



NMUN • NY

COMMISSION ON THE STATUS OF WOMEN

BACKGROUND GUIDE 2011

WRITTEN BY: Pauline Rybka, Melissa Morales, Lauren Randle and Kelsi Steele



NATIONAL MODEL UNITED NATIONS
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Dear Delegates,

Welcome to the 2011 National Model United Nations (NMUN) Conference! We are very excited to serve as your Directors and Assistant Directors for the simulation of the Commission on the Status of Women (CSW) at the Sheraton and Marriott venues in April.

First, we would like to introduce ourselves, as we will be your first contacts at the conference for questions, suggestions, or clarifications which we will be more than happy to receive. Your Director and Assistant Director for the Sheraton venue are Pauline Rybka and Lauren Randle. Pauline is a student at the University of Bonn, Germany, where she is currently finishing her bachelor's degree in Political Sciences with Public Law and Contemporary History as a minor. This is Pauline's third year of NMUN and second year on staff. Lauren is currently working as an administrative assistant at an immigration law firm based in Dallas, TX. Lauren graduated from Texas Christian University with a B.A. in Political Science. This is Lauren's first year on NMUN staff.

Your Director and Assistant Director for the Marriott venue are Melissa Morales and Kelsi Steele. Melissa is originally from Puerto Rico, and is currently pursuing a master's degree in International Relations (specializing in International Conflict Resolution) from St. Mary's University in San Antonio, Texas. This is Melissa's fifth year at NMUN and fourth on staff. Kelsi is from Missoula, Montana, and just graduated with a BA in Political Science with an emphasis in International Relations and minors in Women's and Gender Studies and History from the University of Montana in Missoula, Montana. This is Kelsi's first year on staff.

This year's topics for CSW are:

- I. Improving Access to Health Services for Women in Conflict and Post-Conflict Situations
- II. Elimination of Barriers to Justice for Women
- III. Women, the Girl Child, and HIV/AIDS

CSW is integral in assessing, developing, and executing efforts globally to achieve gender equality and women's empowerment, and thus is at the forefront of policymaking initiatives within the UN system. We ask you to become familiar with CSW's mandate and its relationships with other organizations within the UN system. In addition, as the topics are linked by the core issue of women's rights, we encourage delegates to extensively research the main documents and events pertaining to the gender equality and women's rights movement, as they will be central to your work within the committee. We celebrate the introduction of the new agency approved by the General Assembly in July 2010, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). UN Women reaffirms the commitment of the UN to the promotion and protecting of women's rights, equality and empowerment.

Every delegation is required to submit a position paper prior to attending the conference. NMUN will accept position papers via e-mail by March 15, 2010 Eastern Standard Time (GMT-5) for both the Sheraton and Marriott venue. Please refer to the message from your Director-General explaining NMUN's position paper requirements and restrictions, as adherence to these guidelines is of utmost importance. We wish each of you the best as you prepare. Please regularly check the NMUN website at <http://www.nmun.org> for updates.

Sincerely yours,

Sheraton Venue

Pauline Rybka

Director

Lauren Randle

Assistant Director

csw.sheraton@nmun.org

Marriott Venue

Melissa Morales

Director

Kelsi Steele

Assistant Director

csw.marriott@nmun.org

CONTACT THE NMUN

Please consult the FAQ section of nmun.org for answers to your questions. If you do not find a satisfactory answer you may also contact the individuals below for personal assistance. They may answer your question(s) or refer you to the best source for an answer.

NMUN Director-General (Sheraton)
Holger Baer | dirgen@nmun.org

NMUN Director-General (Marriott)
Brianna Johnston-Hanks | dirgen@nmun.org

NMUN Office
info@nmun.org
T: +1. 612.353.5649 | F: +1.651.305.0093

NMUN Secretary-General
Ronny Heintze | secgen@nmun.org

NMUN•NY 2011 Important Dates

IMPORTANT NOTICE: To make hotel reservations, you must use the forms at nmun.org and include a \$1,000 deposit. Discount rates are available until the room block is full or one month before the conference – whichever comes first. **PLEASE BOOK EARLY!**

31 January 2011	<ul style="list-style-type: none"> • Confirm Attendance & Delegate Count. (Count may be changed up to 1 March) • Make Transportation Arrangements - DON'T FORGET! (We recommend confirming hotel accommodations prior to booking flights.)
15 February 2011	<ul style="list-style-type: none"> • Committee Updates Posted to www.nmun.org
1 March 2011	<ul style="list-style-type: none"> • Hotel Registration with FULL PRE-PAYMENT Due to Hotel - Register Early! Group Rates on hotel rooms are available on a first come, first served basis until sold out. Group rates, if still available, may not be honored after that date. See hotel reservation form for date final payment is due. • Any Changes to Delegate Numbers Must be Confirmed to: outreach@nmun.org • Preferred deadline for submission of Chair / Rapp applications to Committee Chairs • All Conference Fees Due to NMUN for confirmed delegates. (\$125 per delegate if paid by 1 March; \$150 per delegate if received after 1 March. Fee is not refundable after this deadline.
15 March 2011	<ul style="list-style-type: none"> • Two Copies of Each Position Paper Due via E-mail (See Delegate Preparation Guide for instructions).
NATIONAL MODEL UNITED NATIONS	<p>The 2011 National Model UN Conference</p> <ul style="list-style-type: none"> • 17 - 21 April – Sheraton New York • 19 - 23 April – New York Marriott Marquis <p>The 2012 National Model UN Conference</p> <ul style="list-style-type: none"> • 1 - 5 April – Sheraton New York • 3 - 7 April – New York Marriott Marquis • 30 March - 3 April – New York Marriott Marquis

POSITION PAPER INSTRUCTIONS

Two copies of each position paper should be sent via e-mail by 15 MARCH 2011

1. TO COMMITTEE STAFF

A file of the position paper (.doc or .pdf) for each assigned committee should be sent to the committee e-mail address listed below. Mail papers by 15 March to the e-mail address listed for your particular venue. These e-mail addresses will be active when background guides are available. Delegates should carbon copy (cc:) themselves as confirmation of receipt. Please put committee and assignment in the subject line (Example: GAPLEN_Greece).

2. TO DIRECTOR-GENERAL

- Each delegation should send one set of all position papers for each assignment to the e-mail designated for their venue: positionpapers.sheraton@nmun.org or positionpapers.marriott@nmun.org.

This set (held by each Director-General) will serve as a back-up copy in case individual committee directors cannot open attachments.

Note: This e-mail should only be used as a repository for position papers.

- The head delegate or faculty member sending this message should cc: him/herself as confirmation of receipt. (Free programs like Adobe Acrobat or WinZip may need to be used to compress files if they are not plain text.)

- Because of the potential volume of e-mail, only one e-mail from the Head Delegate or Faculty Advisor containing all attached position papers will be accepted.

Please put committee, assignment and delegation name in the subject line (Example: Cuba_U_of_ABC). If you have any questions, please contact the Director-General at dirgen@nmun.org.

nmun.org
for more information

COMMITTEE

EMAIL - SHERATON

General Assembly First Committee	ga1st.sheraton@nmun.org
General Assembly Second Committee	ga2nd.sheraton@nmun.org
General Assembly Third Committee.....	ga3rd.sheraton@nmun.org
Human Rights Council.....	hrc.sheraton@nmun.org
ECOSOC Plenary	ecosoc.sheraton@nmun.org
Commission on Crime Prevention and Criminal Justice	ccpcj.sheraton@nmun.org
Commission on the Status of Women	csw.sheraton@nmun.org
Economic and Social Commission for Asia and the Pacific	escap.sheraton@nmun.org
Economic and Social Commission for Western Asia	escwa.sheraton@nmun.org
United Nations Environment Programme	unep.sheraton@nmun.org
United Nations Population Fund	unfpa.sheraton@nmun.org
United Nations Children's Fund.....	unicef.sheraton@nmun.org
World Intellectual Property Organization	wipo.sheraton@nmun.org
African Development Bank	afdb.sheraton@nmun.org
Group of 20.....	g20.sheraton@nmun.org
Organization of American States	oas.sheraton@nmun.org
Organization for Security and Co-operation in Europe.....	osce.sheraton@nmun.org
Security Council.....	sc.sheraton@nmun.org
Security Council 2.....	sc2.sheraton@nmun.org
International Court of Justice.....	icj.sheraton@nmun.org
Non-Proliferation Treaty Review Conference	npt.sheraton@nmun.org

COMMITTEE

EMAIL - MARRIOTT

General Assembly First Committee	ga1st.marriott@nmun.org
General Assembly Second Committee	ga2nd.marriott@nmun.org
General Assembly Third Committee.....	ga3rd.marriott@nmun.org
Human Rights Council.....	hrc.marriott@nmun.org
ECOSOC Plenary	ecosoc.marriott@nmun.org
Commission on Crime Prevention and Criminal Justice	ccpcj.marriott@nmun.org
Commission on the Status of Women	csw.marriott@nmun.org
Economic and Social Commission for Asia and the Pacific	escap.marriott@nmun.org
Economic and Social Commission for Western Asia	escwa.marriott@nmun.org
United Nations Environment Programme	unep.marriott@nmun.org
United Nations Population Fund	unfpa.marriott@nmun.org
United Nations Children's Fund.....	unicef.marriott@nmun.org
World Intellectual Property Organization	wipo.marriott@nmun.org
African Development Bank	afdb.marriott@nmun.org
Group of 20.....	g20.marriott@nmun.org
Organization of American States	oas.marriott@nmun.org
Organization for Security and Co-operation in Europe.....	osce.marriott@nmun.org
Security Council.....	sc.marriott@nmun.org
Security Council 2.....	sc2.marriott@nmun.org
International Court of Justice.....	icj.marriott@nmun.org
Non-Proliferation Treaty Review Conference	npt.marriott@nmun.org

OTHER USEFUL CONTACTS

Entire Set of Delegation Position Papers	positionpapers.sheraton@nmun.org
(send only to e-mail for your assigned venue).....	positionpapers.marriott@nmun.org
Secretary-General	secgen@nmun.org
Director(s)-General	dirgen@nmun.org
NMUN Office	info@nmun.org

Message from the Directors-General Regarding Position Papers for the 2011 NMUN Conference

At the 2011 NMUN New York Conference, each delegation submits one position paper for each committee it is assigned to. Delegates should be aware that their role in each committee impacts the way a position paper should be written. While most delegates will serve as representatives of Member States, some may also serve as observers, NGOs or judicial experts. To understand these fine differences, please refer to the Delegate Preparation Guide.

Position papers should provide a concise review of each delegation's policy regarding the topic areas under discussion and establish precise policies and recommendations in regard to the topics before the committee. International and regional conventions, treaties, declarations, resolutions, and programs of action of relevance to the policy of your State should be identified and addressed. Making recommendations for action by your committee should also be considered. Position papers also serve as a blueprint for individual delegates to remember their country's position throughout the course of the Conference. NGO position papers should be constructed in the same fashion as position papers of countries. Each topic should be addressed briefly in a succinct policy statement representing the relevant views of your assigned NGO. You should also include recommendations for action to be taken by your committee. It will be judged using the same criteria as all country position papers, and is held to the same standard of timeliness.

