

SOCHUM

Social, Cultural, and Humanitarian Committee

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GSMUN 2011



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Welcome delegates!

It is our great honor and pleasure to welcome you to the Social, Humanitarian, and Cultural Committee (that's SOCHUM, which rhymes with "vacuum"). We are so excited to be your chairs for this committee and have been working diligently to make this committee the best you will ever experience. Get ready for a weekend full of debating women's education and finding ways to stop pandemics (good luck with that!). And now for your dais.

Lily is a senior at Maggie Walker and has been actively involved in Model UN since 8th grade. Her favorite Model UN experience was co-chairing SPECPOL at GSMUN XIII. Outside of Model UN, Lily plays on the school tennis team and dances for Maggie Walker's Club Asia. In her free time, she enjoys snowboarding, eating candy, reading, playing the cello, and hanging out with friends.

Judy is a junior at Maggie Walker and has been an active member of Model UN since she was a freshman. She brings Model UN experience from working in GSMUN XIII as Under-Secretariat Assistant to the USG of Logistics and from representing Latvia in the World Health Organization at WMHSMUN 2009 and Japan in the Commission on the Status of Women in VAMUN 2010. Judy is the Co-Founder and Co-President of Maggie Walker's Future Problem Solver's Club and serves as a Student Ambassador, Junior Class Secretary, and Red Cross Treasurer. In her spare time, she works with a youth activism organization called YStreet and enjoys playing piano and guitar.

Currently a senior, April has participated in Model UN since freshman year and is very excited to be the vice-chair of SOCHUM this year. In her little free time, she enjoys playing soccer, watching football, and hanging out with friends. Whenever she gets the chance, she also tries to keep up with her favorite TV shows, including "Grey's Anatomy" and "Modern Family." Additionally, she enjoys watching newly released movies, though she rarely has the time.

Now that you know more than you probably needed to know about us, feel free to chat us up with any questions or concerns about this committee or the conference in general. GSMUN XIV is going to be an awesome experience, so come prepared for some action!

Sincerely,

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Committee Information

Committee Background

The Social, Cultural, and Humanitarian Committee (SOCHUM) deals with social issues, humanitarian affairs, and human rights issues that have global implications. It focuses on the advancement of historically neglected groups, as well as the preservation and respect of cultures. While several other bodies address these particular issues, SOCHUM has the greatest clout among them.

SOCHUM, like the General Assembly as a whole, occupies a central position in the UN. It is a forum that discusses a wide range of issues. SOCHUM also plays a significant role in the process of setting standards and the codification of international law. As stated in the UN charter, SOCHUM's main powers are to consider and make recommendations, and to work with other organs of the UN to promote peace and human equality. While the resolutions passed by SOCHUM are nonbinding, they do set the grounds for international acceptance regarding human rights issues.

SOCHUM reviews critical issues which are addressed by the Human Rights Council (HRC). Because of the large range of issues that SOCHUM addresses, it also works closely with other UN organizations, including UN Children's Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), and the Commission on the Status of Women (CSW). These organizations often send reports to SOCHUM with recommendations regarding specific problems. SOCHUM is responsible for reviewing these suggestions so that it can consider "any questions relating to the maintenance of international peace and security brought before it by a Member of the United Nations."

Currently, SOCHUM deals with issues regarding protection of children's rights, the promotion of right for self-determination, gender equality, international drug control, and women's rights. SOCHUM continues to create solutions to human rights problems and examine reports of the Human Rights Council.

Women's Education

Introduction

Education plays a key role in the socioeconomic development of a country, and addressing it has long been recognized as a vital part of improving this development. Access to education in Middle Eastern and North African (MENA) countries has dramatically improved over the past few decades, and recent trends in education for women and young girls show promising signs. Nonetheless, immense challenges still exist today. Many girls are still barred from education, and many that are enrolled in school are not being adequately prepared for 21st-century jobs.

Because the UN established education as a right, both females and males deserve equal access to a quality education in order to develop their talents and reap the social and economic benefits without discrimination. Unfortunately, millions of females across the developing world do not have this essential right; some do not receive even the most basic education and thus lose many valuable opportunities. Women's education plays a significant role in the development of a country and, thus, appropriately addressing its present deficiencies is an issue of great consequence.

