

**The Social, Cultural, and  
Humanitarian Committee  
(SOCHUM) Study Guide**

**Istanbul University Model United Nations**

---

# Contents

---

- Contents**..... 2
- Introduction to The Committee ..... 4
- First Agenda Item: Elimination of Discrimination and Prejudice Against Women and LGBTQIA+ People in Developing Countries ..... 4
  - A) Terminology ..... 4
    - i. Gender Equality..... 4
    - ii. Discrimination ..... 4
    - iii. LGBTQIA+ ..... 5
    - iv. Queer ..... 5
    - v. Pride Month..... 5
    - vi. Pride Parade..... 5
    - vii. NGO/Non-Governmental Organizations ..... 5
    - viii. Women's Right to Vote ..... 5
    - ix. Sexual and Reproductive Rights ..... 6
    - x. Freedom of Movement ..... 6
    - xi. Feminism ..... 6
    - xii. Intersectional Feminism ..... 6
    - xiii. Gender-Based Violence ..... 7
    - xiv. Sexual Violence and Harassment ..... 7
    - xv. Workplace Discrimination..... 7
    - xvi. Discrimination Based On Sexual Orientation and Gender Identity..... 7
  - B) Background ..... 8
  - C) Steps That Have Been Taken ..... 8
    - i. UN Women..... 10
    - ii. The United Nations LGBTQIA+ Core Group..... 10
  - D) Questions A Resolution Should Cover..... 11
- Second Agenda Item: Closure of the Healthcare Gap and Vaccine Inequity ..... 12
  - A) Terminology ..... 12
    - i. Healthcare Gap..... 12
    - ii. Developing Country ..... 12
    - iii. Inequity..... 12
    - iv. Vaccine ..... 12
    - v. Healthcare..... 12
    - vi. World Health Organization ..... 12

vii.	NGO/Non-Governmental Organizations .....	12
B)	Background .....	13
C)	Vaccine Hesitancy .....	15
D)	World Health Organization (WHO) .....	15
E)	Steps That Have Been Taken .....	16
F)	Questions A Resolution Should Cover.....	18
	References .....	19

# **Introduction to The Committee**

The Social, Cultural, and Humanitarian Committee (SOCHUM) is the Third Committee of the General Assembly. It was founded in 1945 in response to the establishment of the Universal Declaration on Human Rights and is entrusted with considering a wide range of social and humanitarian affairs as well as human rights issues. The goals of SOCHUM include the advancement of women, access to free speech, the treatment of refugees, the elimination of racism and racial discrimination, and the promotion of the right to self-determination. As a General Assembly Committee, its recommendations are a valuable part of providing solutions, but also represent the highest level of cooperation. Containing 193 member-states, each resolution produced by the committee is of contribution from the international community as a whole. SOCHUM derives its legitimacy from the original United Nations Charter and operates with the goal of designing peaceful settlements for issues within the large spectrum of social, humanitarian, and cultural complications in the international community. This body does so by initiating studies that encourage recommendations for the promotion of international cooperation and fundamental freedoms for all.

## **First Agenda Item: Elimination of Discrimination and Prejudice Against Women and LGBTQIA+ People in Developing Countries**

### **A) Terminology**

#### **i. Gender Equality**

Gender equality, also known as sexual equality or equality of the sexes, is the state of equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviors, aspirations and needs equally, regardless of gender. Everyone is affected by gender inequality - women, men, trans and gender diverse people, children and families. It impacts people of all ages and backgrounds.

#### **ii. Discrimination**

Unfair or prejudiced treatment of different categories of people, particularly based on race, age, gender, religion, sexual orientation, gender identity or disability.

### **iii. LGBTQIA+**

LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer/questioning (one's sexual or gender identity), intersex, asexual/aromantic/agender and all the other identities there are with the '+' attached next to it.

### **iv. Queer**

Queer is a word that describes sexual and gender identities other than heterosexual and cisgender. Lesbian, gay, bisexual, and transgender people may all identify with the word queer.

### **v. Pride Month**

The month of June is dedicated to celebrating and remembering the LGBTQIA+ community. Several presidents of the United States declared June as Pride Month and it is now accepted and celebrated all around the world.

### **vi. Pride Parade**

A pride parade is an outdoor event celebrating LGBTQIA+ communities' social and self-acceptance, achievements, legal rights, and pride.

