social, economic and political rights, and then "taking the necessary steps to address these difficulties."[310]

Discrimination in poverty is also heavily documented and overwhelmingly evident in both developing and developed countries. There have been cases where access to water and sanitation have been limited and based on race and ethnicity, such as with "indigenous peoples in Costa Rica and Rwanda; Dalits in Bangladesh; Roma in Slovenia and Portugal; and poor communities of Korean descent in Japan."[311] And in the United States, "racial, ethnic, and national minorities, especially Latino and African American persons, are disproportionately concentrated in poor residential areas characterized by sub-standard housing conditions, limited em-

ployment opportunities, inadequate access to health care facilities, under-resourced schools, and high exposure to crime and violence."[312] Thus, in whatever, actions that States take to reduce poverty, emphasis on equality and non-discrimination is key. Economic development doesn't always automatically lift individuals out of cycles of poverty; instead, direct actions are required to address the unequal and discriminatory social, economic, and political characteristics that the poorest individuals face.

Ending Discrimination in Development and Aid

States, therefore, have a clearly defined obligation to end discrimination in policies, laws, and legislation in both direct and indirect ways.[313] And these obligations must be taken up to combat inequalities by private actors, the government, and other public actors.[314] States, thus, must end discrimination when it comes to development assistance, because failure in doing so, results in unequal outcomes of development and varying performance, which undermines the central purpose of poverty alleviation programs in the first place.[315] Such as, even in terms of access to education, State inaction to address discrimination in newly developed schools results in "migrant children, children from rural areas, ethnic or religious minorities, internally displaced and refugee children, indigenous children, and low-caste children," being unable to gain the access to education that their richer or more socially integrated peers enjoy.[316] This accountability for aid is also not only the responsibility of the government, but also donors and other institutions that provide aid.[317] Since they are also responsible in ensuring that their assets are used in ways that is non-discriminatory towards a certain population or group of people, because all too often, government funds and aid is used for political gain instead for the actual intended purpose.[318] Incorporating policies and plans to end this inequality and discrimination in aid is then just as necessary for donors as it is for the beneficiaries. It is, hence, never enough to just simply donate more money, without first addressing the inherent biases and inequality in the system or country that promotes discrimination and poverty.

Private Actors, Development Initiatives, and Economic Empowerment

The State is also responsible for protecting the rights of people in poverty when it comes to private actors, corporations, and private institutions. This is especially evident when it comes to discrimination in the workplace, since "nondiscrimination in the workplace is enshrined as a core labor right and key to addressing inequality and poverty."[319] This issue has also been documented in multiple instances where certain ethnic groups will be favored for employment over others, or workers will be discriminated against based on perceived HIV status.[320] Accordingly, proper steps should be taken to ensure that no public or private actor could abuse or mistreat individuals, especially marginalized communities living in poverty, who due to the suppression may never be able to rise out of their current conditions.

Governments and donors should also work to guarantee that development initiatives do not harm or destruct the rights of communities living in poverty, especially those that are already traditionally discriminated against.[321] This is probably most relevant to initiatives that forcefully remove people of poverty from their homes, or promote development, without taking the lives of those living in poverty into account. For example, recent development initiatives, have not considered the rights or protections of individuals living in slums or of indigenous people. For the sake of development, these communities were removed from their lands, and not even consulted, compensated, or aided in finding an alternative means of livelihood.[322] Hence, the State needs to ensure that poorer communities are given the same

rights to things like prior and informed consent, compensation, and more during development initiatives.[323]

Lastly, economic barriers should also be reduced to safeguard equality for people living in poverty and to enable economic empowerment. For example, poorer individuals should not have to be avoid services due to user fees, transport costs, and other variables, which they cannot afford, for that only limits their access to healthcare, education, and other resources.[324] Equity in economic policies in things like healthcare, thus "demands that poorer households should not be disproportionately burdened with health expenses as compared to richer households."[325] Hence, just like everything else, the total situation of people living in poverty should be considered when devising programs and economic policies, to guarantee that they can have the same access to the services as their peers.[326]

The Law and Equality in Poverty

The law is one of the single most powerful entities that can ensure that poorest individuals are granted the respect and human rights they deserve. By incorporating protections and the non-discrimination of people in poverty and marginalized communities into every function of the State, equality in social, economic, and political realms can be greatly enhanced. This along with more equitable access to development, aid, and infrastructure grants a

much greater opportunity to the poorest individuals to break out of cycles of poverty. Thus, poverty demands an unavoidable commitment to equality and non-discrimination, so that individuals can be empowered socially, economically, and politically to achieve the best livelihoods that they possibly can.

Past Committee Actions

Compared to the other human rights, the rights of the poor have been less prominent and most of the actions have been aimed at their own agency instead of the broader United Nations network. However, the United Nations Human Rights Council has still taken some initiatives, which express the rights of people living in poverty.