Please be forewarned, delegates must turn in material that is entirely original. ***The NMUN Conference will not tolerate the occurrence of plagiarism.*** In this regard, the NMUN Secretariat would like to take this opportunity to remind delegates that although United Nations documentation is considered within the public domain, the Conference does not allow the verbatim re-creation of these documents. This plagiarism policy also extends to the written work of the Secretariat contained within the Committee Background Guides. Violation of this policy will be immediately reported to faculty advisors and may result in dismissal from Conference participation. Delegates should report any incident of plagiarism to the Secretariat as soon as possible.

Delegation's position papers can be awarded as recognition of outstanding pre-Conference preparation. In order to be considered for a Position Paper Award, however, delegations must have met the formal requirements listed below. Please refer to the sample paper on the following page for a visual example of what your work should look like at its completion. The following format specifications are **required** for all papers:

- All papers must be typed and formatted according to the example in the Background Guides
- Length must **not** exceed two single spaced pages (one double sided paper, if printed)
- Font **must** be Times New Roman sized between 10 pt. and 12 pt.
- Margins must be set at 1 inch for whole paper
- Country/NGO name, School name and committee name clearly labeled on the first page; the use of national symbols is highly discouraged
- Agenda topics clearly labeled in separate sections

To be considered timely for awards, please read and follow these directions:

1. **A file of the position paper** (.doc or .pdf) **for each assigned committee** should be sent to the committee email address listed in the Background Guide. These e-mail addresses will be active after November 15, 2010. Delegates should carbon copy (cc:) themselves as confirmation of receipt.
2. Each delegation should also send **one set of all position papers** to the e-mail designated for their venue: positionpapers.sheraton@nmun.org or positionpapers.marriott@nmun.org. This set will serve as a back-up copy in case individual committee directors cannot open attachments. These copies will also be made available in Home Government during the week of the NMUN Conference.

Each of the above listed tasks needs to be completed no later than **March 15, 2010 (GMT-5) for delegations attending the NMUN conference at either the Sheraton or the Marriott venue.**

PLEASE TITLE EACH E-MAIL/DOCUMENT WITH THE NAME OF THE COMMITTEE, ASSIGNMENT AND DELEGATION NAME (Example: AU_Namibia_University of Caprivi)

A matrix of received papers will be posted online for delegations to check prior to the Conference. If you need to make other arrangements for submission, please contact Holger Baer, Director-General, Sheraton venue, or Brianna Johnston-Hanks, Director-General, Marriott venue at dirgen@nmun.org. There is an option for delegations to submit physical copies via regular mail if needed.

Once the formal requirements outlined above are met, Conference staff use the following criteria to evaluate Position Papers:

- Overall quality of writing, proper style, grammar, etc.
- Citation of relevant resolutions/documents
- General consistency with bloc/geopolitical constraints
- Consistency with the constraints of the United Nations
- Analysis of issues, rather than reiteration of the Committee Background Guide
- Outline of (official) policy aims within the committee's mandate

Each delegation can submit a copy of their position paper to the permanent mission of the country being represented, along with an explanation of the Conference. Those delegations representing NGOs do not have to send their position paper to their NGO headquarters, although it is encouraged. This will assist them in preparation for the mission briefing in New York.

Finally, please consider that over 2,000 papers will be handled and read by the Secretariat for the Conference. Your patience and cooperation in strictly adhering to the above guidelines will make this process more efficient and is greatly appreciated. Should you have any questions please feel free to contact the Conference staff, though as we do not operate out of a central office or location your consideration for time zone differences is appreciated.

Sincerely yours,

Sheraton Venue
Holger Baer
Director-General
holger@nmun.org

Marriott Venue
Brianna Johnston-Hanks
Director-General
briannaj@nmun.org

Sample Position Paper

The following position paper is designed to be a sample of the standard format that an NMUN position paper should follow. While delegates are encouraged to use the front and back of a single page in order to fully address all topics before the committee, please remember that only a *maximum* of one double-sided page (or two pages total in an electronic file) will be accepted. Only the first double-sided page of any submissions (or two pages of an electronic file) will be considered for awards.

Delegation from
Canada

Represented by
(Name of College)

Position Paper for General Assembly Plenary

The topics before the General Assembly Plenary are: Breaking the link between Diamonds and Armed Conflict; the Promotion of Alternative Sources of Energy; and the Implementation of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Particularly in Africa. Canada is dedicated to collaborative multilateral approaches to ensuring protection and promotion of human security and advancement of sustainable development.

I. Breaking the link between Diamonds and Armed Conflict

Canada endorses the Kimberly Process in promoting accountability, transparency, and effective governmental regulation of trade in rough diamonds. We believe the Kimberly Process Certification Scheme (KPCS) is an essential international regulatory mechanism and encourage all Member States to contribute to market accountability by seeking membership, participation, and compliance with its mandate. Canada urges Member States to follow the recommendations of the 2007 Kimberley Process Communiqué to strengthen government oversight of rough diamond trading and manufacturing by developing domestic legal frameworks similar to the Extractive Industries Transparency Initiative. We call upon participating States to act in accordance with the KPCS's comprehensive and credible systems of peer review to monitor the continued implementation of the Kimberley Process and ensure full transparency and self-examination of domestic diamond industries. We draw attention to our domestic programs for diamond regulation including Implementing the Export and Import of Rough Diamonds Act and urge Member States to consider these programs in developing the type of domestic regulatory frameworks called for in A/RES/55/56. Canada recognizes the crucial role of non-governmental organizations (NGOs) in the review of rough diamond control measures developed through the Kimberly Process and encourages States to include NGOs, such as Global Witness and Partnership Africa Canada, in the review processes called for in A/RES/58/290. We urge Member States to act in accordance with A/RES/60/182 to optimize the beneficial development impact of artisanal and alluvial diamond miners by establishing a coordinating mechanism for financial and technical assistance through the Working Group of the Kimberly Process of Artisanal Alluvial Producers. Canada calls upon States and NGOs to provide basic educational material regarding diamond valuation and market prices for artisanal diggers, as recommended by the Diamond Development Initiative. Canada will continue to adhere to the 2007 Brussels Declaration on Internal Controls of Participants and is dedicated to ensuring accountability, transparency, and effective regulation of the rough diamond trade through the utilization of voluntary peer review systems and the promotion of increased measures of internal control within all diamond producing States.

II. The Promotion of Alternative Sources of Energy

Canada is dedicated to integrating alternative energy sources into climate change frameworks by diversifying the energy market while improving competitiveness in a sustainable economy, as exemplified through our Turning Corners Report and Project Green climate strategies. We view the international commitment to the promotion of alternative sources of energy called for in the Kyoto Protocol and the United Nations Framework Convention on Climate Control (UNFCCC) as a catalyst to sustainable development and emission reduction. Canada fulfills its obligations to Article 4 of the UNFCCC by continuing to provide development assistance through the Climate Change Development Fund and calls upon Member States to commit substantial financial and technical investment toward the transfer of sustainable energy technologies and clean energy mechanisms to developing States. We emphasize the need for Member States to follow the recommendations of the 2005 Beijing International Renewable Energy Conference to strengthen domestic policy frameworks to promote clean energy technologies. Canada views

dissemination of technology information called for in the 2007 Group of Eight Growth and Responsibility in the World Economy Declaration as a vital step in energy diversification from conventional energy generation. We call upon Member States to integrate clean electricity from renewable sources into their domestic energy sector by employing investment campaigns similar to our \$1.48 billion initiative ecoENERGY for Renewable Power. Canada encourages States to develop domestic policies of energy efficiency, utilizing regulatory and financing frameworks to accelerate the deployment of clean low-emitting technologies. We call upon Member States to provide knowledge-based advisory services for expanding access to energy in order to fulfill their commitments to Goal 1 of the Millennium Development Goals (MDGs). Canada urges States to address the concerns of the 2007 Human Development Report by promoting tax incentives, similar to the Capital Cost Allowances and Canadian Renewable and Conservation Expenses, to encourage private sector development of energy conservation and renewable energy projects. As a member of the Renewable Energy and Energy Efficiency Partnership, Canada is committed to accelerating the development of renewable energy projects, information sharing mechanisms, and energy efficient systems through the voluntary carbon offset system. We are dedicated to leading international efforts toward the development and sharing of best practices on clean energy technologies and highlight our release of the Renewable Energy Technologies Screen software for public and private stakeholders developing projects in energy efficiency, cogeneration, and renewable energy. Canada believes the integration of clean energy into State specific strategies called for in A/62/419/Add.9 will strengthen energy diversification, promote the use of cogeneration, and achieve a synergy between promoting alternative energy while allowing for competitiveness in a sustainable economy.

III. Implementation of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

Canada views the full implementation of the treatment and prevention targets of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Especially in Africa, as essential to eradicating malaria and assisting African States to achieve Target 8 of Goal 6 of the MDGs by 2015. We recommend Member States cooperate with the World Health Organization to ensure transparency in the collection of statistical information for Indicators 21 and 22 of the MDGs. Canada reaffirms the targets of the Abuja Declaration Plan of Action stressing regional cooperation in the implementation, monitoring, and management of malaria prevention and treatment initiatives in Africa. To fully implement A/RES/61/228, Canada believes developed States must balance trade and intellectual property obligations with the humanitarian objective of the Doha Declaration on the TRIPS Agreement and Public Health. We continue to implement Paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health into our compulsory licensing framework through the Jean Chrétien Pledge to Africa Act. We urge Member States to support compulsory licensing for essential generic medicines by including anti-malarial vaccines and initiating domestic provisions to permit export-only compulsory licenses to domestic pharmaceutical manufacturers, similar to Canada's Access to Medicines Regime. Canada calls upon Member States to establish advanced market commitments on the distribution of pneumococcal vaccines to developing States in cooperation with PATH and the Malaria Vaccine Initiative. We emphasize the need for greater membership in the Roll Back Malaria initiative to strengthen malaria control planning, funding, implementation, and evaluation by promoting increased investment in healthcare systems and greater incorporation of malaria control into all relevant multi-sector activities. Canada continues to implement the Canadian International Development Agency's (CIDA) New Agenda for Action on Health to reduce malaria infection rates among marginalized populations in Africa, increase routine immunizations rates, and reduce infection rates of other neglected infections. Canada will achieve the goal of doubling aid to Africa by 2008-2009 by providing assistance to the Global Fund to Fight Aids, Tuberculosis, and Malaria. We urge Member States to increase donations to intergovernmental organizations and NGOs that support malaria programming in Africa, exemplified by CIDA's contribution of \$26 million to the Canadian Red Cross. We continue our efforts to provide accessible and affordable vector control methods to African States through the Red Cross' Malaria Bed Net Campaign and the African Medical Research Foundation Canada by supplying insecticide-treated mosquito nets and Participatory Malaria Prevention and Treatment tool kits.