### **vii. NGO/Non-Governmental Organizations**

A non-government organization is an organization that is generally formed independent from the government. They are typically nonprofit entities, and many of them are active in humanitarianism or the social sciences.

### **viii. Women's Right to Vote**

During the 19th and early 20th centuries, people began to agitate for the right of women to vote. In 1893, New Zealand became the first country to give women the right to vote on a national level. This movement grew to spread all around the world, and thanks to the efforts of everyone involved in this struggle, today women's suffrage is a right under the Convention on the Elimination of All Forms of Discrimination Against Women (1979).

However, despite these developments, there are still many places around the world where it is very difficult for women to seize and use this right. For example, in Syria, where women have been effectively cut off from political engagement, including



the ongoing peace process, In Pakistan, although voting is a constitutional right, in some areas, women have been greatly prohibited from voting due to powerful figures in their communities using patriarchal local customs to bar them from going to the polls. And in Afghanistan, authorities have recently decided to implement mandatory photo screening at polling stations, and the fact that most women in conservative areas cover their faces in public has made voting for women a difficult process.

## **ix. Sexual and Reproductive Rights**

Everyone should have the freedom to decide about their own body. Every woman and girl has sexual and reproductive rights. This means they are entitled to equal access to health services like contraception and safe abortions; to choose if, when, and who they marry; and to decide if they want to have children and, if so, how many, when and with whom.

Women should be able to live without fear of gender-based violence, including rape and other sexual violence, female genital mutilation (FGM), forced marriage, forced pregnancy, forced abortion, or forced sterilization. However, it is clear that there is a long way to go before all women can enjoy these rights. For example, many women and girls around the world are still unable to access safe and legal abortions. In several countries, people who want or need to end pregnancies are often forced to make an impossible choice: either put their lives at risk or go to jail.

In Zimbabwe, for example, it was found that women and girls were left vulnerable to unwanted pregnancies and a higher risk of HIV infection because of widespread confusion around sexual consent and access to sexual health services. Girls would endure prejudice, the risk of underage marriage, economic hardship, and educational hurdles as a result of this.

## **x. Freedom of Movement**

Freedom of movement is the right to move around freely as we please – not just within the country we live in, but also to visit others. But many women face real challenges when it comes to this. They may not be allowed to have their own passports or they might have to seek permission from a male guardian in order to travel.

For example, recently in Saudi Arabia there has been a successful campaign to allow women to drive, which had previously been banned for many decades. But despite this landmark gain, the authorities continue to persecute and detain many women's rights activists, simply for peacefully advocating for their rights.

## **xi. Feminism**

When discussing women's rights, it may be beneficial to comprehend feminism. Fundamentally, feminism is the belief that women are entitled to political, economic, and social equality. Feminism is committed to ensuring women can fully enjoy their rights on an equal footing with men.

## **xii. Intersectional Feminism**

Intersectional feminism is the idea that all of the reasons someone might be discriminated against, including race, gender, sexual orientation, gender identity, economic class, and

disability, among others, overlap and intersect with each other. One way of understanding this would be to look at how this might apply in a real-world setting, such as Dominica, where our research has shown that women sex workers, who are often people of color, transgender, or both, suffer torture and persecution by the police.

### **xiii. Gender-Based Violence**

Gender-based violence is when violent acts are committed against women and LGBTQIA+ people on the basis of their orientation, gender identity, or sex characteristics. Gender-based violence affects women and girls disproportionately.

The risk of violence is particularly high for women and girls in conflict, and sexual violence has historically been used as a weapon of war. For example, we have documented how many women who fled attacks from Boko Haram in Nigeria have been subjected to sexual violence and rape by the Nigerian military.

Globally, on average, 30% of all women who have been in a relationship have experienced physical and/or sexual violence committed against them by their partner. Women are more likely to be victims of sexual assault, including rape, and are more likely to be the victims of so-called “honor crimes”.

Violence against women is a serious violation of human rights. It is the responsibility of a state to protect women from gender-based violence—even domestic abuse behind closed doors.

### **xiv. Sexual Violence and Harassment**

Sexual harassment means any unwelcome sexual behavior. This could be physical conduct and advances, demanding or requesting sexual favors, or using inappropriate sexual language. Sexual violence is when someone is physically and sexually assaulted. Although men and boys can also be victims of sexual violence, it is women and girls who are overwhelmingly affected across the globe. Also, according to the Centers for Disease Control and Prevention (CDC), lesbian, gay, and bisexual people experience sexual violence at similar or higher rates than straight people.