Effects on Development

Education is vitally important due to its influences on economic development. For example, education has a direct effect on the growth of national income because it increases the productive capabilities of a country's labor force. The UN states that countries that have made social investments in education, health, and family planning have lower levels of population growth coupled with faster economic growth, when compared to those countries that have not made these investments.

Improving women's literacy has also been a part of the solution to increasing female participation in politics and economics, and to improving family life. Increased education allows women to take full advantage of opportunities that could benefit their community and families by helping them understand their reproductive and legal rights. Educated women have a better understanding of their legal and social rights and are therefore better equipped to exercise them. Thus, education allows women to become more politically active.

Education is the single greatest predictor of age at marriage and first pregnancy in underdeveloped countries. A study in Turkey found that 22 percent of girls aged 15-19 who did not complete primary school became pregnant, as compared to only two percent of girls who had completed secondary education. Moreover, a standard of education tends to pass between generations, as children of educated mothers, especially daughters, are more likely to attend school. In general, by properly equipping women to take advantage of economic opportunities, they will be able to benefit themselves, their families, and their communities.

The Benefits of Women's Education

There is strong evidence that education contributes to the health of individuals. Just one additional year of education for females is effective in reducing infant mortality by five to ten percent.

In addition to ensuring better maternal and child health, education results in more sustainable families, female empowerment for governmental participation, income growth, and productivity. These factors, when combined, create a ripple effect that can improve the welfare of an entire nation. First, a girl's education leads to higher income gains and favorable consequences for both the tax base and economic growth. Second, education is the key to smaller, healthier, and better-educated families. Women with higher levels of education are more likely to delay pregnancy and to seek prenatal care. They also tend to invest more in the health and education of each child, providing better prospects for future generations. Third, education can empower women and improve their position in family and society. Education can reduce domestic violence and nourish citizenship, fostering democracy and a woman's political participation.

Cultural Factors

Cultural tradition is a major inhibiting factor for women who wish to gain greater access to education and the job market. In some countries, women are confined to the home. Patrilineal principles of inheritance and descent not only discriminate against daughters but also limit a woman's opportunities. Males are more likely to have access to employment and wealth, while females are kept in a subservient role, wholly dependent on the men of the family.

While cultural traditions are difficult to change, they are gradually evolving. Activists are challenging the status quo by demanding equality and calling for women's political, economic, and social freedom. Both economic changes and political voices are pressuring countries to seek reform. As more job markets are being made available to women, the cost of living for families is rising. Increasingly, males are forced to depend on women to provide additional income for the family.

The Gender Gap

Girls face a greater risk of being out of school for multiple reasons contingent upon their gender. In some countries, parents do not send their children to school due to their dire financial situations. Especially given the global economy today, growing unemployment and lower wages force households to cut back on schooling. Girls are more susceptible to being pulled out of school in times of hardship because parents see fewer benefits in educating their daughters, as compared to their sons. Many believe that marrying a girl out of the family would be more beneficial to alleviating economic burdens or securing a daughter's future than simply furnishing her with a good education. In reality, however, education is ultimately more profitable than marriage alone.

Although there has been much progress over the years towards greater gender parity, there are still marked differences across and within regions. Gender parity does not end with primary enrollment. It must continue into vocational education. Otherwise, these girls may end up in low-paying professions. Finally, achieving gender parity does not mean achieving gender equality. Gender equality refers to providing the same opportunities, free of stereotypes and gender bias, to both males and females. Unfortunately, girls still face gender discrimination due to deeply entrenched social, cultural, and economic barriers. In order to combat this problem, one must fight against ingrained social inequalities.

Current Issues

While women's education has improved significantly over the past few decades, there is still much to be done. Many countries are taking the necessary steps to increase access to education, and the illiteracy rates of young adults (ages 15-24) in African countries is half that of the adult population. Furthermore, wide gender gaps and quality of education is a major concern.

Some governments have already imposed laws aimed at providing education to all children, including girls. In MENA countries, all children are required to complete five years of schooling at the bare minimum, and education through high school is provided for free. The positive effects of these new changes have been evident, but the governments are having trouble dealing with the rapid increase of school-age populations, and the capacities of many countries' schools are being exceeded. New resolutions passed should seek to increase the funding and resources for governments' investment in education.