History of the Commission on the Status of Women

Introduction

The inception of the United Nations (UN) in 1945, among many other aspirations, envisioned the advancement of women's rights and formalization of the international movement for gender equality.¹ The preamble of the UN Charter, in fact, reiterates this idea by, "reaffirm[ing] faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women."² The following year, in 1946, what began as a sub-commission under the auspices of the Commission on Human Rights, evolved into the Commission on the Status of Women (CSW) through ECOSOC Resolution 11(II) of 21 June 1946, a specialized agency that reports directly to the Economic and Social Council (ECOSOC) on the political, social, and economic development of women around the world.³

The CSW is a functional commission for the ECOSOC; a provision described in Chapter V, Article 64 of the UN Charter for all specialized agencies, and is charged with reporting specifically on the advancement and status of women.⁴ CSW's areas of concern are far reaching, including the political, economic, social and educational development of women around the world.⁵ The Commission also alerts ECOSOC of any and all urgent or immediate concerns surrounding the issue of women's rights.⁶ The mandate of the CSW underwent revision in 1987 and again in 1996.⁷ In 1987, ECOSOC Resolution 1987/22 expanded monitoring and reviewing measures of the Commission; and in 1996, ECOSOC Resolution 1996/6 further defined identification methods regarding trends and issues affecting gender equality.⁸

CSW membership consists of 45 Member States elected by ECOSOC, each of which sends one representative to the annual session and serves a four-year term.⁹ Membership is calculated based on equal geographic allocation: thirteen members from Africa; eleven from Asia; nine from Latin America and the Caribbean; eight from Western Europe and other States and four from Eastern Europe.¹⁰ In addition, each CSW Member State elects a representative by region to serve on the CSW Bureau for two years.¹¹ The Bureau, made up of five Member States, not only is responsible for setting the agenda of the annual session and, thus, ensuring a successful outcome, but also serves as chair for each annual session.¹²

CSW and the UN System

Following the creation of the initial structure of the CSW, various entities were established to ensure proper functionality of the Commission. One such entity included the Division for the Advancement of Women (DAW), created in 1978 under the Division of Human Rights.¹³ DAW executed secretariat functions by coordinating civil society organizations (CSOs) and additional UN events present during the Commission's annual sessions up until the most recent 54th session.¹⁴ With the creation of UN Women as the new, central entity focused on gender equality and women's empowerment, management of the CSW will shift. This new UN entity, which is to be operational by January 2011, is a combination of the Division for the Advancement of Women (DAW), the UN Development Fund for Women (UNIFEM), the International Research and Training Institute for the Advancement of Women (INSTRAW), and the Office of the Special Advisor on Gender Issues and Advancement of Women

¹ United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women*, 2006, p. 1.

² United Nations, *Charter of the United Nations*, 1945.

³ United Nations, Commission on the Status of Women, *Overview*, 2009.

⁴ United Nations, *Charter of the United Nations*, 1945.

⁵ United Nations, Commission on the Status of Women, *Overview*, 2009.

⁶ United Nations, Commission on the Status of Women, *Overview*, 2009.

⁷ United Nations, Commission on the Status of Women, *Overview*, 2009.

⁸ United Nations, Commission on the Status of Women, *Overview*, 2009.

⁹ United Nations, Commission on the Status of Women, *Overview*, 2009.

¹⁰ United Nations, Commission on the Status of Women, *Overview*, 2009.

¹¹ United Nations, Commission on the Status of Women, *Overview*, 2009.

¹² The NGO Committee on the Status of Women, *CSW 54 Handbook*, 2010, p. 13.

¹³ United Nations, Commission on the Status of Women, *Overview*, 2009.

¹⁴ United Nations, Commission on the Status of Women, *Overview*, 2009.

(OSAGI).¹⁵ During the last several sessions of the CSW, delegates and NGO observers, fully advocated that the development of the newest UN agency aimed at promoting women's rights, UN Women, will serve as a clearing house for gender equality UN agencies and intergovernmental organizations, including CSW, and ensure an unwavering commitment of UN Member States to the advancement of women.¹⁶ In September 2010, Secretary-General Ban Ki-moon appointed Michelle Bachelet, former president of Chile, to head UN Women.¹⁷

In 1979, the UN General Assembly adopted the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the primary document resembling an international bill of rights for women.¹⁸ CEDAW provided the first definition of discrimination against women as well as a formal framework for the principles guiding women's rights.¹⁹ The Commission sought to establish CEDAW as a binding declaration to prevent all forms of discrimination against women.²⁰ Subsequently, since its adoption and ratification by numerous Member States, CEDAW has served as the basic framework on which CSW work relies.²¹ The 1995 Beijing Declaration and Platform for Action reaffirmed the structure and initial goal of CEDAW as mutually reinforcing documents that protect women's rights and promote the empowerment of women.²² Thirty years following its inception, CEDAW survives as the international standard surrounding the status of women and their advancement.

Additionally, the CSW has, from its inception, regarded the attendance and assistance of non-governmental organizations (NGOs) and civil society organizations as extremely important and influential.²³ The CSW encourages the participation of these organizations in their annual sessions, and relies on the work of the NGO Committee on the Status of Women, "a committee of the Conference of NGOs in Consultative Relationship with the UN," to prepare NGO participation and consultation with the CSW and facilitation information exchange prior to the CSW.²⁴ Today, civil society organizations and NGOs continue to participate at CSW sessions. What rose from 30 to 50 NGOs between 1946 and 1950 has continued to grow exponentially.²⁵ The 54th annual CSW session hosted over 200 NGOs, as a means to promote in-depth and profound dialogues between civil society and the United Nations.²⁶

Evolution, Reform, and Accomplishments since its Inception

Over the past thirty-five years, the CSW has organized four World Conferences on Women that specifically addressed the advancement of women's rights and gender equality; the first World Conference occurred in Mexico City, Mexico 1975, the second in Copenhagen, Denmark in 1980, and the third in Nairobi, Kenya in 1985.²⁷ The evolution of these conferences has produced initiatives that promoted the advancement of women's rights, encouraged the immediate development of health, employment, and education for women, and finally outlined strategies to achieve global gender equality by the end of the century.²⁸ The final and most recent World Conference on Women occurred in 1995.²⁹ Many signify this conference, held in Beijing, China, as the most significant conference for women thus far.³⁰ This conference produced the Beijing Declaration and Platform for Action (BPfA), which not only codified the centrality of the advancement of women and progress towards gender equality on the international agenda, but also outlined the necessary actions to ensure the attainment of these

¹⁵ United Nations, UN Women, *About UN Women, 2010*.

¹⁶ United Nations, UN Women, *About UN Women, 2010*.

¹⁷ United Nations, UN Women, *About UN Women, 2010*.

¹⁸ The NGO Committee on the Status of Women, *CSW 54 Handbook, 2010*, p. 11.

¹⁹ United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women, 2006*, p. 7-8.

²⁰ United Nations, *Short History of CEDAW Convention, 2006*.

²¹ United Nations, *Short History of CEDAW Convention, 2006*.

²² United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women, 2006*, p. 18.

²³ United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women, 2006*, p. 2.

²⁴ United Nations, Division for the Advancement of Women, *Non-governmental Organizations (NGOs)*.

²⁵ United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women 2006*, p. 2.

²⁶ The NGO Committee on the Status of Women, *CSW 54 Handbook, 2010*, p. 9.

²⁷ United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women, 2006*, p. 8-12.

²⁸ United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women, 2006*, p. 9-12.

²⁹ United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women, 2006*, p. 14.

³⁰ United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women, 2006*, p. 14.

international standards on a regional, national, and local level.³¹ The women's movement had finally gained ground; 189 governments, 4,000 accredited NGOs, and 4,000 media representatives attended the conference in Beijing.³²

At the most recent session in March 2010, the CSW officially considered the topic of "15-year review of the implementation of the Beijing Declaration and Platform for Action (1995) and the outcomes of the twenty-third special session of the General Assembly (2000)."³³ The 54th session focused primarily on the discrepancy between the global policies outlined in these documents and country and regional capacity to implement these policies at the local level.³⁴ These realizations only reiterated the advocacy for a more cohesive UN body aiming to advance the status of women, which translated into the formation of UN Women.³⁵

Current Issues Facing Women Empowerment

Although there are many issues around the world that affect the advancement of women, violence and conflict remains two issues that continue to prevent women from fully realizing their equal rights. Many initiatives have been taken to address this issue, including, but not limited to, the campaign "UNiTE to End Violence Against Women," a 2008 initiative sponsored by the UN Secretary-General.³⁶ The Secretary-General's 2008 report on "Women, Peace and Security" advocates more action and policy implementation at the national level as a means to mainstream gender perspectives in peacekeeping and peace building processes.³⁷

Similarly, Security Council resolution 1325 (2000) both addresses the effect of conflict on women and advocates the inclusion of women in peace process decision making at the local, regional, and global level as a means to ensuring the gender perspective.³⁸ October 2010 marks the 10th anniversary of Resolution 1325 (2000), and in the months leading up to the anniversary, NGOs and other working groups focused attention on advocating further implementation and accountability.³⁹

The effects of HIV/AIDS also continue to impede the advancement of women today. Women who carry this disease are prevented from participating socially, politically, and economically and typically bear the brunt of the responsibilities associated with prevention measures against HIV/AIDS.⁴⁰ The Agreed Conclusions resulting from the 53rd session of the CSW on the "equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS," acknowledge this reality and encourages the allocation of funds to help advocate and promote the education of shared responsibility for men and women in this context.⁴¹

Conclusion

The entirety of the history of the CSW, evolution and accomplishments over the past sixty-five years, has culminated in its present position as the only UN committee addressing the breadth of issues associated with women's rights and gender equality. For the Commission's 55th session, Member States will address specifically the issue of education and access to science and technology as a means to improving employment and economic opportunities for women.⁴² In addition, this session will reevaluate the issues from the 51st session, "**The elimination of all forms of discrimination and violence against the girl child.**"⁴³

³¹ United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women*, 2006, p. 15.

³² United Nations, Commission on the Status of Women, *Short History of the Commission on the Status of Women*, 2006, p. 12.

³³ United Nations, Commission on the Status of Women, *Beijing + 15, CSW 54*, 2010.

³⁴ The NGO Committee on the Status of Women, *CSW 54 Handbook*, 2010, p. 7.

³⁵ The NGO Committee on the Status of Women, *CSW 54 Handbook*, 2010, p. 7.

³⁶ United Nations, Commission on the Status of Women, *Report on the 54th Session (E/2010/27)*, 2010.

³⁷ United Nations, Security Council, *Report of the Secretary-General on Women and Peace and Security (S/2008/622)*, 2008.

³⁸ United Nations, Security Council, *Women, Peace and Security (S/RES/1325)*, 2000.

³⁹ PeaceWomen Project, *The 10th Anniversary of SCR 1325: Overview*, 2010.

⁴⁰ United Nations, Commission on the Status of Women, *Agreed Conclusions on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS*, 2009, p. 10.