### **xv. Workplace Discrimination**

Often, women are the subject of gender-based discrimination in the workplace. One way of illustrating this is to look at the gender pay gap. Equal pay for the same work is a human right, but time and again women are denied access to a fair and equal wage. Recent figures show that women currently earn roughly 77% of what men earn for the same work. This leads to a lifetime of financial disparity for women, prevents them from fully exercising independence, and means an increased risk of poverty in later life.

### **xvi. Discrimination Based On Sexual Orientation and Gender Identity**

In many countries around the world, women are denied their rights on the basis of sexual orientation, gender identity, or sex characteristics. Lesbian, bisexual, trans, and intersex women and gender non-confirming people, face violence, exclusion, harassment, and discrimination. Many are also subjected to extreme violence, including sexual violence or so called “corrective rape” and “honor killings.”

## B) Background

Human rights are universal and inalienable rights that we all have from the moment we are born. These rights include, but are not limited to, the rights to food, education, labor, health, and liberty, and they belong to all people regardless of nationality, gender, age, or other status. According to these rights, everyone on the earth is equal and free.

But across the globe, many women and LGBTQIA+ people still face discrimination on the basis of sex, gender, and sexual orientation. Gender inequality is at the root of many of the problems that seem to affect women and girls more, such as domestic and sexual violence, low wages, lack of access to education, and inadequate health services.

All around the world, many people, mostly women and minorities such as LGBTQIA+ people, cannot access these rights and are often discriminated. For centuries, this has been an ongoing issue that needs to be solved for everyone to live equally, safely, and freely. Although this is a global problem, it is safe to say that the discrimination and hardships women and LGBTQIA+ people face are more common in developing countries. Not being hired just because of their gender, getting sexually or verbally assaulted, not getting paid equally, and many more are the things that have become a part of both women and LGBTQIA+ people.

Inequality is not only a threat to economic and social rights—it threatens the realization of all forms of rights everywhere. Even in the 21st century, it is no doubt that women are not treated equally as men. Unfortunately, it is quite possible to see the traces of this inequality in the workplace. In most countries, women and LGBTQIA+ people complain about not being taken seriously, not being hired, being underestimated, or not getting paid enough. In certain situations, the difficulties they confront in the business industry and their inability to find work force them to turn to sex work as their only choice.



As the saying goes, “women’s rights are human rights”, and LGBTQIA+ people are valid. While some steps appear to have been taken to improve these inequalities, it is clear that these are not enough. It is also among the improvements that need to be made to raise awareness of more people and to take greater measures on the impact and seriousness of this issue.

## C) Steps That Have Been Taken

Over many decades, the UN has made significant progress in advancing gender equality, including through landmark agreements such as the Beijing Declaration and Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Gender equality is not only a basic human right, but its achievement has enormous socio-economic ramifications. Empowering women fuels thriving economies, spurring productivity and growth. Yet gender inequalities remain deeply entrenched in every society.

Women lack access to decent work and face occupational segregation and gender wage gaps. They are too often denied access to basic education and health care. Women in all parts of the world suffer violence and discrimination. They are under-represented in political and economic decision-making processes. For many years, the UN has faced serious challenges in its efforts to promote gender equality globally, including inadequate funding and no single recognized driver to direct UN activities on gender equality issues. UN Women was created to address such challenges. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979) is a key international treaty addressing gender-based discrimination and providing specific protections for women's rights.

There have been attempts and achievements in the aim of creating an equal environment for all LBTQIA+ persons across the globe. Even though there are still many countries where these people do not feel safe or valid, some countries have made serious progress in this matter over the years. We need to educate more people, spread more awareness and encourage governments to take measures.