By dealing with illiteracy, governments are also dealing with the gender gap. It is not enough, however, to simply increase access to education for women. Education must also increase in quality, adequately preparing women to seize new opportunities in the work field. Resolutions should provide for all social classes equally and remain sensitive to the particular needs of females.

UN Efforts

There is no doubt that gender equality in education is a universal goal toward which the UN has long worked. From its beginning, the UN has been dedicated to improving gender equality. The General Assembly, in Article 26 of the 1948 Universal Declaration of Human Rights, proclaimed that "everyone has the right to education." Within the last 20 years, the UN has produced a string of conferences and initiatives in order to make progress toward achieving this goal. In 1990, delegates from 155 countries and representatives from 150 organizations gathered at the World Conference on Education for All in Jomtien, Thailand and agreed to universalize education and reduce illiteracy before the end of the decade. The result was "The World Declaration on Education for All: Meeting Basic Learning Needs and its respective Framework for Action," which emphasized the need to educate women.

The Fourth World Conference on Women in 1995 recognized women's literacy as the key to empowering women's participation in politics and improving family life. Education was noted as being vital to developing democratic societies with strong economies. Unfortunately, there was slow progress over the decade, and their targets were not met by 2000. Thus, to reaffirm their commitment to the cause, 164 governments met in Dakar, Senegal in 2000 and adopted the Dakar Framework for Action, as well as six Education for All (EFA) goals. The six goals are comprehensive, from expanding early childhood education to literacy and life skills for adults.

As a result of the World Declaration on Education for All, a slew of UN initiatives and conferences followed. In September 2000, world leaders came together at the UN headquarters to adopt the UN Millennium Declaration, which committed their nations to reach specific targets by 2015. They have come to be known as the Millennium Development Goals (MDGs). Echoing the EFA goals, two of the MDGs are to promote gender equality and to achieve universal primary education. As a result, the UN Girls' Education Initiative (UNGEI) was launched, the UN Children's Fund (UNICEF) incorporated the MDGs into their mission, and the World Bank launched the EFA Fast Track Initiative (FTI) to help low-income countries meet the MDG and EFA education goals.

Through all these programs and partnerships, the UN has improved education throughout the decade. On July 2, 2010, the UN General Assembly unanimously voted to create a single UN body to focus specifically on accelerating the process of achieving gender equality and women's empowerment. This created the UN Entity for Gender Equality and the Empowerment of Women, also known as UN Women. Through UN Women, four UN agencies were merged into one, increasing their efficacy.

Conclusion

Women's education is a complex issue that greatly influences many other aspects of society. New policies for the improvement of women's education should include programs and policies that can produce measurable results. Governments should be fully involved, making an investment in women's education, creating national development preparation, and tracking progress throughout.

SOCHUM has taken many actions on this topic, from following up on the Fourth World Conference on Women and the full implementation of the Beijing Declaration and Platform for Action, to encouraging EFA. In these resolutions, SOCHUM has reaffirmed their commitment to the cause. However, it is time to take further action towards achieving the MDG and EFA goal of reaching gender equality. SOCHUM should not merely reaffirm its commitment; it should put forth ideas and action plans to encourage progress.

Resolutions should seek to set aside appropriate funding to ensure that even low-income and rural parts of society have appropriate access to education for women. More affluent surrounding countries should also be encouraged to come to the aid of nations with comparatively fewer resources in their quest to improve education. There are great challenges to overcome, and the UN has already begun to lay the groundwork. It is now up to this committee to use careful consideration in determining what the next step should be.

Questions to Consider

- What are some possible strategies for increasing women's access to education?
- In addition to increasing enrollment, what actions will be taken to ensure that more students stay in school?
- What can the international community do to help developing nations achieve universal education and gender parity?

- What can schools do to increase the quality of education and safety?
- How will progress be measured and evaluated? How should future policies be molded by the successes or failures of previous ones?
- How can governments extend education not only to girls but to women as well?

Should the process of improving gender equality be decentralized? That is, should the state government, local government or NGOs take the central role in this effort?

- What could serve as possible sources of revenue for managing programs concerning women's education?
- How can the influence of the UN be utilized to increase efficiency and effectiveness?