⁴¹ United Nations, Commission on the Status of Women, *Agreed Conclusions on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS*, 2009, p. 10.

⁴² United Nations, Commission on the Status of Women, *55th session of the Commission on the Status of Women*, 2010.

⁴³ United Nations, Commission on the Status of Women, *55th session of the Commission on the Status of Women*, 2010.

The Commission continues to bring unique and essential opportunities to advancing the status of women around the world. As Secretary-General Ban Ki-moon stated at the Commission on the Status of Women High-Level Event marking International Women's Day in 2010, "gender equality and women's empowerment are fundamental to the very identity of the United Nations," and CSW continues to be integral in assessing, developing, and executing efforts globally to achieve gender equality and women empowerment, thus, spearheading policy making decisions within the UN System.⁴⁴

I. Improving Access to Health Service for Women in Conflict- and Post-Conflict Situations

"It is my aspiration that health finally will be seen not as a blessing to be wished for, but as a human right to be fought for."

Introduction

Despite existing international norms protecting and promoting women's fundamental human rights, gender equality has not been achieved and in conflict and post-conflict situations the gap between the norms and practice is even more vast.⁴⁵ The result of this inequality, is that women are face extreme challenges in terms of personal security, access to resources, and human rights, and access to safe and affordable health care.⁴⁶ In countries affected by conflict, health infrastructure is often destroyed, medical supplies are scarce, and health personnel are often forced to leave the area.⁴⁷ Most of these countries already lack an adequate health infrastructure and women already have difficulties to access health services. Therefore, when conflict occurs, women face a double challenge: they need to cope with the already limited access to health service and additionally are often targets for sexual and gender-based violence. Furthermore, they often need to travel greater distances (which also means increased personal danger) and spend more money for health services.⁴⁸ Women therefore require uninterrupted access to an adequate and functioning health care system to prevent the risk of death, illness, and complications with pregnancy and childbirth.

International Framework

Eliminating discrimination in all its forms, including in the provision of health care, and guaranteeing equality between women and men, are fundamental objectives of treating health as a human right.⁴⁹ Article 25 (1) of the Universal Declaration of Human Rights (1948) gives everyone the "right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services."⁵⁰ Furthermore, in the agreed conclusions on critical areas of concern identified in the Beijing Platform for Action (1995), the CSW stresses the importance of "universal access, on a basis of equality between women and men, to quality, comprehensive and affordable health care and health services and information by women throughout the life cycle."⁵¹

Additionally, there are several other relevant conventions and international documents on women and health in conflict. Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) states that all parties should to take all appropriate measures to eliminate discrimination against women in the provision of health care in order to ensure that women and men should have equal access to health care services, including in the area of family planning.⁵² Furthermore, state parties are called to ensure adequate access to women in connection with pregnancy and in post-natal situations, including offering free service and appropriate

⁴⁴ United Nations, UN News Centre, *Remarks to Commission on the Status of Women High-Level Event marking International Women's Day - "Equal Rights, Equal Opportunities and Progress for All"*, 2010.

⁴⁵ International Committee of the Red Cross, *Greater Needs, Fewer Resources*, 2009, p.1.

⁴⁶ International Committee of the Red Cross, *Greater Needs, Fewer Resources*, 2009, p.1.

⁴⁷ International Committee of the Red Cross, *Greater Needs, Fewer Resources*, 2009, p.1.

⁴⁸ International Committee of the Red Cross, *Greater Needs, Fewer Resources*, 2009, p.1.

⁴⁹ United Nations High Commissioner of Refugees/World Health Organization, *The Right to Health, Fact Sheet No.31*, 2008, p.7.

⁵⁰ United Nations, *Universal Declaration of Human Rights*, 1948, Article 25 (1).

⁵¹ Agreed conclusions of the Commission on the Status of Women on critical areas of concern identified in the Beijing Platform for Action. (E/1999/INF/2/Add.2), 1999, p.2.

⁵² United Nations, *Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)*, Article 12, 1979.

nutrition during pregnancy and lactation.⁵³ Additionally, the International Covenant on Economic, Social and Cultural Rights, Article 10, states that special protection should be accorded to mothers before and after childbirth.⁵⁴

The first formal and legal U.N. document that required Member States to respect women's right in conflict was Security Council Resolution 1325 (2000).⁵⁵ Its key points are specific to protection of girls and women during conflict, emphasizing the importance of a gender perspective in post-conflict situations.⁵⁶ Additionally, the resolution requests Member States take action to educate and train peacekeeping troops on the impact HIV/AIDS has on women, particularly in conflict situations.⁵⁷ Another very important document is Security Council Resolution 1820 (2008) due to its recognition of sexual violence in conflict as a matter of international peace and security which needs to be addressed and ended in order to reach a sustainable peace.⁵⁸ Furthermore, Security Council Resolution 1888 (2009), adopted in late 2009, urges Member States to take appropriate measures to stop sexual violence as a weapon of war.⁵⁹ Through the adoption of Resolution 1889 (2009), which concentrates on the involvement of women during post-conflict situations and reconstruction, the United Nations emphasize the importance of women in the peace building process.⁶⁰ It calls upon all Member States, as well as UN bodies and civil society to make sure that women's protection and empowerment is taken care of during post-conflict needs assessment and planning, and factored into subsequent funding and programming.⁶¹

Health Care for Victims of Sexual Violence During and After Conflict

Since Security Council Resolution 1820 (2008), rape during war is officially and internationally considered as a war crime and also a crime against humanity.⁶² According to the Universal Declaration of Human Rights (1946), all individuals, including current and potential victims of sexual violence, have the right to the protection and respect for their human rights.⁶³ Through the Universal Declaration of Human Rights and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), governments are legally responsible for taking all steps necessary to prevent sexual violence in any form and to ensure that there are quality health services available for everyone which have the appropriate means to respond to sexual violence.⁶⁴ Rape as a weapon of war has been documented in many conflict affected countries, including Myanmar, Bangladesh, Bosnia, Liberia, Rwanda, Sudan and the Democratic Republic of the Congo.⁶⁵ A study by Human Rights Watch reveals that 40% women and girls in Cote d'Ivoire have been victims of sexual abuse and in Sierra Leone about 250,000 women and girls – which equals 33% of the total female population – have suffered from rape, sexual slavery and other forms of sexual violence.⁶⁶

In 2001, a collaboration between the International Committee of the Red Cross (ICRC), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNPFA), and the World Health Organization (WHO) resulted in the publication of a guide for the clinical management of rape survivors best practices in the treatment of people who have been raped or who have been exposed to sexual violence in emergency situations.⁶⁷ The manual suggests eight steps for an adequate treatment of victims.⁶⁸ First, one needs to prepare to offer medical care to rape victims, which include to rise the communities' awareness on what, where, and when service is available; to get informed about the host country's laws and policies; and what resources and capacities are available (laboratory facilities, HIV screenings etc.).⁶⁹ Step two includes suggestions and advice on how to

⁵³ United Nations High Commissioner of Refugees/World Health Organization, *The Right to Health*, 2008, p.9.

⁵⁴ United Nations High Commissioner of Refugees/World Health Organization, *The Right to Health*, 2008, p.9.

⁵⁵ United Nations, Security Council, *Women and Peace and Security (S/RES/1325)*, 2000.

⁵⁶ United Nations, Security Council, *Women and Peace and Security (S/RES/1325)*, 2000.

⁵⁷ United Nations, Security Council, *Women and Peace and Security (S/RES/1325)*, 2000.

⁵⁸ WomenWatch, *Directory on UN Resources on Gender and Women's Issues*, 2009, p.1.

⁵⁹ WomenWatch, *Directory on UN Resources on Gender and Women's Issues*, 2009, p.1.

⁶⁰ WomenWatch, *Directory on UN Resources on Gender and Women's Issues*, 2009, p.1.

⁶¹ WomenWatch, *Directory on UN Resources on Gender and Women's Issues*, 2009, p.1.

⁶² Human Rights Watch, *Sexual Violence and its Consequences among Displaced Persons in Darfur and Chad*, 2005, p.1.

⁶³ Human Rights Watch, *Sexual Violence and its Consequences among Displaced Persons in Darfur and Chad*, 2005, p.1.

⁶⁴ Human Rights Watch, *Sexual Violence and its Consequences among Displaced Persons in Darfur and Chad*, 2005, p.1.

⁶⁵ RHRCC, *Prevent and Manage the consequences of Sexual Violence*, 2005, p.3.

⁶⁶ RHRCC, *Prevent and Manage the consequences of Sexual Violence*, 2005, p.4.

⁶⁷ WHO/UNFPA, *Clinical Management of Rape Survivors, Developing Protocols for use with refugees and IDPs*, 2004, p.4.

⁶⁸ WHO/UNFPA, *Clinical Management of Rape Survivors, Developing Protocols for use with refugees and IDPs*, 2004, p.5.

⁶⁹ WHO/UNFPA, *Clinical Management of Rape Survivors, Developing Protocols for use with refugees and IDPs*, 2004, p.5.

prepare the survivor for the examination.⁷⁰ Step three is taking the history (general information, description of the incident, history) and step four is to collect forensic evidence.⁷¹ Step five gives comprehensive advice about the physical and genital examination with special considerations for children, elderly women, and men.⁷² Step six is to prescribe medication (preventions of STIs, prevention of pregnancy, providing wound care, providing mental care), which leads to step seven, counseling the survivor.⁷³ The final step is the follow-up care of the survivor.⁷⁴

United Nations Security Council resolutions 1325 (2000) on “Women, peace and security” and 1308 (2000) on “HIV/AIDS and international peacekeeping operations” both recognize that women and girls during conflict and in post-conflict situations are disproportionately vulnerable to HIV infection.⁷⁵ Additionally, economic and social structures are weakened during which violence, especially sexual abuse by armed groups, increases.⁷⁶ The main reason for that is the sexual abuse by armed groups of which many carry sexually transmitted diseases. Furthermore, due to little or mostly no access to health care, the women do not receive adequate treatment. Reason for that is sexual abuse by armed groups, but also little or no access to adequate health care.⁷⁷ For example, at the ongoing civil war along the eastern border of the Democratic Republic of the Congo rape and sexual violence is regularly used as a weapon of war.⁷⁸ About 60% of the militia who are in this area raping and torturing thousands of women and girls are believed to be HIV-positive.⁷⁹ Literally none of the women have access to health care services or any possibilities to prevent an infection.⁸⁰ The war and the spread of the infection have destroyed all villages and infrastructure and today, this area is considered to be on the verge of a major HIV epidemic.⁸¹

For women in conflict and post-conflict situations, access to emergency contraception (EC) is not only a right, but a necessary requirement in order to maintain their reproductive health.⁸² Emergency Contraception prevents pregnancy after rape or unprotected sexual intercourse, however, it does not interrupt an established pregnancy.⁸³ It reduces the risk of becoming pregnant by 60 – 99% and it is effective if used up to 120 hours (five days) after unprotected intercourse.⁸⁴ Women in conflict and post conflict situations usually don’t have access to regular contraception and they very often become victims of gender-based violence, rape, and sexual exploitation and have no possibility of preventing an unwanted pregnancy.⁸⁵ These circumstances underline the importance of making EC available for women in conflict situations.⁸⁶ Without EC, displaced women are forced to carry out a pregnancy that often was forced and unwanted and they may turn to unsafe abortion methods and/or obstetric difficulties.⁸⁷ In order to raise awareness about EC services to women in conflict or refugee women, they need to have accurate, objective, and culturally appropriate information about it.⁸⁸ This includes information on what EC is and what it does, possible side effects, what it does not do, and how to avoid the need to EC in the future.⁸⁹ Furthermore, governments should train personnel (hospital staff, humanitarian workers, family counselors etc.) to administer EC and to make it available from the very beginning of a crisis.⁹⁰

However, quite often women in conflict situation are not able to receive emergency contraception in time and are faced with an unwanted pregnancy and comprehensive abortion services are usually not available in conflict affected

⁷⁰ WHO/UNFPA, *Clinical Management of Rape Survivors, Developing Protocols for use with refugees and IDPs*, 2004, p.6.