Resolution 2006/9

Resolution 2006/9 is considered one of the first actions, which solidified the guiding framework and principles on extreme poverty and human rights.[327] It was adopted by the Sub-Commission for the Promotion and Protection of Human Rights and was then passed along to the Human Rights Council in August 2006.[328]

Resolution 2/2

An extension of Resolution 2006/9, the Human Rights Council looked more intently into the rights of the poor introduced by the Sub-Commission for the Promotion and Protection of Human Rights.[329] The ideas of this resolution, were also considerably more overarching than the previous, because they involved a circulation of the guiding principles on poverty and human rights to "States, relevant United Nations agencies, intergovernmental organizations, United Nations treaty bodies and special procedures mandate-holders including the independent expert on the question of human rights and extreme poverty, national human rights institutions, non-governmental organizations, especially those in which people in situations of extreme poverty express their views, and other relevant stakeholders."[330]

Resolution 7/27

A resolution then later in 2008, Resolution 7/27, introduced the second major expansion on the understanding of rights of the poor.[331] The resolution also produced a short seminar, in which discussions took place on: "(a) the added value and practical utility of the draft guiding principles on extreme poverty and human rights in helping to implement existing human rights norms and standards in the context of the fight against extreme poverty; (b) the technical legal merit of the draft guiding principles on extreme poverty and human rights; and (c) possible way forward on the draft guiding principles."[332]

Central Questions

The rights of the poor and of people living in poverty is much less defined, than many other human rights. This is especially evident from the substantial lack of definition, information, and application on the concept as a whole. Though, this makes it considerably more challenging to devise solutions since delegates will have to come up with a framework from less foundational materials, it can also prove to be an exciting opportunity.

Delegates will have much more freedom to extrapolate ideas, formulate opinions and come to their own understanding on the rights of the poor. They will have to use basic knowledge on human rights-based approaches, inequality and discrimination, and social, economic, and political characteristics to help guide them on this task. Along with their knowledge on the previous information presented on traditionally marginalized communities from the topic before. From this basis to the creation of a

resolution, they will have to figure out how to work the relationship between human rights, State and other actor's obligations, and the characteristics of the poorest individuals.

Lastly, from this resolution, delegates should be able to answer how human rights definition for the poor, will be used in line with initiatives targeted at ending poverty like development initiatives, aid, legislation, and more. And then from this resolution, in which the framework on the rights of the poor will be developed, delegates should also address the human rights situations in the case studies of India and Pakistan, Syria, Brazil, and Uganda. If the resolution, is designed in an appropriate and effective way, delegates at the end of the day, should have a document that, ultimately defines the rights of the poor in accordance to their conditions and the obligations of the State, and provides ways to incorporate this human rights-based approach to development, societal functions, and human rights situations around the world.

Questions a Resolution Must Answer

- What defines the rights of the poor or people living in poverty? What does it mean to look at poverty from a human rights-based approach? What role does equality and non-discrimination play?
- What social, economic, and political characteristics define conditions in Poverty? And why is it important?
- How do marginalized communities within people living in poverty get factored in?
- What defines State's and other actor's obligations on the rights to the poor? Why should these obligations be required for the State? How will they be feasible and how will accountability be distributed?
- How should human rights for the poor be applied to aid, development initiatives, the economy, social services, and the law?
- How should the human rights violations of the poor and marginalized populations in India and Pakistan be handled? Syria? Brazil? Uganda?

Bloc Positions

Poverty and the conditions of poverty, vary tremendously from region to region, country to country, and even from neighborhood to neighborhood. So for the sake of simplicity, the blocs on poverty will be divided among the most commonly used metric in relation to them: developed and developing countries.

Developed Countries

Developed countries, or nations that are traditionally more industrialized, often are not discussed when it comes to poverty since it usually as an issue that is more prominent in the developing world.[333] However, despite lower rates of poverty, developed countries still have considerable work that could be accomplished using a human rights-based approach on protecting and promoting the rights of the poor.[334] Poorer individuals and individuals in poverty, still have fewer opportunities and access to education, healthcare, and other services.[335] Children still perform worse off in schools compared to their richer counterparts, poorer families still have a greater burden of health issues compared to the remainder of the population, and the poor are still more socially and physically excluded from the rest of society.[336] Some developed countries, also still lag behind in much needed anti-discrimination laws and protections for marginalized communities, who often make up the greatest portions of their populations in poverty. Developed countries, which are donors to other nations, also have a greater responsibility to

ensure their aid is used in ways that promote equality, non-discrimination, and the rights of the poor. And lastly, income equality is still a prominent issue for a majority of developed countries that needs to be addressed, especially since it has generally worsened over the past few years.[337]

