Committee History: Social, Humanitarian, and Cultural

The Social, Humanitarian, and Cultural Committee is the third of the Six Main Committees of the United Nations General assembly; the other five committees are Disarmament and International Security, Economic and Financial, Special Political and Decolonization, Administrative and Budgetary, and Legal. The General Assembly and its committees were established in 1945 at the end of WWII as “the world body’s principal policy-making and deliberative organ.” The purpose of these smaller committees is to address items on the Assembly’s agenda in smaller, more focused settings.

The focus of the Third Committee centers around issues of global human rights and social justice. In 1948, it was this committee that helped to draft the Universal Declaration of Human Rights, one of the fundamental documents of the UN. Composed with the atrocities of WWII still fresh in world memory, the Universal Declaration of Human Rights was written as a “road map to guarantee the rights of every individual everywhere.”

More recently, the committee has begun to receive and examine the reports of the Human Rights Council’s “special rapporteurs.” These experts report from the Human Rights Council “special procedures,” which “look into the human rights situations in particular countries or with regard to specific human rights violations,” which in 2012 included topics such as the situations of indigenous peoples and torture. In 2012, 38 “special rapporteurs” appeared before the committee; nearly 50 are present this year.

Subjects that have recently been addressed include female genital mutilation; the death penalty; human rights in Myanmar, Iran, the Democratic People’s Republic of Korea, and Syria; and the position of Palestine in the international community. The Social, Humanitarian, and Cultural committee has played an important role in the promotion of human rights in the occupied territories and the recognition of a Palestinian state, aiding in the awarding of Observer non-Member State status in the General Assembly to Palestine.

The goal of the Social, Humanitarian, and Cultural committee is to examine the full spectrum of global human rights. The work of this committee is instrumental in furthering recognition and discussion of issues of human rights and social justice as they pertain to all members of the international community.

**I. The Prevention and Treatment of HIV/AIDS**

*Our efforts to prevent and treat HIV/AIDS, along with the promotion of reproductive health and reproductive justice, will be more effective if they are rooted in partnerships with the young, civil society, governments, and the international community. Working together we can contribute greatly to the provision of access to public health, affordable medicine, and better sexual health education throughout communities still struggling to achieve Millenium Development Goal 6: to combat HIV/AIDS, malaria, and other diseases.*

***History of Combating AIDS/HIV***

In 1996 UNAIDS was founded by the United Nations to decrease the spread of HIV through universal access to HIV prevention, treatment, care, and support.[[1]](#footnote-1) It works with a variety different organizations such as the World Health Organization, UN Women, and the World Bank, amongst many others

The United Nations Millennium Development Goals (MDGs) – which range from ending poverty, to combating HIV/AIDS – were created in 2002 by the UN Millennium Campaign to support and inspire “people around the world are impacted in profound ways by the level of progress their countries.”[[2]](#footnote-2) Member states committed to a new global partnership to reach a series of time-bound targets by 2015, which are now called the MDGs. MDG 6 is to combat HIV/AIDS, malaria, and other diseases.[[3]](#footnote-3)

Since the MDGs were created, the increase of HIV/AIDS has decreased overall; however, many countries are still struggling to achieve universal treatment for HIV/AIDS and stopping the spread of HIV/AIDS by 2015. A great barrier to achieve universal treatment for the disease lies within the drug patenting laws, access to sexual health education and with reproductive justice in the poorer countries. Furthermore, in many cultures discrimination against those infected with the disease prevails.

***Drug Patenting Laws***

As the number of people living with HIV continues to rise, a “heated debate is ongoing between rich and poor countries concerning patent laws and affordability of essential drugs to treat illnesses like tuberculosis, malaria and HIV/AIDS.”[[4]](#footnote-4) Drugs are patented by pharmaceutical companies to protect their drug from generic production in other countries. Because of this rule, established by the World Trade Organization (WTO) in the Doha Round, many poor countries that cannot pay for antiretroviral drugs are unable to make generic versions of the drug and treat people with HIV/AIDS. Since the Doha Round, some changes regarding drug-patenting laws have been made; however, the Human Immunodeficiency Virus (HIV) has become more resistant to the various combinations of existing drugs, consequently making it harder for poor countries to regain the rights to make generic versions of the medicine.