⁷¹ WHO/UNFPA, *Clinical Management of Rape Survivors, Developing Protocols for use with refugees and IDPs*, 2004, p.7.

⁷² WHO/UNFPA, *Clinical Management of Rape Survivors, Developing Protocols for use with refugees and IDPs*, 2004, p.7.

⁷³ WHO/UNFPA, *Clinical Management of Rape Survivors, Developing Protocols for use with refugees and IDPs*, 2004, p.7.

⁷⁴ WHO/UNFPA, *Clinical Management of Rape Survivors, Developing Protocols for use with refugees and IDPs*, 2004, p.7.

⁷⁵ Eldis, *Violence against women during conflict*, 2002, p.1.

⁷⁶ Eldis, *Violence against women during conflict*, 2002, p.1.

⁷⁷ Eldis, *Violence against women during conflict*, 2002, p.1.

⁷⁸ Eldis, *Violence against women during conflict*, 2002, p.1.

⁷⁹ Eldis, *Violence against women during conflict*, 2002, p.1.

⁸⁰ Eldis, *Violence against women during conflict*, 2002, p.1.

⁸¹ Eldis, *Violence against women during conflict*, 2002, p.1.

⁸² RHRCC, *The Emergency Contraception Distance Learning Module*, 2004, p.3.

⁸³ Women’s Refugee Commission, *Emergency Contraception in War Zones*, 2009, p.1.

⁸⁴ Women’s Refugee Commission, *Emergency Contraception in War Zones*, 2009, p.1.

⁸⁵ RHRCC, *The Emergency Contraception Distance Learning Module*, 2004, p.3.

⁸⁶ RHRCC, *The Emergency Contraception Distance Learning Module*, 2004, p.4.

⁸⁷ RHRCC, *The Emergency Contraception Distance Learning Module*, 2004, p.4.

⁸⁸ RHRCC, *The Emergency Contraception Distance Learning Module*, 2004, p.5.

⁸⁹ RHRCC, *The Emergency Contraception Distance Learning Module*, 2004, p.5.

⁹⁰ Women’s Refugee Commission, *Emergency Contraception in War Zones*, 2009, p.2.

countries.⁹¹ Being forced to carry out an unwanted pregnancy can cause severe health problems and mental suffering for women and it therefore is of utmost importance to improve services in emergency settings and to raise women's awareness to their options and these services.⁹²

Maternal Health

Every year, more than 500,000 women die because of pregnancy or childbirth complications; 99 % of these deaths occur in developing countries.⁹³ About 70,000 of those who do not survive are young girls between the ages of 15 to 19.⁹⁴ The ten countries with the highest number of maternal deaths are all either currently experiencing armed conflict or are in what can be termed a "post-conflict" situation, such as Afghanistan, Sierra Leone, Chad, Angola, Liberia, Somalia and the Democratic Republic of the Congo.⁹⁵

Due to limited access to general medical services during a crisis, as well as the probability of experiencing trauma, malnutrition, contracting diseases, and exposure to violence, pregnant women and their babies are at a very high risk.⁹⁶ The United Nations Population Fund (UNFPA) which addresses population and development issues with an emphasis on reproductive health and gender equality has made it its goal to make motherhood during crisis as safe as possible and to provide care to women in emergency situations before, during, and after crisis.⁹⁷ When a conflict emerges, UNFPA distributes emergency supplies such as clean delivery kits, medicine, and emergency obstetric care.⁹⁸ It also sets up ad hoc delivery rooms and mobile health clinics.⁹⁹ Furthermore, UNFPA involves in comprehensive pre- and post-natal care.¹⁰⁰ Prenatal care involves identifying general health problems, such as special nutritional needs, anemia, and vitamin deficiencies as well as testing and counseling for HIV to reduce the risk of HIV-transmission from mother to child.¹⁰¹ Post-natal care is especially important, since up to 50% of all maternal deaths take place during that period.¹⁰² Adequate post-natal care involves assessing the general condition of both the mother and the child and it also offers a chance for counseling the mother if she is HIV-positive on how to reduce the risk of transmitting the virus to her newborn child.¹⁰³

If a woman has been infected with HIV and becomes pregnant, there is a 35% chance that the virus will be transmitted to her newborn child if no prevention service is available.¹⁰⁴ In 2007 there were more than 2.5 million children under the age of 15 infected with HIV and most of them got the virus from their mothers during pregnancy, birth, or breastfeeding.¹⁰⁵ However, today, the risk of transmission can be reduced by more than 40% with comprehensive monitoring during the pregnancy and birth and with the use of antiretroviral drugs such as intrapartum and neonatal nevirapine.¹⁰⁶

Another challenge that mothers and pregnant women face during conflict is that often they cannot afford health care services for themselves or for their newborns, yet they are particularly vulnerable and thus in greater need of those services.¹⁰⁷ To address this issue, in April 2010, the government of Sierra Leone together with Médecins Sans Frontières began implementing a program which provides free healthcare for pregnant women, breastfeeding mothers, and children under the age of five.¹⁰⁸ One example of its success is the number of children diagnosed and

⁹¹ Inter-agency Working Group on Reproductive Health in Crises (IWAG), *Comprehensive Abortion Care*, 2004, p.1.

⁹² Inter-agency Working Group on Reproductive Health in Crises (IWAG), *Comprehensive Abortion Care*, 2004, p.1.

⁹³ Inter-agency Working Group on Reproductive Health in Crises (IWAG), *Comprehensive Abortion Care*, 2004, p.2.

⁹⁴ Inter-agency Working Group on Reproductive Health in Crises (IWAG), *Comprehensive Abortion Care*, 2004, p.3.

⁹⁵ ICRC, *Greater Needs, Fewer Resources*, 2009, p.1.

⁹⁶ United Nations Population Fund, *Assisting in Emergencies, Protecting Mothers in risky situations*, 2009, p.1.

⁹⁷ United Nations Population Fund, *Assisting in Emergencies, Protecting Mothers in risky situations*, 2009, p.1.

⁹⁸ United Nations Population Fund, *Assisting in Emergencies, Protecting Mothers in risky situations*, 2009, p.1.

⁹⁹ United Nations Population Fund, *Assisting in Emergencies, Protecting Mothers in risky situations*, 2009, p.1.

¹⁰⁰ United Nations Population Fund, *Assisting in Emergencies, Protecting Mothers in risky situations*, 2009, p.1.

¹⁰¹ United Nations Population Fund, *Assisting in Emergencies, Protecting Mothers in risky situations*, 2009, p.2.

¹⁰² United Nations Population Fund, *Assisting in Emergencies, Protecting Mothers in risky situations*, 2009, p.2.

¹⁰³ United Nations Population Fund, *Assisting in Emergencies, Protecting Mothers in risky situations*, 2009, p.2.

¹⁰⁴ Engender Health, *Prevention of Mother-to-Child Transmission*, 2008, p.1.

¹⁰⁵ Engender Health, *Prevention of Mother-to-Child Transmission*, 2008, p.1.

¹⁰⁶ Engender Health, *Prevention of Mother-to-Child Transmission*, 2008, p.1.

¹⁰⁷ Médecins sans Frontières, *Sierra Leone: Seeking to Improve Access to Healthcare for Women and Children*, 2010, p.1.

¹⁰⁸ Médecins sans Frontières, *Sierra Leone: Seeking to Improve Access to Healthcare for Women and Children*, 2010, p.1.

treated for malaria has increased ten times since the implementation of this policy.¹⁰⁹ Previously, one in eight women risked dying due to complications during pregnancy and childbirth, however, these numbers have already started to decrease and the government and Médecins Sans Frontières expect a further decrease in the following years.¹¹⁰ Governments should consider to implement similar policies since women and children during conflict are especially vulnerable and providing them access to health service should be a priority objective.¹¹¹

Access to Health Care for Refugees and IDPs

According to UNHCR, there are currently about 45 million people considered to be refugees, internally displaced or stateless; 80% of which are women and children.¹¹² As a refugee or an internally displaced person (IDP), it is even harder for women to gain access to quality health care.¹¹³ Even if affected women normally have access to adequate health services, if they are forced to flee they are deprived of access to medication as well as to contraception which leads to a higher incidence of pregnancy and thus a greater need for reproductive health services.¹¹⁴ Displaced women also don't have their support systems anymore and it makes it harder for them to share their knowledge or to give advice on childcare and basic health and hygiene.¹¹⁵

An approach to the issue of reproductive health for internally displaced women is the Inter Agency Field Manual created by the Inter Agency Working Group on Reproductive Health in Crises (IAWG).¹¹⁶ The IAWG was founded in 1995 when about 40 UN, governmental, and nongovernmental organizations came together to address the issue of reproductive health for refugees.¹¹⁷ Its goal is to improve access to quality reproductive health care for women that are affected by armed conflict or displacement.¹¹⁸ The Working Group has developed an Inter-agency Field Manual for people that assist and help IDPs which outlines the basic services that are supposed to be provided in all disaster or conflict settings.¹¹⁹

A central part of the Field Manual is the Minimum Initial Service Package for reproductive health in refugee situations (MISP).¹²⁰ It is comprised of a set of priority activities that are meant to handle the consequences of sexual violence; to contain HIV transmission; to try to reduce maternal and neonatal mortality, and to plan for extensive RH services in the early phases of an emergency situation.¹²¹ The IAWG and consortium have made and documented much development concerning reproductive health services over the past decade, but they have also discovered several remaining weaknesses.¹²² The availability of services for the prevention and treatment of HIV and other STIs has started to improve only very recently; the same goes for programs to prevent and respond to gender-based violence.¹²³ Furthermore, although the MISP has gained greater acceptance in the past years, not all Member States are willing to implement it in the earliest days of an emergency, which is the phase where it is needed the most.¹²⁴

An example how governments could handle the health care needs of refugees is Guinea.¹²⁵ From 1989 to 2004, Guinea has received more than 500,000 refugees and IDPs from the conflicts in Liberia and Sierra Leone.¹²⁶ The government responded to their health needs with the "Programme d'assistance aux réfugiés Libériens et Sierra Léonais" (PARLS) which provides refugees with free treatment from Guinean health service which are later

¹⁰⁹ Médecins sans Frontières, *Sierra Leone: Seeking to Improve Access to Healthcare for Women and Children*, 2010, p.1.