Developing Countries

Most of today's most extreme forms of poverty lie in developing countries, which have considerably fewer resources, industries, and overall development compared to developed countries.[338] Developing countries, with usually limited resources, also have to deal with considerably high-income inequality rates, greater rural-urban differences, and lack of adequate infrastructure for water, sanitation, and more.[339] With limited resources and development, poverty is an issue that cannot be solved overnight, however, the human rights-based approach is just as important for developing countries as for developed ones. Improving laws, passing legislation, holding accountability, and enacting protections to help support individuals in poverty is utmost essential. And it also does not require any significant financial assets, proving to be highly feasible for any country, regardless of their resources. Systematic discrimination or laws criminalizing whole populations or groups of people also need to be removed to prevent these said individuals from succumbing or staying in poverty due to discrimination. For developing countries that receive developmental assistance or attempt to launch development initiatives, care also needs to be placed on equality and the rights of people in poverty. Thus, inequality and discrimination, is the central issue for developing countries, like developed countries, when trying to improve the rights of the poor.

Suggestions for Further Research

Though there exists a lot of information and data on poverty, there is very little on the intersection on human rights and poverty. For the best and most accurate information on poverty, human rights, delegates should, thus, start with the resources available through the United Nations Human Rights Council. From there when looking more specifically into development and poverty, delegates should then consider institutions like The World Bank and the United Nations Development Programme. And for even greater information on the human rights of poverty, in general, focusing on nongovernmental organizations in human rights or poverty like Amnesty International or Human Rights Watch, which provide other valuable resources for delegates to look into.

Delegates should also do research on the human rights situations in India and Pakistan, Syria, Brazil, and Uganda, to gain a more foundational background, especially if they are unaware of the current situations. Also since, poverty ties in with so many other characteristics, delegates should do their best to understand how these all intersect and connect together, doing further research as needed. Lastly, like in the previous topic, if delegates are unaware of the situations, conditions, or livelihoods of marginalized communities like the LGBT population or the disabled, it would highly beneficial to gain a better groundwork on those subjects.

Position Papers

Position papers are documents that should work to highlight the particular stance of your country on the issues presented. They should draw from the background you have collected on your nation,

their previous actions on the related issues, and their overall general opinions. They will also be published and presented to the rest of the committee, so that other delegates may be made aware of how your particular nation stands on the topics to be discussed. This will allow other delegates to understand your delegation and the ways in which, they may be able to collaborate with you on debates, working papers, resolutions, and more.

Position papers should also be simple, clear, and to the point. They should address all the relevant issues and parts of the topics but in as concise of a way as possible. For these topics, it is generally recommended, that delegates start with their country's standpoint on the particular subjects on the right to health and poverty and inequality. Followed by a more in-depth analysis of that said country's opinions on obligations, marginalized communities, characteristics, and case studies presented. Since, there is so much to cover, the most effective position papers will be those, which once again are brief and do not drift off the relevant subjects.

Position papers, should also not simply reiterate the problems stated, but also provide solutions and problem-solving processes to those stated solutions. And they should also list actions that your country would recommend taking based on the views of that said country. Ultimately, position papers offer a way for you to gather your thoughts, outline your arguments, and present your stance before the committee has officially commenced. If done, properly this can be an extremely valuable and powerful asset that you can use to prepare and guide the rest of your country's involvement during committee.

Closing Remarks

By the end of this document, you hopefully have noticed that I did not simply just focus on one human rights issue, but multiple. I did not just try to present two separate topics, but ones that are intrinsically and irrefutably connected to one another. The information presented in each one, does not just hold to one topic but instead to both. This is the inherent nature of what "human rights" are. They are not distinct or separate concepts, but overarching themes that transcend and connect with multiple other ideas, theories, complexities, and practices. They are not simply lofty ideas, but ones that if used properly can be applied using tangible policies, laws, legislation, and more.

And thus, in the end, my main goal with this study guide was not to just educate you on the right to health and the rights of the poor, but to provide you with a foundation in basic human rights theory that you would be able to apply to any human rights issue you come across. This guide is meant to be a crash course in the theory and practice of human rights. And it's intended to get you thinking about all the different situations, in which we can think about the human rights of individuals and the multitude of other concepts we must consider in using a human rights-based approach like marginalized communities or social, economic, and political characteristics.

I, lastly, hope to leave you with one last idea, which is that human rights are a "silly" concept. How crazy is it that we as human beings would challenge, limit, or reduce the rights of other fellow human beings based simply on who they are, who they love, or where they come from. And how ridiculous is it, that governments promote the torture, deaths, and victimization of whole sets of people, just because they may be a little different. I say human rights are a "silly" concept because it's stupid to think that we, humans, would need something to remind us to treat others with respect and dignity. However, the sad

truth is, that we as a society do need this concept on human rights because without it, people would suffer from persecution or mistreatment.

Thus, I will close this guide by saying that every single person on this planet has the right to live a life full of equality and happiness, and free of fear and discrimination. So, I hope you find these topics and situations as exciting and angering as I do, because we owe it to the future generations of this world to create a society, where everyone can enjoy the right to be a "human being."

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