





DIRECTORS'  
WELCOME LETTER

Dear Delegates and Faculty Advisors,

On behalf of the organizers, the Advisory Board, and the Executive Board of AUSMUN 2019, it is my greatest pleasure to welcome you to the 12th annual AUSMUN Conference. With over 900 delegates registered from more than 40 national and international educational institutions, this conference will be the biggest one yet!

This year's background guide was diligently written to provide delegates with enough guidance for their research. It will act as a great starting point for delegates to familiarize themselves with the topics of their respective committee. After a short letter that gives the chairs a chance to welcome their delegates, a summary, a brief history, a discourse on the issue, and the latest developments of the issue will be presented. In the summary, delegates will have their first quick briefing on the issue where concerns will be defined. Followed by that, the guide delves into the root causes of the issue by identifying its history. Then, a discourse section will look into the issue with further scrutiny by presenting both sides of the topic's debate and examining some of its challenges and influences. Finally, it will aim to provide delegates with the latest activities in regards to the matter and any progressions in its respect. At the very end of the guide, delegates will find questions that will guide their thinking, some suggestions that will guide their research, and references that they can use for further relevant information. However, it is important to point out that depending solely on the guide will not be sufficient enough to prepare delegates for the conference. It is highly encouraged for delegates to look at the Delegate Handbook on the AUSMUN website and to view the "How to Research" video created by AUSMUN.

The theme of this year's conference is youth empowerment. This is very important as we are the children of tomorrow. Even if delegates are not necessarily planning on pursuing an occupation in the field of law or politics, MUN is an enriching experience to all. MUN is supposed to teach more than just details on a certain crisis, it educates them to work harder, to think on their feet, to learn from others and from themselves, to fall and to fail, and to break free from their fears. It dares them to be without hesitation. It dares them to add to the world. To Speak. To act. To know. We all understand how difficult it is to be a delegate. It requires a suspicious load of work and consumes most of one's energy. But we want delegates to give it their all and to get what they came here for.

Finally, I would like to conclude this letter by extending my gratitude to everyone who has contributed to this background guide in any way or form. It is the collaborative work of the chairs, the AUSMUN Research Team, and the AUSMUN Media Team. On behalf of them all, we truly hope that you find this background guide of great help and use.

All the best with the conference and if you have any questions or concerns, please do not hesitate to contact me at [research@ausmun.com](mailto:research@ausmun.com).

Nada Nassereddin  
Director of Research  
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## MODERATORS' WELCOME LETTER

Dear Delegates

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It is an honor to officially welcome you to AUSMUN 2019 and to especially welcome you to our committee, the World Health Organization (WHO). It is with our utmost pleasure and honor to serve as your chairs. We are eagerly awaiting our interaction, cooperation, and communication, during and prior to our committee's debate. We will be tackling two extremely important contemporary issues that have to be comprehensively and properly addressed.

The WHO is a specialised agency that was established by Article 57 of the United Nations Charter in 1946 and operates within the Economic and Social Council (ECOSOC). The WHO currently has 194 Member States and it is funded through their contributions as well as donations from independent bodies.

The committee's energies are primarily focused on the overall betterment of the public health. Since its establishment, it has spearheaded the efforts on the eradication of many diseases, markedly smallpox. Furthermore, the committee has turned its attention to food security, malaria, communicable diseases such as HIV/AIDS, the Ebola virus and more recently, the health situation of refugees. In the WHO, proper health is viewed as a basic human right for all, in accordance with the Universal Declaration of Human Rights. We expect our delegates to join forces to draft resolutions that could potentially be the solution or, at the very least, put us on the right path to ensure that the human right to health is safeguarded.

We are looking forward to meeting all of you in February and we truly hope that you make the best out of the conference. Also, let this background guide serve as the first step of your research before the conference.

If you have any questions or inquiries, please do not hesitate to contact us at [WHO.AUSMUN2019@gmail.com](mailto:WHO.AUSMUN2019@gmail.com).