¹¹⁰ Médecins sans Frontières, *Sierra Leone: Seeking to Improve Access to Healthcare for Women and Children*, 2010, p.2.

¹¹¹ Médecins sans Frontières, *Sierra Leone: Seeking to Improve Access to Healthcare for Women and Children*, 2010, p.2.

¹¹² Cohen, *The Reproductive Health Needs of Refugees and Displaced People*, 2009, p.4.

¹¹³ ICRC, *Greater Needs, Fewer Resources: Ensuring adequate health care for women during armed conflict*, 2009, p.1.

¹¹⁴ ICRC, *Greater Needs, Fewer Resources: Ensuring adequate health care for women during armed conflict*, 2009, p.1.

¹¹⁵ ICRC, *Greater Needs, Fewer Resources: Ensuring adequate health care for women during armed conflict*, 2009, p.1.

¹¹⁶ IWAG, *Inter Agency Working Group on Health in Crisis*, 2006, p.1.

¹¹⁷ IWAG, *Inter Agency Working Group on Health in Crisis*, 2006, p.1.

¹¹⁸ IWAG, *Inter Agency Working Group on Health in Crisis*, 2006, p.1.

¹¹⁹ IWAG, *Inter Agency Working Group on Health in Crisis*, 2006, p.1.

¹²⁰ RHRC, *Minimum Initial Service Package for Reproductive Health in Crisis Situations*, 2006, p.9.

¹²¹ RHRCC, *Minimum Initial Service Package for Reproductive Health in Crisis Situations*, 2006, p.9.

¹²² Cohen, *The Reproductive Health Needs of Refugees and Displaced People*, 2009, p.6.

¹²³ Cohen, *The Reproductive Health Needs of Refugees and Displaced People*, 2009, p.6.

¹²⁴ Cohen, *The Reproductive Health Needs of Refugees and Displaced People*, 2009, p.6.

¹²⁵ Howard, *Reproductive Health Services for refugees by refugees in Guinea*, 2008, p.3.

¹²⁶ Howard, *Reproductive Health Services for refugees by refugees in Guinea*, 2008, p.3.

reimbursed by the United Nations High Commissioner for Refugees.¹²⁷ Providing refugees with free or at least affordable and accessible health care is of utmost importance, especially for women, as they are particularly vulnerable during conflict and very easily become victims of sexual violence.¹²⁸

Case Study: Reproductive Health and Displaced Women in Colombia

Colombia has been in the midst of armed conflict for close to fifty years, resulting in the displacement of nearly five million civilians.¹²⁹ This makes it the country with the second largest population of IDPs after Sudan.¹³⁰ While some of them live in rural areas the majority lives in urban areas such as Nariño, Chocó, Cauca, Valle del Cauca, and Antioquia.¹³¹ However, regardless of where they live, their access to health services is extremely limited and they face severe health challenges.¹³² If one compares IDPs to non-displaced Colombian women, one notices big differences, particularly in the area of sexual and reproductive health.¹³³ For example, even though domestic violence is rather widespread everywhere in Colombia (92% of female deaths in 2008 were committed by their spouses or boyfriends), the situation is nevertheless worse for displaced women as 52% of them have been a victim of it, as opposed to 41% of non-displaced women.¹³⁴ A Colombian woman who is displaced has an average of 5.8 children, which is notably higher than the national average of 3.1 children, thus indicating reduced access to contraception.¹³⁵ Furthermore, the rate of unintended pregnancies among displaced women from the ages 13 to 49 is 40% higher than the one of non-displaced women.¹³⁶ While about one-third of displaced adolescents are pregnant or are already parents, the rate among non-displaced adolescents is only 20%.¹³⁷

The Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative, together with Profamilia, the largest sexual and reproductive health organization in Colombia, tries to improve the current situation by bringing critical RH services to displaced and impoverished people in Colombia.¹³⁸ They started to create mobile health brigades in order to provide remote communities with RH who would otherwise receive none.¹³⁹ These mobile health brigade clinics offer: family planning, antenatal care, and general medicine consultations.¹⁴⁰ Furthermore, they offer transportation to hospitals or one of the six Profamilia clinics in case of an emergency or a complex surgery.¹⁴¹

Another challenge Colombia faces, is that quite often displaced persons, especially women, do not have extensive knowledge on existing health services to which they are entitled.¹⁴² Therefore, the project also registers them for the national health system in order for them to receive services at any public institution.¹⁴³ Finally, the project offers education for women and adolescents on family planning, sexual rights, gender-based violence, and STIs, including HIV/AIDS.¹⁴⁴

Case Study: Women with Disabilities in Northern Uganda

The long civil war in Uganda resulted in a large population of civilians, particularly women, with disabilities, and further exacerbated living conditions for those with disabilities prior to the conflict. Conflict related disabilities

¹²⁷ Howard, *Reproductive Health Services for refugees by refugees in Guinea*, 2008, p.3.

¹²⁸ Howard, *Reproductive Health Services for refugees by refugees in Guinea*, 2008, p.4.

¹²⁹ Quintero, *IDP health in Colombia, Needs and Challenges*, 2009, p.1.

¹³⁰ Quintero, *IDP health in Colombia, Needs and Challenges*, 2009, p.1.

¹³¹ Quintero, *IDP health in Colombia, Needs and Challenges*, 2009, p. 1.

¹³² Quintero, *IDP health in Colombia, Needs and Challenges*, 2009, p.1.

¹³³ Quintero, *IDP health in Colombia, Needs and Challenges*, 2009, p.1.

¹³⁴ Quintero, *IDP health in Colombia, Needs and Challenges*, 2009, p.2.

¹³⁵ Quintero, *IDP health in Colombia, Needs and Challenges*, 2009, p.2.

¹³⁶ Quintero, *IDP health in Colombia, Needs and Challenges*, 2009, p.2.

¹³⁷ Quintero, *IDP health in Colombia, Needs and Challenges*, 2009, p.2.

¹³⁸ Reproductive Health Response in Conflict Consortium, *Raise Project Colombia*, 2009, p.1.

¹³⁹ Reproductive Health Response in Conflict Consortium, *Raise Project Colombia*, 2009, p.1.

¹⁴⁰ Reproductive Health Response in Conflict Consortium, *Raise Project Colombia*, 2009, p.1.

¹⁴¹ Reproductive Health Response in Conflict Consortium, *Raise Project Colombia*, 2009, p.2.

¹⁴² Reproductive Health Response in Conflict Consortium, *Raise Project Colombia*, 2009, p.2.

¹⁴³ Reproductive Health Response in Conflict Consortium, *Raise Project Colombia*, 2009, p.2.

¹⁴⁴ Reproductive Health Response in Conflict Consortium, *Raise Project Colombia*, 2009, p.2.

include loss of limbs through landmines, mutilation through the rebels, gunshot wounds, or injuries through fire.¹⁴⁵ It is estimated that about 20% of Ugandans have disabilities.¹⁴⁶

For women with disabilities (physical, mental, sensory, or intellectual) it is especially difficult to return to their homes or to relocate and they often have to face sexual violence and social stigmatization.¹⁴⁷ Women with disabilities are often excluded from society activities and so far the government hasn't taken appropriate measures to address this issue, although as a signatory of the Convention on the Rights of Persons with Disabilities (CRDP), the Convention on the Elimination of Discrimination Against Women (CEDAW), and the African Charter on Human and People's Rights, it is obligated to do so.¹⁴⁸ And even when it comes to humanitarian aid organizations and NGOs, there are only a few that treat women with disabilities as across-cutting issue.¹⁴⁹ However, there are also several organizations in Northern Uganda, such as the United Nations Population Fund (UNFPA) that are showing a great interest in integrating women with disabilities.¹⁵⁰

To ensure an equal and fair treatment of women with disabilities in any country recovering from conflict, governments need to undertake efforts to inform them about government programs and services and arrange appropriate transportation for women to claim these services.¹⁵¹ Furthermore, persons with disabilities need to be represented at all government levels and serious measures to fight stigmatization and discrimination need to be taken.¹⁵² Finally, there needs to be adequate funding for gender and disability programs.¹⁵³ The voices of women with disabilities are not heard in the discourse on the impact of conflict on women, and this must be addressed immediately and concretely by the UN system.

Conclusion

During the past decades, women's reproductive health has received greater international attention and increased commitment and support by policymakers; however, armed conflicts, natural disasters, and other major emergencies weaken health systems and can halt, or even reverse policy development and the implementation of that policy. In conflict and post-conflict settings, the need for access to quality health care increases, as access to services decreases, impacting women first and the hardest. In its 53rd session (2009), the CSW reviewed the implementation of the Beijing Declaration and Platform for Action (1995), and the outcomes of the twenty-third special session of the General Assembly (2000). Both call for, among other things, improved and equal access to health care service for women. To address and improve the access to health care for women during and after conflict, one has to deal with several challenges. How can safe health care establishments be set up during conflict? How can victims of sexual violence be encouraged to seek help at clinics and other health care centers? How can the safety of humanitarian aid workers be assured during conflict? What are the best ways to ensure safe delivery of medications and medical supplies? How can refugees and IDPs be informed about their health care rights? How can women who experienced sexual violence get long term psychological care? How can men be involved in this process? What are possible approaches to improve the situation for disabled women in conflict and refugee settings?

¹⁴⁵ HRW, *Report: Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, p.5.

¹⁴⁶ HRW, *Report: Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, p.5.

¹⁴⁷ HRW, *Report: Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, p.5.

¹⁴⁸ HRW, *Report: Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, p.6.

¹⁴⁹ HRW, *Report: Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, p.76.

¹⁵⁰ HRW, *Report: Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, p.80.

¹⁵¹ HRW, *Report: Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, p.109.

¹⁵² HRW, *Report: Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, p.109.

¹⁵³ HRW, *Report: Discrimination and Violence against Women with Disabilities in Northern Uganda*, 2010, p.111.

II. Elimination of Barriers to Justice for Women

*“Gender equality and empowerment of women and girls was not just a goal in itself, but a key to long-term development, economic growth, and social advancement for all”*¹⁵⁴

Introduction

Women’s human rights groups have fought for decades to bring domestic violence, rape, sexual harassment and discrimination into the public sphere.¹⁵⁵ Efforts have been made to reform judicial systems at local, national, and international levels in order to hold those responsible for gender-based crimes accountable for their actions.¹⁵⁶ Several countries overturned legislation that hindered women’s access to education, health, labor, social, political and judicial services, and as a result women have been able to obtain a better quality of life for themselves and their families. In addition, these changes have allowed women to participate at different levels within their communities as local leaders, educators, social workers, and officials in the political and decision-making process.