At the United Nations, this question is slowly taking center stage, but it is not at all clear what the U.N. deliberations will yield from the linkage between gay rights and human rights. Foundational U.N. documents appear to provide guidance. For example, the Charter of the United Nations (1945) encourages "respect for human rights and for fundamental freedoms for all without distinction". Similarly, the Universal Declaration of Human Rights (1945) states in Article 2: "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind." Regardless, among a substantial percentage of Member States that have sworn to protect the human rights of their citizens, same sex relations remain illegal. The United Nations has been working with Member States to reject discrimination and criminalization based on homophobia and transphobia. While the denial of human rights for LGBTQIA+ persons persists throughout the world today, over 30 countries have decriminalized homosexuality in the past 20 years. In the face of resistance, determined efforts from the U.N., associated NGOs, and representatives of Member States to guarantee the human rights of LGBTQIA+ persons have been gaining momentum. Today, under the leadership of Secretary-General Ban Ki-moon, there is no doubt that the U.N. is making progress toward the global inclusion of LGBTQIA+ rights in our basic human rights. The achievements in this aim include but not limited to:

- In 1924, The Society for Human Rights was founded by Henry Gerber in Chicago. It is the first documented gay rights organization.
- In 1950, The Mattachine Society is formed by activist Harry Hay and is one of the first sustained gay rights groups in the United States. The Society focuses on social acceptance and other support for homosexuals.
- In February 26, 2018, the Pentagon confirmed that the first transgender person has signed a contract to join the US military.



## **i. UN Women**

The United Nations Entity for Gender Equality and the Empowerment of Women, also known as UN Women, is the UN organization dedicated to gender equality and the empowerment of women. UN Women advocates for the rights of women and girls and LGBTQIA+ rights, and focuses on a wide array of issues, including violence against women and violence against LGBTQIA+ people.

UN Women was established by the merger of the United Nations Development Fund for Women (UNIFEM, established in 1976) and other entities, and became operational in January 2011. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide. UN Women supports the UN Member States as they set global standards for achieving gender equality, and work with governments and civil society to design laws, policies, programs, and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting.

## **ii. The United Nations LGBTQIA+ Core Group**

An informal group of United Nations Member States was established in 2008 to focus on LGBTQIA+ rights intergovernmental—by (most notably) ongoing collaboration between Global South and Global North state diplomats. As of 2022, the UN LGBTQIA+ Core Group is co-chaired by Argentina and the Netherlands and includes Albania, Australia, Belgium, Bolivia, Brazil, Canada, Cape Verde, Chile, Colombia, Costa Rica, Croatia, Denmark, Ecuador, El Salvador, France, Germany, Honduras, Iceland, Ireland, Israel, Italy, Japan, Luxembourg, Malta, Mexico, Montenegro, Nepal, New Zealand, North Macedonia, Norway, Peru, South Africa, Spain, the United Kingdom, the United States, Uruguay, the European Union (as an observer), as well as the Office of the UN High Commissioner for Human Rights (UN executive

agency) and two non-governmental organizations: Human Rights Watch and OutRight Action International.

Unclassified discussions open to the public at UNHQ occur once or twice a year and an RSVP is regularly announced on Twitter. The goal of the UN LGBTQIA+ Core Group in New York is to work within the United Nations framework on ensuring universal respect for the human rights and fundamental freedoms for all, specifically lesbian, gay bisexual, transgender and intersex (LGBTQIA+) persons, with a particular focus on protection from violence and discrimination.

## **D) Questions A Resolution Should Cover**

1. What are the main struggles women and LGBTQIA+ people face on a daily basis?
2. What are the ways to eliminate discrimination towards women and LGBTQIA+ citizens by their governments in developing countries?
3. What kind of cooperation can be facilitated with which international organizations?
4. If non-governmental organizations are to be involved, how and where can they act actively? Should they be encouraged and supported with funds from the United Nations?
5. How can the United Nations be convinced with its resolution of every state?
6. What are the crucial steps to minimize the structural discrimination and violence towards women and LGBTQIA+ people?
7. How can the United Nations ensure the safety of women and LGBTQIA+ people who reside in developing countries?
8. What can be done to persuade civilians of developing countries to promote equality and the elimination of discrimination towards women and LGBTQIA+ people?

# **Second Agenda Item: Closure of the Healthcare Gap and Vaccine Inequity**

## **A) Terminology**

### **i. Healthcare Gap**

A disparity between health care needs and health care services, especially as it applies to the medically indigent.

### **ii. Developing Country**

A developing country is a sovereign state with a less developed industrial base and a lower human development index relative to other countries. However, this definition is not universally agreed upon. There is also no clear agreement on which countries fit into this category.

### **iii. Inequity**

Lack of fairness or justice.