Warmest Regards,

The WHO Chairs

## TOPIC 1

### *The Question of Female Genital Mutilation and its Health Consequences*

#### SUMMARY

Female Genital Mutilation (FGM) is a procedure that is performed on young women that involves the removing, altering, and cutting of certain parts of their external female genitalia for non-medical purposes. It is usually executed on females at a very young age, starting from birth up until pre-adolescence, an age before menstruation. There are four different types of procedures that are performed which are clitoridectomy, excision, infibulation, and any other harmful procedure done to the female genitalia without any medical reasoning (World Health Organization, 2018). Moreover, FGM usually occurs in certain countries located in Africa, Asia, and the Middle East due to varied societal and cultural importance. It is usually done to prepare a girl for marriage and adulthood, while also to maintain her female purity, chastity, and to improve her hygiene and cleanliness. However, there are severe health consequences that may occur to females due to these procedures. Some of these health risks are short-term such as severe pain, excessive bleeding, shock, general tissue swellings, infections, impaired wound healing, and death. FGM may also cause a few long-term health risks that include constant pain, chronic genital infections, urinary tract infections, painful urinations, menstrual problems, obstetric complications, and psychological consequences (World Health Organization, 2018). Therefore, throughout many years, there have been attempts to eliminate FGM by providing all the possible evidence on its negative effects while also providing high levels of medical and psychological care to girls that have already undergone the procedure.

#### HISTORY

FGM was previously internationally referred to as “female circumcision”. However, this created confusion since its consequences were often confused with male circumcision which is commonly done in many places and is required by religions such as Islam and Judaism because of its health benefits. Therefore, FGM is usually assumed to be a religious act to the people who practice it, where according to the World Health Organization Female Genital Mutilation Fact Sheet (2018), more than half of the women in four out of the fourteen countries where FGM is practiced believe it to be as that. Moreover, while many believe it is a religious requirement, therefore justifying its practice, in reality however, it is purely a

deeply-rooted cultural practice with absolutely no health benefits as opposed to male circumcision. Even religious leaders have recently condemned FGM since no religion promotes it. This implies that the lack of education and religious misconceptions are the primary drivers of FGM practices. In terms of the rate of change of performing FGM over time, while it is difficult to measure, there is evidence of a dramatic increase in the number of FGM operations performed by trained health-care personnel (WHO, 2013). The origins of the practice of FGM are unclear as it was practiced in different societies at different times. FGM was said to have been displayed in Egyptian mummies, and practiced in Ethiopia since the fifth century, and in tropical zones in Africa. It was also evident in the United States and in Europe since the 1950s. Since the practice was followed in different societies at different ages, it is nearly impossible to trace back a clear origin of emergence of this practice.

## **DISCOURSE ON THE ISSUE**

According to the WHO (2016), FGM is an issue of global concern as more than 200 million girls in 30 countries have been subjected to FGM, along with three million other girls being at the risk of undergoing mutilation every year. It is problematic because FGM violates several crucial human rights. This includes the women's right to health, to life, to reproductive rights, and to the freedom from torture since the procedure entails severe pain and endanger one's life. The procedure is typically carried out on minors which can endanger a child's life as well. This is why the practice of FGM is such a significant issue that must be discussed in an international forum. Moreover, it also demonstrates discrimination and violence against women. The FGM procedures not only have no health benefits, but are also severely painful and traumatic, and causes short-term and long-term negative consequences. Additionally, there are several psychological consequences associated with FGM which include anxiety disorders, depression, and the increased likelihood of post-traumatic stress disorder (PTSD).

The international awareness on FGM has been growing internationally with the aim of decreasing the number of women who are subjected to it. Many speakers against FGM argue that while the practice has been proven to have no health benefits, it still continues because of pure socio-cultural reasons and many communities argue that these cultures should not be altered or changed, even when organizations such as the WHO and political and religious leaders and increasingly spreading awareness about it.

## **PAST IO ACTIONS AND THE LATEST DEVELOPMENTS**

The detrimental effects FGM can have on women prompted different international organizations to respond and attempt to make changes in public policies. The WHO has come together with many different international organizations to revoke the procedure. For instance, in 1997, the WHO along with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA)



released a statement against FGM. Since then, there have been many changes, such as the extensive involvement to prevent FGM at an international level by organizations. There were also many legal decisions made to stop FGM in 26 countries located in Africa and the Middle East and in 33 countries that have numerous migrants from FGM practicing countries.