The United Nations (UN) has made women’s issues a priority through its structure, programs and initiatives in order to fulfill its purpose of “promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion...”¹⁵⁷ In continuing support for gender equality, the General Assembly adopted the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) in 1979.¹⁵⁸ The purpose of the CEDAW is set to promote the elimination of gender discrimination, and gender equality at a national level of the States who have signed and ratified the *Convention*.¹⁵⁹ Further, the *Beijing Declaration and Platform for Action* (1995) reaffirms the commitment of the UN and the international community to ensure equality between men and women, and to further initiatives for the promotion and protection of women’s rights.¹⁶⁰ The Security Council (SC) has also made efforts to protect women’s rights and security in conflict and post-conflict situations through Resolutions 1325 (2000), 1820 (2005), 1888 (2009), and 1889 (2009).¹⁶¹ The creation of women specific organizations such as the United Nations Development Fund for Women (UNIFEM), and the Division for the Advancement of Women (DAW), continues the commitment of the UN and its partners to promote and achieve gender equality and the empowerment of women.¹⁶²

Despite these efforts and accomplishments, women still face various obstacles in terms of their access to justice.¹⁶³ In addition, women and girls are more vulnerable in times of conflict and post-conflict situations as these situations hinder their means for bringing to justice those who have committed gender-based crimes.¹⁶⁴ Some of the common barriers women face are related to their judicial rights, the challenges arising from conflict and post-conflict situations, and efforts made to promote and protect women’s equality and empowerment.

Barriers to Justice for Women

Legislation alone cannot resolve the issue of discrimination and violence against women.¹⁶⁵ It takes proper implementation of the laws, equal representation within fair judicial systems, and sometimes the controversial

¹⁵⁴ United Nations General Assembly, *Statements marking the Beijing Declaration’s 15th anniversary on March 2, 2010*, 2010.

¹⁵⁵ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.71.

¹⁵⁶ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.71.

¹⁵⁷ United Nations, *Charter of the United Nations*, Art 1(3)

¹⁵⁸ United Nations Division for the Advancement of Women, *Convention on the Elimination of All Forms of Discrimination Against Women*, 2010.

¹⁵⁹ United Nations Division for the Advancement of Women, *Convention on the Elimination of All Forms of Discrimination Against Women*, 2010.

¹⁶⁰ United Nations Division for the Advancement of Women, *Beijing Declaration and Platform for Action*, 2010.

¹⁶¹ United Nations Division for the Advancement of Women, *Violence Against Women*, 2010.

¹⁶² United Nations Division for the Advancement of Women, *Commission of the Status of Women*, 2010.

¹⁶³ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.72.

¹⁶⁴ Askin, K. *Prosecuting Wartime Rape and Other Gender-Related Crimes under International Law: Extraordinary Advances, Enduring Obstacles*, Berkeley Journal of International Law, 2003, p.212.

¹⁶⁵ -Akiyode, Ezeilo, Ladan,[eds.]. *Shari’a Implementation in Nigeria: Issues & Challenges on Women’s Rights and Access to Justice*. Womens Aid Collective, 2003, p.41.

questioning of relevancy of some traditional, cultural and religious norms for men and women.¹⁶⁶ These norms help set up perceptions and expectations for those assuming a “female” or “male” role in a society.¹⁶⁷ Furthermore, women’s unequal access to justice is not characteristic of a particular region, culture or religion. However, there are some characteristics of societies where women experience unequal access to justice that transcends culture, religion, political situation, and other factors.¹⁶⁸

One of the noticeable barriers that women face is the economic divide that exists within the judicial process. Women have been faced with fees to file a complaint, bribes for police officers and judicial officials to expedite their case, the cost for legal aid and counseling, and costs in transportation to attend the trial.¹⁶⁹ Some women have also expressed that they must come up with the financial means to pay for health services, relocation to ensure their security, and face the possibility of losing their employment if they are absent in order to participate in the criminal process.¹⁷⁰ Time has also been another factor impeding women who seek to bring their grievances before the courts. Formal judicial systems tend to be bureaucratic throughout the prosecution and sentencing of criminal cases, thus it discourages women in their attempts at justice and reparations for their grievances.¹⁷¹

Lack of education and illiteracy has become a major challenge for women who never had the means or access to an education.¹⁷² The technicality and formality of state sponsored judicial systems can deter women from presenting their case due to the lack of knowledge of their rights, understanding of the judicial process, and lack of legal aid and services available to them.¹⁷³ Physical distance can also present a problem, particularly for women who live in rural and isolated communities that lack transportation infrastructure.¹⁷⁴

The implications of the psychological and emotional barriers that women face are more damaging than the challenges previously mentioned.¹⁷⁵ Many women fear the possibility of retribution from their aggressor(s), or those affiliated with them, if they seek legal assistance regarding their allegations of sexual violence or discrimination.¹⁷⁶ Thus, many opt to remain silent for fear of their safety and the stigma they might face in their community for speaking out.¹⁷⁷ Finally, lacking legal standing, many women fear that their case will not be attended to with the same respect men would experience in a court of law; thus exacerbating already women’s unequal access to justice when compared to men.¹⁷⁸

Women who fear shame and stigma associated with re-victimization and reliving the crime committed against them are reluctant to speak out or participate further in the process.¹⁷⁹ Many women are not confident in law enforcement

¹⁶⁶ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.81.

¹⁶⁷ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.81.

¹⁶⁸ Askin, K. Prosecuting Wartime Rape and Other Gender-Related Crimes under International Law: Extraordinary Advances, Enduring Obstacles. *Berkeley Journal of International Law*, 2003, p.212.

¹⁶⁹ Afolabi-Akiyode, A., Ezeilo, J., Ladan, M. [eds.]. *Shari’a Implementation in Nigeria: Issues & Challenges on Women’s Rights and Access to Justice*. Womens Aid Collective, 2003, p.36.

¹⁷⁰ United Nations Office for Drug Control and Crime Prevention, *Handbook on Justice for Victims*, 1999, p.5.

¹⁷¹ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.77.

¹⁷² Afolabi-Akiyode, A., Ezeilo, J., Ladan, M. [eds.]. *Shari’a Implementation in Nigeria: Issues & Challenges on Women’s Rights and Access to Justice*. Womens Aid Collective, 2003, p.38.

¹⁷³ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.80.

¹⁷⁴ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.77.

¹⁷⁵ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.77.

¹⁷⁶ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.77.

¹⁷⁷ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.77.

¹⁷⁸ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.77.

¹⁷⁹ United Nations Office for Drug Control and Crime Prevention, *Handbook on Justice for Victims*, 1999, p.1

and judicial officials that are composed primarily of male figures.¹⁸⁰ These criminal justice professionals are not often gender-sensitive, trained personnel equipped to help victims of sexual violence and discrimination cope with a judicial process.¹⁸¹ The lack of gender-sensitive initiatives can have serious repercussions, such as the lack of confidence from victims and witnesses to speak out, treating severe cases of sexual abuse and violence outside a court of law, a tendency to “blame, shame, and isolate a victim,” and hostility toward women who report domestic violence.¹⁸² Finally, investment in justice for women is necessary to provide judicial systems with the training, resources, personnel, and support required to attend to violations of women’s rights and break down barriers to justice for women.¹⁸³

While these barriers pose a serious challenge for women and the girl child in times of peace, the UN and its Non-Governmental Organization (NGO) partners have seen the alarming vulnerability that women and girls face in the collapse of the judicial framework in times of conflict and post-conflict situations.

Women, Justice and Conflict

In recent decades, the nature and conduct of war has shifted away from the traditional interstate warfare towards intrastate warfare.¹⁸⁴ These intrastate conflicts have been sparked by internal political, ethnic and economic unrest; consequently changing the warfront in which these types of conflicts are conducted.¹⁸⁵ Thus, civilian casualties have become more common in warfare, particularly amongst women and children.¹⁸⁶

Research conducted by the United Nations Research Institute for Social Development has shown that women often experience war differently than men, because of certain circumstances that make them vulnerable in times of conflict.¹⁸⁷ Some of these include lack of education, legal and stable sources of income, and social and legal status in society.¹⁸⁸ When women find themselves in these situations, their vulnerability is exacerbated by the breakdown of political and judicial systems in times of war.¹⁸⁹

One of the particular characteristics of these new conflicts has been the increase in the incidence of sexual and gender based violence against women as a method of war. Sexual violence has been present throughout historical wars and conflicts.¹⁹⁰ However, these sexual and gender based crimes have never been prosecuted or recognized as crimes of war until recently in the conflicts of the former Yugoslavia and Rwanda.¹⁹¹ These conflicts are important because they may represent the first documented cases in which sexual violence was conducted in a systematic, widespread, and brutal manner. The conflicts mentioned above are also the first instances in which the act of rape

¹⁸⁰ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.80

¹⁸¹ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.80

¹⁸² United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.80

¹⁸³ United Nations Development Fund for Women, *Progress of the World’s Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.80.

¹⁸⁴ Askin, K. Prosecuting Wartime Rape and Other Gender-Related Crimes under International Law: Extraordinary Advances, Enduring Obstacles. *Berkeley Journal of International Law*, 2003

¹⁸⁵ United Nations Research Institute for Social Development, *Gender Equality: Striving for Justice in an Unequal World*, 2005, p.209.

¹⁸⁶ United Nations Research Institute for Social Development, *Gender Equality: Striving for Justice in an Unequal World*, 2005, p.210.

¹⁸⁷ United Nations Research Institute for Social Development (UNRISD). *Gender Equality: Striving for Justice in an Unequal World*, 2005, p.212.

¹⁸⁸ United Nations Research Institute for Social Development (UNRISD). *Gender Equality: Striving for Justice in an Unequal World*, 2005, p.212

¹⁸⁹ United Nations Research Institute for Social Development (UNRISD). *Gender Equality: Striving for Justice in an Unequal World*, 2005, p.207.

¹⁹⁰ Askin, K. Prosecuting Wartime Rape and Other Gender-Related Crimes under International Law: Extraordinary Advances, Enduring Obstacles. *Berkeley Journal of International Law*, 2003, p.1.

¹⁹¹ Askin, K. Prosecuting Wartime Rape and Other Gender-Related Crimes under International Law: Extraordinary Advances, Enduring Obstacles. *Berkeley Journal of International Law*, 2003, p.1.

was defined as a method of war, torture, and genocide because it was used with the purpose to humiliate and dehumanize a particular group of people.¹⁹²

The challenge of persecuting these crimes still remains in the post-conflict phase of a conflict situation. Part of the peace-building phase of a conflict involves the reconstruction of a formal and stable judicial system to prosecute those who have violated national laws.¹⁹³ In addition, international tribunals are created to prosecute those who committed crimes of war and crimes against humanity, such as the International Criminal Tribunal for Rwanda the former Yugoslavia, and the Democratic Republic of the Congo.¹⁹⁴ However, in some instances women seeking to plead their cases of sexual violence to the international courts have been directed to refer their cases to the national court, a court that may not have laws protecting them from such violence—not because this is the ideal course of action for these women, but as a result of the tremendous workload of these courts.¹⁹⁵ Thus, the search for justice or reparations for victims of sexual violence remains unfulfilled.