### **iv. Vaccine**

A substance used to stimulate the production of antibodies and provide immunity against one or several diseases, prepared from the causative agent of a disease, its products, or a synthetic substitute, treated to act as an antigen without inducing the disease.

### **v. Healthcare**

The organized provision of medical care to individuals or a community.

### **vi. World Health Organization**

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health.

### **vii. NGO/Non-Governmental Organizations**

A non-government organization is an organization that generally is formed independently from the government. They are typically nonprofit entities, and many of them are active in humanitarianism or the social sciences.

## B) Background

Inequalities in health occur between many different groups in all societies and most countries. All countries agree that inequalities in health exist between socioeconomic groups and also between developed and developing countries. Well-developed countries like the United States are more capable of providing their citizens with appropriate health services and vaccines. However, in poor countries (mostly in the African continent), people can mostly not afford to get the treatment they need and deserve. Sometimes these inequalities can lead to massive death rates, and not only happen between countries, but also social groups. All people are equal and have the right to healthcare. The United Nations, WHO, and governments need to take more measures to close the gap for everyone to be treated equally and live healthily. Inequalities can be caused for many different reasons: geography, economy, social status, etc.

Countries that use broader groupings, for example, quintiles, would detect much smaller differences between the most affluent and the most deprived. Several countries also measure inequalities in health by geographic location, both within their own country and through comparison with other countries. For example, Denmark reports that life expectancy in Copenhagen is four years less than in the rest of Denmark.

Global healthcare and vaccine access and quality have improved since 1990, yet inequalities between the best and worst-performing countries have still grown over time. Even among countries of similar development levels, there is a wide variation and inequality.

Countries including South Korea, Turkey, Peru, China, and the Maldives have recorded some of the largest improvements, showing that more rapid advances are possible than seen overall. Potential drivers of this may include the financial arrangements of the healthcare system, provider ownership, and its governance.

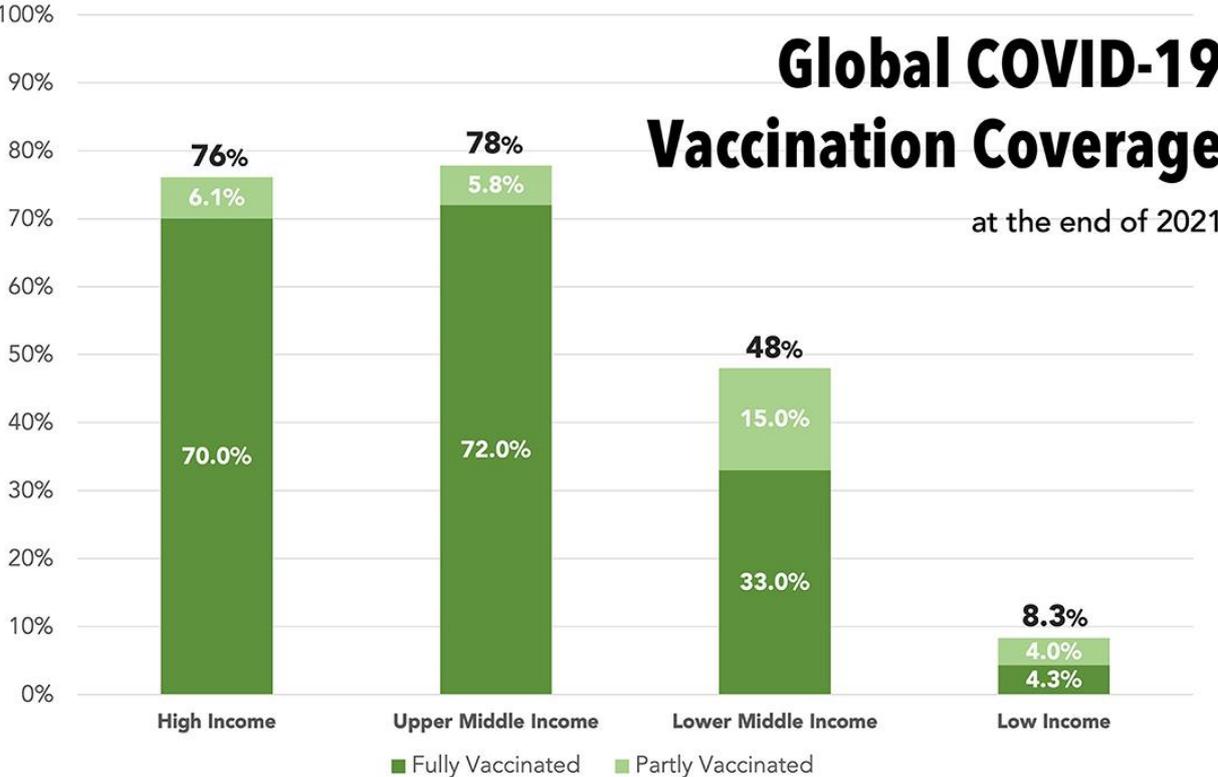
In September 2021, the World Health Organization (WHO) set an ambitious global target to close the gap. The UN's health agency called for 70 percent of the global population to be