***Access to Sexual Health Education***

Not only is access to sexual health education scarce in rural areas, but in many cultures, talking about sexual health is uncommon and something that people are often uncomfortable with. Most importantly, with such a large number of women involved in the indoor sex industry as commercial sex workers, access to sexual health education and reproductive justice is crucial. “Community research into women’s experiences in the indoor commercial sex industry illustrated an urgent need for sexually transmitted infection (STI) and HIV education, prevention, testing, and treatment and culturally appropriate services to support the sexual and reproductive health of commercial sex workers.”[[5]](#footnote-5)

Furthermore, community health workers often find it hard to reach rural areas and mountainous regions, making it difficult to provide access to sexual health education for the people in those areas. A study taken place in rural and mountainous regions of Vietnam, for example, found that “there is a major gap between the SRH education needs of parents and children in remote rural areas of Vietnam and the resources required to address these needs.”[[6]](#footnote-6) Thus it is the crucial need of this conference to discuss and debate appropriate and effective solutions to reach out to the more isolated communities across countries. Sexual health education plays an enormous role in preventing the spread and treatment of HIV, especially amongst young people and young mothers who may carry the virus.[[7]](#footnote-7)

***The Stigma Against HIV***

Additionally, it is also important to take into consideration the policy background addressing HIV/AIDS. The disease was first discovered in 1981 by the Centers for Disease Control in the United States.[[8]](#footnote-8) It took many years before the disease became socially acceptable and de-stigmatized in the U.S. and in many countries today, HIV/AIDS still carries great stigma and negative connotation. The consequences of cultures that still stigmatize HIV/AIDS are not only social, but also political and economic. In many countries health policies need to more directly address the combat against the spread of the disease.

A case study in Cameroon about the community’s perspective on HIV/AIDS recognized that “HIV/AIDS-related stigma is a major obstacle to successfully control the spread of this disease.”[[9]](#footnote-9) This obstacle emphasizes the importance of culturally adapting access to sexual health education, perhaps through community health workers or different manners of distributing condoms. Furthermore, it also highlights the need to work with NGOs and other countries to promote HIV/AIDS prevention and treatment.

**II. Combating Human Trafficking for Sexual Exploitation**

*Our efforts to combat sex trafficking for sexual exploitation will be more effective if they are rooted in partnerships between civil society, governments, and the international community. Working together we can contribute greatly to bring awareness to the public, improve and increase regulation, and empower women through education in communities still struggling to achieve Millenium Development Goal 3.*

***History of Combating Human Trafficking for Sexual Exploitation***

“Human trafficking is the acquisition of people by improper means such as force, fraud or deception, with the aim of exploiting them.”[[10]](#footnote-10) Consequently, human trafficking is considered an international crime. The branch of the United Nations that addresses the issue is called the UN Office of Drugs and Crime (UNODC), established in 1997. The UNODC works through fieldwork (with a variety of projects to enhance Member States’ ability to counteract crime), research and analytical work (to bring awareness and gain knowledge about the topic), and normative work (facilitating the ramification and implementation).[[11]](#footnote-11)

Although UNODC addresses human trafficking for sexual exploitation, it still faces many a number of obstacles. Within the international community, international law is often politically and empirically challenged.[[12]](#footnote-12) Throughout the years, since UNODC has been created these obstacles have reduced; however, they still prevail. The importance lies in working together at this conference to combine our efforts to combat human trafficking for sexual exploitation.

***Bringing Awareness to the Public***

The promotion of sexual health education and reproductive justice is a vital step towards increasing public awareness in the process of reducing human trafficking for sexual exploitation. Studies reveal that the “risk of physical, mental, and sexual health problems, including HIV, among trafficked people” is prevalent after the fact. Sexually trafficked girls and women suffer high levels of violence and mental distress.[[13]](#footnote-13) And “despite existence of salient socio-cultural doubtful issues about sexual health education for adolescents, the emerging challenges are manageable to some extent.”[[14]](#footnote-14) To avoid such complications efforts must be made by Member States towards the implementation of policies that address the education of the public about the issue.

Member States can implement a variety of policies to address sex trafficking, however, often it can be difficult to find funding. Thus, it is also essential that Member States work with other bodies, such as non-governmental organizations, and perhaps the World Bank, to promote reproductive justice and sexual health education. Many non-profit organizations work with nations, taking culture into consideration, in efforts to bring awareness into the population and overcome “the cultural taboos and barriers as major obstacles”.[[15]](#footnote-15) An effective way to do so and to reach the rural communities as well as the urban ones is to assign community health workers to small parts of different communities. The community health workers play central roles in educating the population, especially in regards to human trafficking because they are able to socio-culturally integrate the issues and its preventative measures along with sexual health education more thoroughly.