Pandemics

Introduction

The word “pandemic” refers to an epidemic whose effects are seen across international borders. However, a disease cannot be considered a pandemic merely by virtue of its pervasiveness or fatality.

Throughout history, there have been several major pandemics that have greatly affected specific populations. Smallpox, for instance, has existed since approximately 430 BCE and has claimed the lives of over 300 million people in the 20th century alone. Smallpox was likely responsible for wiping out many of the native populations of the Americas, following their first contact with individuals from Europe and Africa. The World Health Organization (WHO) declared that the disease had been completely eradicated by 1979.

Malaria has existed since around 1600 BCE but is still a deadly disease that kills approximately two million people each year. It mostly affects pregnant women and children under the age of five. However, because many of malaria's victims live in developing countries, it is difficult to determine how many are truly afflicted by the disease.

Cholera has emerged in a series of eight plagues. The first occurred from 1817 to 1823, and the most recent began in 1991 and continues to the present day. The disease originated around the Ganges River in India

and eventually migrated to other parts of the continent.

Typhus, which has existed since 430 BCE, is caused by louse-borne bacteria known as *Rickettsia*, and can be passed to humans by lice, fleas and mites. It is most common in areas of poorer sanitation and among individuals with poor hygiene. Typhus took the lives of almost three million people between 1918 and 1922, before a vaccine was finally discovered during WWII.

Pandemics often occur when a bird or animal virus mixes with a human virus to create a new strain. This makes it more challenging for the human immune system to handle, especially without prior exposure. Consequently, a virus can seriously affect many individuals in specific areas without any warning or time to develop an appropriate response mechanism.

Current Status of the Issue

The H1N1 virus is the most recent pandemic. This new flu virus spread throughout the United States and across the world in the spring of 2009. The first H1N1 case was detected in a ten-year-old patient in the US on April 15, 2009. By June 11, 2009, the World Health Organization (WHO) had declared this virus a global H1N1 flu pandemic. It was later found that this virus was known to circulate among pigs; hence, its nickname, “swine flu.” The US Center for

Disease Control and Prevention (CDC) believes that the H1N1 virus resulted from re-assortment, a process in which two or more influenza viruses swap genetic information when they infect one host.

The WHO released a six-stage phase process that describes how a new influenza virus transitions from minimal impact to pandemic status. During Phase One, the risk of human infection or disease is considered low. With each subsequent phase, the chance of human infection and human-to-human transmission increases. By Phase Five, large numbers of people have been affected and the virus is better adapted to humans but not “fully transmissible.” Finally, Phase Six is officially defined as “increased and sustained transmission in the general population.”

One of the most devastating pandemics is AIDS. Rare, sporadic cases of the HIV virus were recorded prior to 1970, but data suggest that the current AIDS pandemic started in the early 1970s. By 1980, HIV had spread to North America, South America, Europe, Africa, and Australia. Since people knew so little about HIV during this time, the virus spread unchecked. Starting in 1981, doctors recorded an alarming increase in the number of cases of Kaposi’s sarcoma and pneumocystis pneumonia (PCP); the latter is an infection which can develop in patients if their AIDS is left untreated.

Because this syndrome originally affected large numbers of homosexual men, it was referred to as gay-related immune deficiency (GRID). However, by December 1981, after the same symptoms were reported in injecting drug users, it was clear that AIDS was not a disease exclusively afflicting homosexual men. In July 1982, the disease was formally given the name Acquired Immunodeficiency Syndrome (AIDS) by the CDC. AIDS awareness continued to grow, as occurrences of the disease were reported worldwide. By the end of 1986, the sex and age distributions of AIDS were similar to those of other sexually transmitted diseases, and its major transmission routes had been

identified. Currently, an estimated 40.3 million people are living with the disease, and over 25 million people have died as a result of it.