vaccinated by mid-2022. At that point, just over 3 percent of people in low-income countries had been vaccinated with at least one dose, compared to 60.18 percent in high-income countries. Six months on, the world is nowhere near reaching that target.

The overall number of vaccines administered has risen dramatically, but so has the inequality of their distribution: of the more than 10 billion doses given out worldwide, only one percent have been administered in low-income countries. This means that 2.8 billion people around the world are still waiting to get their first shot.

Vaccine inequity jeopardizes the safety of everyone and contributes to growing inequalities between and within countries. Not only does this state of affairs risk prolonging the pandemic, but the lack of equity has many other impacts, slowing the economic recovery of entire countries; global labor markets; public debt payments; and countries' ability to invest in other priorities.



No country has been able to fully avoid the economic consequences of the global pandemic, but some have been hit more than others. Do the countries hardest hit tend to be situated at the bottom of the global income distribution? If so, the pandemic would increase inequality between countries. Access to a COVID-19 vaccine could mean the difference between life and death. Yet, right now, billions of people around the world are denied access to a life-saving vaccine because companies like Pfizer, Moderna, and Johnson & Johnson are actively blocking other manufacturers from producing much-needed doses and continue to prioritize selling vaccines to rich countries.

With enough pressure, we can ensure that they respect everyone's human rights, no matter where they live. There is no time to waste. The global vaccine crisis requires that we act together to demand change.

## C) Vaccine Hesitancy

Vaccine access is crucial. But vaccine hesitancy is an urgent problem, and a global one. Nowadays, people feel lied to, unheard, and pushed aside. They no longer have any faith in their leaders. They're lashing out against their governments and health officials, in some cases by rejecting the COVID-19 vaccine. Health and medical scholars have described vaccination as one of the top ten achievements in public health in the 20th century. Yet, opposition to vaccination has existed for as long as vaccination itself. Critics of vaccination have taken various positions, including opposition to the smallpox vaccine in England and the United States in the mid to late 1800s, and the resulting anti-vaccination leagues; as well as more recent vaccination controversies, such as those surrounding the safety and efficacy of the diphtheria, tetanus, and pertussis (DTP) immunization; the measles, mumps, and rubella (MMR) vaccine; and the use of a mercury-containing preservative called thimerosal.

Medical literature shows a strong connection between vaccine hesitancy and distrust of pharmaceutical companies, government officials, and healthcare workers, even among healthcare workers themselves.

Populism, a political expression of this mistrust, is correlated with vaccine hesitancy. In a 2019 study, Jonathan Kennedy, a sociologist, found a significant association between the percentage of people who voted for populist parties within a country and the percent of people who believe vaccines are not important or effective. Past research has similarly found that populists around the world are more likely to believe in conspiracy theories about issues such as vaccination and global warming.



Restoring trust in institutions will be hard. The simplest step governments can take immediately is to make it easier to get the vaccine and to learn about it. Developing countries haven't, for the most part, had the money to invest in flashy pro-vaccine ad campaigns.

## D) World Health Organization (WHO)

Founded in 1948, the World Health Organization (WHO) is mandated to prevent and eradicate epidemics and to improve the nutritional, sanitary, hygienic, and environmental conditions of

people around the world. In 1997, in an effort to increase cooperation, UNHCR (The United Nations High Commissioner for Refugees) and WHO (World Health Organization) agreed on a series of shared motivations relating to refugees, returnees, and, where appropriate, internally displaced persons. They include reducing the mortality, disease, and disability rates among refugees; providing refugees with adequate, timely, and cost-effective health services; coordinating health and nutritional policies to achieve globally accepted standards; and helping returnees to reintegrate into their local communities.