Moreover, in 2008, the WHO in collaboration with nine UN committees issued a statement called “Eliminating Female Genital Mutilation: An Interagency Statement”. This statement provided evidence that has been gathered for a period of ten years to provide enough proof about the harm of FGM on women and why it should be prevented. In addition, according to the International Day of Zero Tolerance for Female Genital Mutilation (n.d), in 2008, another establishment by UNFPA and UNICEF was recognised and is called the Joint Programme on FGM/C. This program is the largest globally, which helps in the abandonment of FGM and provides health care for females experiencing the negative effects of FGM. It also raises awareness to allow girls to make the decision to abandon it. Additionally, in 2012, the UN General Assembly drafted a resolution that puts an end to FGM. Moreover, based on an update released by the UNICEF, in 2016, around 30 different countries have changed their attitudes and beliefs towards FGM due to the numerous statements and evidence that showed the severe health consequences caused by FGM. Finally, the WHO is attempting to provide an effective way to implement the ban of FGM. This is done by developing tools to improve health-care, increase knowledge, attitude, and skills that will help prevent and manage all the problems of FGM. However, despite the international efforts on FGM, many still believe it to be of cultural and ritual importance. To conclude, as delegates, it is important to debate the legal status of FGM and its health consequences.

## QUESTIONS THE DISCUSSIONS AND THE RESOLUTIONS SHOULD ADDRESS

- How is FGM justified in socio-cultural terms? What sort of societies does FGM prevail in?
- Since FGM is a purely socio-cultural practice, is raising awareness enough in reducing the spread of FGM practices?
- Do country laws and legislations prove effective in helping the elimination of FGM? What issues are present in these legislations and the practice of these legislations which allow FGM to persist in the contemporary world?
- What sort of measures must be implemented in order to eradicate the practice of FGM?
- Is FGM elimination even possible?

## SUGGESTIONS FOR FURTHER RESEARCH

- How is FGM justified in socio-cultural terms? What sort of societies does FGM prevail in?
- FGM and Patriarchal Societies.
- Infibulation and Deinfibulation.
- The Correlation between Countries of Migration and FGM Practices.
- The Mentality behind FGM.
- Correlation between Geographical Location and Openness to FGM.
- Practice of FGM in the Developed World.

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## TOPIC 2

### *Integration and Inclusion of People with Physical and Mental Disabilities into the Mainstream Society*

#### SUMMARY

The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations, and participation restrictions (WHO, 2001). In layman terms, a disability is any sort of cognitive, mental, and intellectual impairment that effects the ability of a person to perform daily functions. This may be the result of a developmental error, an acquired disease, or an accident. According to the WHO (2017), over one billion people suffer from disabilities today, which corresponds to almost 15% of the world's population, 80% of which live in developing countries. It is due to these disabilities that some may not be able to engage in society the way others do. Therefore, people with disabilities could potentially feel ostracized or shunned by society, by families, by friends, by social circles and by current or future employers. As such, their integration into society is of vital importance. Their inclusion would be mutually beneficial for both the disabled individuals and society. Firstly, it could boost the workforce, since more workers with unique experiences and new ideas are now available. Secondly, disabled people are more susceptible to depression and self-harm; therefore, involving them in the everyday workings of life could potentially provide them with another anchor to life. Finally, it is a basic human right to simply live as one would have a place in the grand scheme of society.

#### HISTORY

The figures and statistics on disabilities are not entirely reliable since not all nations collect such data, and even if they do, it is not quite complete or accurate. However, it has been agreed upon that those suffering from disabilities are not fully integrated into society (The United Nations and Disability, 2018). This could be intentional in the case of blatant exclusion of disabled individuals from certain jobs even if their disability is not germane to the performance of their duties. Furthermore, it could be unintentional, as in the case of the inadequacy or complete absence of facilities that could help physically disabled people to get around.