Response Mechanisms

Since the outbreak of the avian flu, governments around the world have placed more emphasis on response mechanisms to prepare for future pandemics. Laboratories and surveillance systems have been enhanced to detect the flu and respond appropriately. The Crisis Management Center for Animal Health (OIE), established by the UN Food and Agriculture Organization (FAO) and the World Health Organization for Animal Health, responds to outbreaks or emergency events related to the flu or other animal diseases. The Global Avian Influenza Network for Surveillance has participants working in 34 countries to conduct wild bird mortality surveillance, avian flu sampling, local training, wild bird censuses, and monitoring of wild bird migration routes. Finally, the Global Early Warning System coordinates the alert mechanisms of FAO, OIE, and WHO to help “predict, prevent, and control animal disease threats through information sharing, analysis, and joint field missions to assess and control outbreaks.”

In order to effectively monitor, alert, and respond to pandemics, the United States’ Federal Financial Institutions Examination Council (FFIEC) suggests each nation should have a preventative program; a documented strategy; a comprehensive framework of facilities, systems, or procedures, testing programs; and an oversight program to ensure ongoing review and updates. Beyond creating these broad response strategies and procedures to combat pandemics, nations can develop more specific methods of prevention and response. In a study of the 1918 flu pandemic, Dr. Howard Markel of the CDC studied 43 cities to understand and analyze successful methods of flu prevention. One of the most successful non-pharmaceutical methods was isolation of the disease. For

instance, by closing schools or railroads, the spread of the disease was contained within one specific area, and the negative effects on other populations were greatly minimized. In some cases, exposure to an earlier wave of flu can allow individuals to build up defenses to a more severe strain that may come in a second wave.

One issue with pandemic management is that it is both challenging and expensive to create vaccines for each new strain of a disease and provide them to affected individuals. After a pandemic is first identified, it can take four to six months for a vaccine to be developed. While some nations produce their own vaccines, many others depend on vaccines produced in foreign countries. Priority groups are often established in locations where vaccines are scarce. These groups usually include pregnant women, caregivers, medical professionals, and young children, as they are most susceptible to contracting or spreading diseases.

Additional pandemic response mechanisms include source control and an increase in literature to raise awareness. Examples of source control are masks for coughing persons and improved means of sanitation. It is also important to increase the amount of signage and literature concerning the pandemic as soon as it is confirmed. To prevent accidental contraction of the illness, it is important to identify places of pandemic exposure. The government should also be promptly notified of any confirmed cases, as this allows for a better response.

Humanitarian Aid

It is imperative that nations are cognizant of the threat of pandemics and proactive in their efforts to combat them. To this end, the US Agency for International Development (USAID) and the US Office of Foreign Disaster Assistance (OFDA) have been created to lead humanitarian response to a pandemic disaster. The primary mission of USAID is to extend assistance to Sub-Saharan Africa, Asia, Latin America and the

Caribbean, Europe and Eurasia, and the Middle East. As soon as WHO announces that a pandemic has advanced to Phase Six, USAID is called to lead the provision of humanitarian assistance to affected countries. USAID assists in the areas of preparedness, containment, vaccines, and medical treatment.

The USAID Continuity of Operations Plan offers humanitarian aid if a pandemic has spread beyond a country's capacity to handle it. Aid is provided with the goal of minimizing "the number of lives lost, [alleviating] suffering, and [reducing] the social and economic impact of the pandemic in affected communities." USAID and OFDA work with other organizations, such as the International Federation of Red Cross, the UN, USAID's Global Health Avian and Pandemic Influenza Unit, and non-governmental organizations (NGOs). Their goals are to spur international health organizations into action and ensure that these groups are kept abreast of facts and figures pertaining to pandemics.

For countries stricken by a pandemic, humanitarian aid can be of great assistance. Sanitation supplies, such as sanitizers, soap, clean running water, towels, and other effective means of destroying infectious agents, should be provided to the general population. When medical officials are caring for individuals afflicted with a disease, proper care materials should be used, including gloves, masks, and other sanitary equipment. This helps to prevent further spreading of the disease. Also, proper cleaning and disinfecting materials should be used.

Current and Future Issues

With many contemporary pandemics, affected individuals are often not well educated as to the appropriate response. During pandemics, individuals often become concerned with symptoms that most likely are not associated with the pandemic, but rather with more common ailments. This can take time and resources away from those individuals who need immediate medical

attention. Additionally, many pandemics cannot be treated fully at a doctor's office, due to the time it takes to develop a vaccine for each new strain. In more impoverished countries it can be difficult to obtain medical resources. Therefore, isolation is usually suggested by physicians as the first response to an outbreak.