In addition, the two UN agencies agreed to anticipate and address the health needs of refugees both at the national and international level by working closely with non-governmental organizations and other groups.

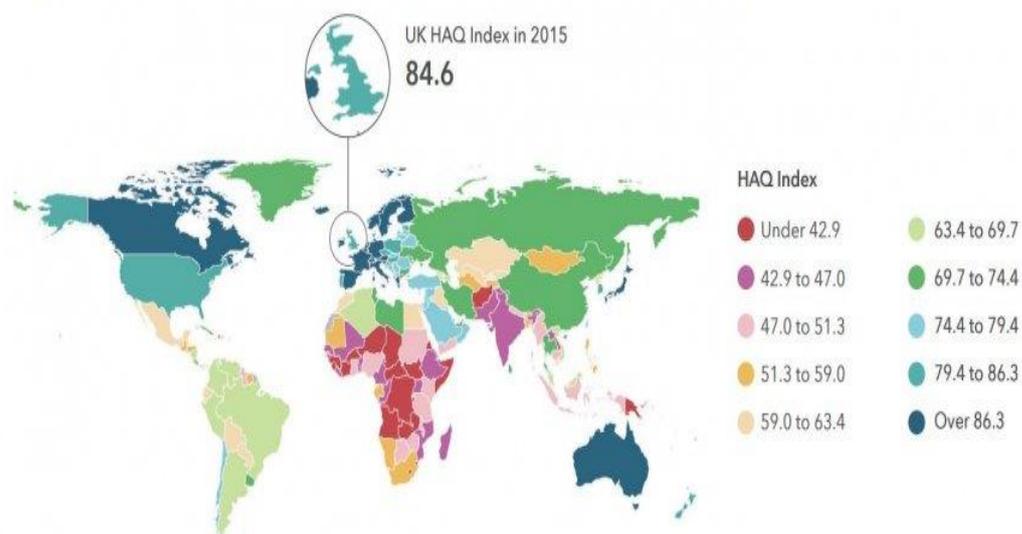
WHO also sends doctors and other health professionals to UNHCR operations and supports the refugee agency, governments, and other institutions in the co-ordination of humanitarian health programmes. The two organizations jointly consult with host governments and donors to determine health measures for beneficiaries within the context of ongoing national development efforts.

WHO also has a role to support regulatory authorities and one of the most important missions of it is “setting norms and standards and promoting and monitoring their implementation.”. WHO standards are founded on scientific evidence and serve as the foundation for developing and upgrading national regulatory requirements. Furthermore, WHO has other applications to set standards for vaccines. One of them is to strengthen regulatory authorities to assure the quality of vaccines worldwide.

## E) Steps That Have Been Taken

Given the urgent need for action on improving healthcare in disadvantaged areas, researchers and policymakers have been working to develop more high-impact, effective policies that may be implemented in novel ways. To eliminate gaps in healthcare access and quality, Peters et al. from the Johns Hopkins Bloomberg School of Public Health recommend a multi-faceted

### Mapping personal healthcare access and quality worldwide in 2015



approach that includes quality, geographic accessibility, availability, financial accessibility, and acceptability of treatments. These ways include using health equity funds, conditional cash transfers, and coproduction and regulation of health services to engage partners from government, nongovernmental, and commercial groups to assist underprivileged communities.

Improving the availability of healthcare services necessitates addressing issues such as healthcare professionals' limited working hours, high wait times, clinic drug shortages, and absentee health workers. People frequently rely on unprofessionally trained healthcare personnel and shopkeepers who may not have the patient's best interests at heart as a result of these concerns. Taking on this problem would necessitate allocating resources to construct higher-quality and more accessible clinics.

Half the world's population lacks access to the full range of essential healthcare services. When it comes to healthcare, many of us are denied basic care, despite the fact that we live in a time of awe-inspiring advancements in disease prevention, diagnosis, and treatment. This is the equity gap—and it's costing lives. Income, education, geographical location, and discrimination based on ethnicity, race, gender, sexual orientation, age, disability, and lifestyle are just a few of the factors that can negatively affect care. The most disadvantaged groups are also more likely to have increased exposure to a host of other risk factors, like tobacco, unhealthy diets, or environmental hazards. Breaking the vicious cycle of poverty and healthcare requires addressing the attitude and cultural disparities that exist, particularly in lower-middle income nations.