In the past, those with disabilities were viewed as targets for charity programs and medical treatment programs, rather than active members of society. Individuals with mental disabilities suffered the most and continue to suffer as even today, mental illnesses are not fully understood and remain difficult to

diagnose, treat, and manage. Prior to the 1930s, those suffering from disabilities were widely regarded as inferior or defective, leading many to call for “mercy killings”, which is believed to spare them the pain of their condition by taking their life. This was merely an excuse for some to rid themselves of the burden of raising someone, who in their eyes, was flawed. Furthermore, in the 1950s, their status did not improve as many disabled individuals were shipped to institutions and housing facilities that were often ill-equipped and neglectful (“Past and Present Perceptions Towards Disability: A Historical Perspective,” 2012). It was not until the late 1950s and early 1960s that one of the first rights-based organizations for disabled individuals was set up due to a myriad injuries and subsequent disabilities

## DISCOURSE ON THE ISSUE

The integration of people with mental and physical disabilities into the mainstream society is an important concern. There are many barriers that physically and mentally disabled people face every day. These barriers could be either physically or socially, where the most visible barrier is the physical barrier which disabled people encounter every day. For instance, narrow pedestrian pathways and staircases and the lack of having an accessible bathroom in buildings can have negative impacts on wheelchair users. Moreover, the lack of braille dots in public places affects the visually impaired individuals. In terms of the social barriers, they are caused by negative attitudes towards the disabled. Social barriers tend to have a strong impact on disabled people since they lead to low self-esteem. For example, many strangers negatively treat disabled people by mocking or bullying them. Therefore, the United Nations’ Tenth Sustainable Development Goal aims to reduce inequality among people regardless of their race, nationality, and disability. Consequently, the aforementioned physical and social barriers can alter and violate the prospects of the United Nations. Disability is without a doubt a human rights concern since people with disabilities experience different kind of inequalities, especially in health care access, employment, and education. Thus, it is extremely important to develop methods to integrate them into society and to ensure their rights are not violated.

## PAST IO ACTIONS AND THE LATEST DEVELOPMENTS

The WHO and the International Labour Organization (ILO) have been working on this issue for past decades. The WHO mostly concentrates on the wider scope of integrating disabled people into society and the ILO concentrates on the job market developments for the disabled people. Furthermore, Community Based Rehabilitation (CBR) centres have been created and are an important strategy in some developing countries to respond to the needs of disabled people. CBR centres can help disabled individuals by providing funds to reduce poverty and equalizing the opportunities. Another contribution

of CBR centres in this issue is endorsing developments for disabled people in the health, social, employment, and educational sector. Despite the roles of these kind of organizations in tackling the issue, the physical and social barriers have not yet been removed and disability is still mostly considered as a medical component of development (CBR Guidelines, 2010). The WHO responded to this issue and took further actions towards improving the health services for disabled people. It promoted funds to scale up the CBR contributions and to protect the rights of disabled people for medical care (World Report on Disability, 2011). Moreover, in 2011, the WHO in collaboration with the World Bank, published the World Report on Disability which provides a comprehensive and all-inclusive snapshot of the situation of those suffering from disabilities, their needs, and the hurdles they need to overcome to fully participate in society. This error can be rectified through reform policies, implementing new laws, and raising awareness about the conditions causing disabilities. It is the role of delegates to find new ways to tackle the issue and provide new ideas for policy reforms.

## QUESTIONS THE DISCUSSIONS AND THE RESOLUTIONS SHOULD ADDRESS

- What issues in the educational system can hinder the development of people with disabilities? How can the system be changed to better accommodate disabled people?
- How can the government accommodate suitable jobs for disabled people in the current job market?
- How effective are CBR centres in working to help disabled people?
- What kind of developments in city infrastructure should be made in order to remove the physical barriers disabled people experience?
- How can individuals in societies be better aware of how to treat people with disabilities appropriately and to avoid socially hindering their development and contribution to society?

## SUGGESTIONS FOR FURTHER RESEARCH

- Community Based Rehabilitation (CBR).
- The United Nations Convention on the Rights of Persons with Disabilities (CRPD).
- WHO/World Bank Report on Disability
- Implementation of Sign Language.

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