Another issue is the operational costs of the Global Fund, which unites the efforts of several governments, the private sector, and civil societies to fight AIDS, tuberculosis, and malaria. These groups submit grants for the allocation of funds and help carry out programs dealing with prevention and treatment. There is a particular focus on AIDS, tuberculosis, and malaria in terms of their effects on Africa. Specifically, this includes concerns about a country's ability to develop and sustain itself amidst serious pandemics. In terms of the HIV/AIDS pandemic, USAID and OFDA have put great emphasis on preventing its spread to Asian countries, as it would likely have similarly devastating effects. With programs like the International AIDS Vaccine Initiative, there is also a great focus on vaccine research, as this is one of the most important steps to the prevention and treatment of devastating pandemics.

Another issue arises with the development of future pandemics that cannot be prevented. One group of potentially dangerous viruses consists of viral hemorrhagic fevers. Naturally found in an animal host or arthropod vector and dependent on their host for replication and survival, these viruses can be transmitted to humans upon contact with urine, fecal matter, saliva, or other excretions from infected rodents. Controlling rodent populations, discouraging rodents from entering homes or workplaces, and encouraging the safe cleanup of rodent nests and droppings can subdue this disease. Viral hemorrhagic fever is a severe multisystem syndrome (affecting multiple organ systems in the body) that can damage the body's regulation and vascular system in

addition to causing hemorrhaging. Many of these viruses can cause severe, life-threatening diseases. Currently, the Special Pathogens Branch (SPB) is working to reduce the prevalence of viral hemorrhagic fever viruses that are classified as biosafety level four pathogens.

Another danger arises from antimicrobial agents. Since their discovery in the 1900s, antimicrobial agents have reduced the threat posed by infectious diseases. Subsequently, the world has recorded dramatic decreases in deaths from diseases that were once widespread, untreatable, and fatal. However, microbes that are resistant to the previously effective generic drugs have now emerged. These new microbes are found in diarrheal diseases, respiratory tract infections, meningitis, sexually transmitted infections, and hospital-acquired infections. Examples of these new antimicrobial resistant viruses are the penicillin-resistant *Streptococcus pneumoniae* and the methicillin-resistant *Staphylococcus aureus* (MRSA). Unfortunately, there is also an emerging resistance to anti-HIV drugs.

Previously, the fields of medicine and science were able to control these antimicrobial bacteria. However, urbanization, poor sanitation, pollution, environmental degradation, changing weather patterns, demographic changes, the AIDS pandemic, and the growth of global trade and travel have increased the speed and facility through which infectious diseases and resistant bacteria can spread around the world. Other factors also encourage the spread of resistant bacteria. For example, self-medication is a common issue in many developing countries, where people use incorrect dosages. In these circumstances, bacteria can more easily develop resistance. Additionally, some patients are unable to afford the full course of a medication, or they may stop taking the medication when they believe they have recovered; however, this only proves expedient to the development of resistance in

bacteria. Finally, large amounts of antimicrobials are used in food-producing animals and poultry. This exposes animals that may not be sick to the antimicrobial agent, which will cause them to build up resistance to it.

The potential consequences of this antimicrobial resistance are deadly. Because these microbes are now resistant to common drugs, it will take scientists longer to develop effective drugs to combat once-curable diseases. This may lead to prolonged illness, increased chance of transmission, and a greater risk of death. The increased chance of transmission is especially troubling because of the staggering number of people who can contract an incurable disease.

Conclusion

Pandemics not only affect the health conditions of people around the world, but they also affect the social and economic wellbeing of each nation. With the past history of pandemics and the future dangers of potential pandemics, each nation must institute efficient response mechanisms to assuage the consequences of disease and death.

Questions to Consider

- How would your nation fund efficient response mechanisms for pandemics?
- Does having nationwide healthcare affect the spread of viruses?
- How might third-world countries respond to pandemics?
- What can your nation do about patient compliance and responsibility when taking antimicrobials?
- What are some new measures to put in place if your country has not yet been affected by the pandemic?
- Will there be any compensation given to those affected by the pandemic?
- How can all nations' response mechanisms be linked to ensure faster alerts?
- Will the severity of the pandemic affect your nation's actions?

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