***Increasing regulation***

The increase in the illicit trade of small arms and light weapons (SALW) has been greatly correlated to the increase of sexual exploitation. In the Democratic Republic of the Congo forty-eight women are raped every hour with the use of SALW. Thus, better regulations must be implemented in the trade of SALW just as much as in the black market, which is where a great percentage of women and girls are trafficked for sexual exploitation.[[16]](#footnote-16) Member States must collaborate to assure that the Arms Trade Treaty (ATT) continues to be fulfilled as well as the MDGs that are associated with the issue.

Additionally, regulation of the black market plays an important role in combating transnational sex slavery, with sex slaves defined as “individuals that are trafficked across national borders and enslaved as prostitutes upon arrival in destination countries”.[[17]](#footnote-17) Even though the majority of human sex trafficking occurs intra-regionally, a global effort is necessary to combat the prevalent issue across nations.[[18]](#footnote-18) Thus, all member nations must work together to come to a consensus on the best ways to monitor human trafficking and regulate the markets surrounding it.

1. http://www.unaids.org/en/aboutunaids/ [↑](#footnote-ref-1)
2. http://www.un.org/millenniumgoals/bkgd.shtml [↑](#footnote-ref-2)
3. http://www.unmillenniumproject.org/goals/gti.htm#goal6 [↑](#footnote-ref-3)
4. Shantharam, Yalnee. "The Cost Of Life: Patent Laws, The WTO And The HIV/AIDS Pandemic." Undercurrent 2.2 (2005): 48-56. Academic Search Premier. Web. 6 June 2013. [↑](#footnote-ref-4)
5. Gina Ogilvie, et al. "Community-Based HIV And STI Prevention In Women Working In Indoor Sex Markets." Health Promotion Practice 14.2 (2013): 247-255. Academic Search Premier. Web. 12 June 2013. [↑](#footnote-ref-5)
6. Ha, Tran Thi Thu, and Jane R. W. Fisher. "The Provision Of Sexual And Reproductive Health Education To Children In A Remote Mountainous Commune In Rural Vietnam: An Exploratory Study Of Parents' Views." Sex Education 11.1 (2011): 47-59. Academic Search Premier. Web. 12 June 2013. [↑](#footnote-ref-6)
7. Craig, Gary, and Nicky Stanley. "Visibility, Immobility And Stigma: Young People's Use Of Sexual Health Services In Rural Areas." Children & Society 20.3 (2006): 171-182. Academic Search Premier. Web. 12 June 2013. [↑](#footnote-ref-7)
8. http://www.cdc.gov/hiv/default.html [↑](#footnote-ref-8)
9. Peter Malfertheiner, et al. "HIV/AIDS-Related Stigma Felt By People Living With HIV From Buea, Cameroon." AIDS Care 25.2 (2013): 173-180. Academic Search Premier. Web. 12 June 2013. [↑](#footnote-ref-9)
10. http://www.unodc.org/unodc/human-trafficking/ [↑](#footnote-ref-10)
11. http://www.unodc.org/unodc/en/about-unodc/index.html?ref=menutop [↑](#footnote-ref-11)
12. Smith, Heather. "Sex Trafficking: Trends, Challenges, And The Limitations Of International Law." Human Rights Review 12.3 (2011): 271-286. Academic Search Premier. Web. 8 July 2013. [↑](#footnote-ref-12)
13. Cathy Zimmerman, et al. "Prevalence And Risk Of Violence And The Physical, Mental, And Sexual Health Problems Associated With Human Trafficking: Systematic Review." Plos Medicine 9.5 (2012): 1-13. Academic Search Premier. Web. 15 July 2013. [↑](#footnote-ref-13)
14. Ali Taghipour, et al. "Socio-Cultural Challenges To Sexual Health Education For Female Adolescents In Iran." Iranian Journal Of Reproductive Medicine 11.2 (2013): 101-110. Academic Search Premier. Web. 15 July 2013. [↑](#footnote-ref-14)
15. Ibid. [↑](#footnote-ref-15)
16. http://www.guardian.co.uk/world/2011/may/12/48-women-raped-hour-congo [↑](#footnote-ref-16)
17. Smith, Heather. "Sex Trafficking: Trends, Challenges, And The Limitations Of International Law." Human Rights Review 12.3 (2011): 271-286. Academic Search Premier. Web. 16 July 2013. [↑](#footnote-ref-17)
18. Ibid. [↑](#footnote-ref-18)