Finally, the issue of service acceptance is most prevalent in emerging countries such as Bangladesh, Burkina Faso, and India. Patients' opinions of the quality and effectiveness of medical care may conflict with cultural norms, leading to a skepticism of new medical technology in favor of traditional medicine administered by shopkeepers or village doctors. Gender and socioeconomic inequality accentuate these difficulties of acceptability, as women and the poor are less happy with health treatments than males and the wealthy. When the availability and social acceptability of village doctors are taken into account, impoverished people prefer to form closer bonds with them.

During 2020–2021, WHO led the largest-ever global response to a health crisis, working with 1600 technical and operational partners, and helped galvanize the biggest, fastest, and most complex vaccination drive in history. The Organization spent US \$1.7 billion on essential supplies for the COVID-19 response.

Where there is progress, there is hope. When people unite, when communities rally around the vulnerable, and when individuals innovate and collaborate across borders, change is within reach. In Nigeria, the Sebecly Cancer Care and Support Centre helped patients navigate and access earlier cancer diagnosis and treatment with the launch of the digital tool Oncopadi. In Canada, several organizations collaborated across sectors on a series of measures aimed at closing the gap in healthcare for indigenous populations. In the world governments raised USD 8.817 billion in 2021 for Gavi, a global health partnership, to provide 84 million girls in low-resourced regions with HPV vaccinations to protect them from cervical cancer.

Progress can take many forms, whether it's a new partnership for delivering better screening services to rural communities or a neighborhood banding together to provide transport to cancer treatment for a fellow resident. Many equity gaps and injustices remain, but they can be solved with innovative ideas and actions if we work together.

Collectively, we can reduce inequity by:

- educating the public and raising awareness about it;
- equipping healthcare professionals with skills and knowledge, including knowledge about how inequity influences healthcare;
- strengthening primary health care delivered in communities;
- addressing through policy and programs some of the social and economic factors that can negatively affect people's health;
- increasing resources and tracking the burden of inequity to more effectively shape our investments.

As individuals, we have an important role to play too. By raising our voices and pressuring governments to address the root causes of these inequities and by challenging – directly, vocally, and unwaveringly – stigma and discrimination in all its forms.

## **F) Questions A Resolution Should Cover**

1. What are the structural and economic reasons that make healthcare services inaccessible in developing countries?
2. What problems have arisen during the pandemic process? (Regarding healthcare services and vaccine inequity)
3. What steps should be taken to solve the problems that have emerged during the pandemic process?
4. What can be done to make vaccines more accessible?
5. Which health institutions can be worked with to ensure easier access to health services for financially struggling individuals?
6. If the World Health Organization is to be alarmed and be worked with, what are the right actions to maximize its efficiency?
7. If the Social, Cultural, and Humanitarian Committee decides upon providing healthcare services to developing countries, what criteria should the aforementioned countries have?
8. How can we ensure that healthcare services are safe, free, and sustainable? (If The United Nations decides on sending healthcare services to developing countries)
9. Should the committee collaborate with non-governmental organizations? If so, how and under which circumstances?
10. What should the committee's approach be towards vaccine hesitancy?

# References

1. <https://www.unhcr.org/>
2. <https://historyofvaccines.org/>
3. [www.theatlantic.com](http://www.theatlantic.com)
4. [maloney.house.gov](http://maloney.house.gov)
5. [www.glsen.org](http://www.glsen.org)
6. [edition.cnn.com](http://edition.cnn.com)
7. [www.apa.org](http://www.apa.org)
8. [www.ohchr.org](http://www.ohchr.org)
9. [www.worldcancerday.org](http://www.worldcancerday.org)
10. [www.healthaffairs.org](http://www.healthaffairs.org)
11. [www.who.int](http://www.who.int)
12. [www.frontiersin.org](http://www.frontiersin.org)
13. [news.un.org](http://news.un.org)
14. [www.un.org](http://www.un.org)
15. [www.unwomen.org](http://www.unwomen.org)
16. [www.lshtm.ac.uk](http://www.lshtm.ac.uk)
17. [www.vic.gov.au](http://www.vic.gov.au)
18. [en.wikipedia.org](http://en.wikipedia.org)
19. [www.osce.org](http://www.osce.org)