Another challenge in the pursuit of justice for victims of sexual and gender-based violence lies within the peace talks that take place after violence has been reduced. Despite the efforts of the UN and the international community in recognizing the importance of the role of women during the peace-building process, many women are still excluded from the negotiating table.¹⁹⁶ This may result in amnesty for or willful ignorance of those who have committed violence against women.¹⁹⁷

Efforts Made to Eliminate Gender Inequality to Justice

During its 54th session, the CSW dedicated this session to the 15-year review and implementation of the *Beijing Declaration* and the *Platform for Action*.¹⁹⁸ During this session, the Commission recollected regional data addressing the persisting issues of gender inequality and recognizing efforts made to promote and implement measures of female empowerment.¹⁹⁹ The work of the Commission resulted in seven resolutions and several panel discussion reports reflecting the continuing commitment to gender equality and women's empowerment from the body and the commitment of the UN, as a whole, to address these issues.²⁰⁰

One of the key discussions that took place during this 54th session was adopting a “gender perspective” to the Millennium Development Goals (MDGs).²⁰¹ Such talks have highlighted the importance in addressing these issues as they might specifically affect women. By adopting such an approach, it encourages the UN and its partners to create tools and mechanisms designed to address how issues of poverty, education, health, and gender inequality affect women directly, along with the special needs that women face in certain situations, such as violent conflicts.²⁰² While these issues may not tackle access to justice directly, addressing them in such manner can alleviate some of the conditions previously mentioned that tend to hinder women's access to justice.

¹⁹² United Nations Research Institute for Social Development, *Gender Equality: Striving for Justice in an Unequal World*, 2005, p.215.

¹⁹³ Fundacion para las Relaciones Internacionales y el Dialogo Exterior (FRIDE). *Justice for Women: Seeking Accountability for Sexual Crimes in Post-Conflict Situations*, 2008, p.1

¹⁹⁴ Fundacion para las Relaciones Internacionales y el Dialogo Exterior (FRIDE). *Justice for Women: Seeking Accountability for Sexual Crimes in Post-Conflict Situations*, 2008, p.1.

¹⁹⁵ Fundacion para las Relaciones Internacionales y el Dialogo Exterior (FRIDE). *Justice for Women: Seeking Accountability for Sexual Crimes in Post-Conflict Situations*, 2008, p.1

¹⁹⁶ United Nations Research Institute for Social Development, *Gender Equality: Striving for Justice in an Unequal World*, 2005, p.227

¹⁹⁷ United Nations Research Institute for Social Development, *Gender Equality: Striving for Justice in an Unequal World*, 2005, p.227

¹⁹⁸ United Nations Commission on the Status of Women, *Report on the fifty-fourth session (13 March and 14 October 2009 and 1-12 March 2010)*, 2010

¹⁹⁹ United Nations Commission on the Status of Women, *Report on the fifty-fourth session (13 March and 14 October 2009 and 1-12 March 2010)*, 2010

²⁰⁰ United Nations Commission on the Status of Women, *Report on the fifty-fourth session (13 March and 14 October 2009 and 1-12 March 2010)*, 2010

²⁰¹ United Nations Commission on the Status of Women, *Report on the fifty-fourth session (13 March and 14 October 2009 and 1-12 March 2010)*, 2010

²⁰² United Nations Commission on the Status of Women, *Report on the fifty-fourth session (13 March and 14 October 2009 and 1-12 March 2010)*, 2010.

The UN has also worked towards eliminating the impact of violence and injustice against women during times of conflict and its aftermath. The Security Council (SC) has adopted key resolutions recognizing the unique impact conflict has upon women, and also the importance of addressing their needs and the important role women play in the peace-building process. S/RES/1325 (2000) highlights the importance of defending women and girls during and after conflict situation from sexual violence and gender-based crimes.²⁰³ As a response to this resolution, the Council provided a report entitled “*Women, Peace and Security*,” which states the crucial importance of the role women have in the peace-building process and the adoption of gender-sensitive approaches.²⁰⁴ It also highlights the importance of aiding the construction of fair and equal judicial systems in the aftermath of conflicts to bring those who committed acts of gender-based and sexual violence to justice.²⁰⁵ It is a step further in strengthening the position of the UN in the defense of women’s rights and gender equality. The SC has also stressed the importance of States upholding measures of international law that protect women’s rights and prosecuting those responsible for violating women’s rights.²⁰⁶

The UN continues working toward ensuring more rights for women as well as empowering women to take advantage of these rights. Perhaps one of the most significant steps in eliminating the barriers to justice for women was the inclusion of sexual violence crimes in the Rome Statute of the International Criminal Court (ICC).²⁰⁷ Another measure, S/RES/1888 (2009) recognizes the destabilization of formal judicial systems during times of conflict, thus hindering the efforts to prosecute those responsible for committing crimes against women to the fullest extent.²⁰⁸ The resolution has also recognized the role and influence that informal justice systems can play in the aftermath of conflict and in the absence of a formal legal system capable to handle these cases.²⁰⁹ It notes that these systems can have the capacity to implement peace and restorative justice measures that can help a society move towards truth and reconciliation while promoting human rights and individual responsibility.²¹⁰

UNIFEM has also been working to provide women and girls the proper tools and mechanisms to ensure and protect their human rights.²¹¹ It initiated a program in Afghanistan that addresses the needs and obstacles that women face when trying to access the limited judicial system within the country.²¹² It helps assign funds towards the construction of legal aid centers where women are educated on their rights and using the judicial framework to ensure their protection and rights.²¹³ UNIFEM, along with its NGO partners, have also contributed resources to train legal assistants and provide gender sensitive approaches, thus helping women build trust and confidence in the system.²¹⁴

Grassroots level movements have also helped remove limitations that women may face in some restrictive societies. Informal judicial systems are sometimes based on traditional means in seeking justice and usually promote truth and reconciliation through measures of restorative justice.²¹⁵ However, these informal legal systems have proven to be a source of great concern as well, as some judicial officials have based their decisions on outdated and repressive treatment of women.²¹⁶ Researchers have also indicated that these informal systems do not reflect national laws that protect women’s rights or even uphold the measures in international law, even if the state in question is a signatory of that measure.²¹⁷

²⁰³ United Nations Division for the Advancement of Women, *Violence Against Women*, 2010.

²⁰⁴ United Nations Security Council, *Women, Peace and Security*, 2002.

²⁰⁵ United Nations Security Council, *Women, Peace and Security*, 2002.

²⁰⁶ United Nations Security Council, *Women, Peace and Security*, 2002.

²⁰⁷ United Nations Security Council, *Resolution 1888 (2009)*, 2009.

²⁰⁸ United Nations Security Council, *Resolution 1888 (2009)*, 2009.

²⁰⁹ United Nations Security Council, *Resolution 1888 (2009)*, 2009.

²¹⁰ United Nations Security Council, *Resolution 1888 (2009)*, 2009.

²¹¹ United Nations Development Fund for Women, *Afghan Women's Access to Justice*, 2008.

²¹² United Nations Development Fund for Women, *Afghan Women's Access to Justice*, 2008.

²¹³ United Nations Development Fund for Women, *Afghan Women's Access to Justice*, 2008.

²¹⁴ United Nations Development Fund for Women, *Afghan Women's Access to Justice*, 2008.

²¹⁵ United Nations Security Council. *Women, Peace and Security*, 2002, p.112.

²¹⁶ United Nations Development Fund for Women, *Progress of the World's Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.81-83.

²¹⁷ United Nations Development Fund for Women, *Progress of the World's Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.81-83.

Conclusion

While obstacles remain, progress can advance once women are granted their rights treated fairly and justly.²¹⁸ The issue of overcoming obstacles that hinder women and girls' access to justice is not simple, and will require much effort and time. Thus, it is important to recognize the unique circumstances that women find themselves, and identify ways to help them achieve a livelihood with peace and dignity.

The Commission on the Status of Women, the UN and the international community consider this to be crucial for the promotion and advancement of gender equality and women's empowerment. As you research your country's policy regarding the topic keep the following questions in mind: What has your country done for the advancement of women at a national, regional and international scale? What are the limitations that have arisen when trying to implement such measures such as the CEDAW or the *Beijing Declaration* and the *Platform for Action*? Is it a viable option for countries that have experienced conflict and sexual violence on a grand scale to move towards peace, without recognizing the impact that these acts have upon women, girls and the society as a whole? How can states reconcile national laws with international legal measures that ensure the rights of women and girls?

III. Women, the Girl Child, and HIV/AIDS

*"Gender inequities, violence, lack of access to education, health and economic opportunities make women particularly vulnerable to HIV...I look forward to working closely with Ms. [Michelle] Bachelet to restore the dignity and rights of women all over the world and advance the response to HIV."*²¹⁹

The founding Member States of the United Nations (UN) were determined "to promote social progress and better standards of life" by employing "international machinery for the ...the economic and social advancement of all peoples."²²⁰ Human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) presents a significant obstacle to social progress, quality of life, and economic and social advancement for people throughout the world, including for women and the girl child.²²¹ It is because of these very goals for progress that the UN has been diligently working to mitigate the damaging effects of this disease. HIV/AIDS has only existed for approximately 30 years, but because of globalization, HIV/AIDS currently affects every UN Member State.²²²

According to the World Health Organization (WHO), "HIV/AIDS is the world's leading infectious killer."²²³ An estimated two million people die every year from HIV/AIDS, and it has killed more than 27 million people.²²⁴ HIV/AIDS kills eight thousand people daily.²²⁵ 14,000 people contract the disease every day, half of which are individuals under 25 years old.²²⁶ In Africa, it is the leading cause of death, and has reduced life expectancy by ten years.²²⁷ There are currently 33 million people living with HIV/AIDS, and 95% of people infected with HIV reside in a developing country.²²⁸ 61% of people living with HIV in sub-Saharan Africa are women. In the same area, females between the ages of 15-24 years old are three to six times more likely to be infected with HIV than males of the same age in the region.²²⁹ Women and girls are especially effected by this disease; between 14 million to 17 million women, and one to three million children currently live with HIV.²³⁰

²¹⁸ United Nations Development Fund for Women, *Progress of the World's Women 2008/2009: Who Answers to Whom? Gender and Accountability*, 2008, p.86.

²¹⁹ Sidibé, *UNAIDS Welcomes Announcement of Michelle Bachelet as Head of UN Body for Women*, 2010, p.1.

²²⁰ United Nations, *Charter of the United Nations* Charter of the United Nations, 1945, p.1.

²²¹ UNAIDS Inter-agency Task Team on Gender and HIV/AIDS, *HIV/AIDS and Gender: Fact Sheet Overview*, 2003, p.2.

²²² Caldwell and Williams, *Seeking Security in an Insecure World*, 2006, p.81.

²²³ World Health Organization, *10 Facts on HIV/AIDS*, 2010.

²²⁴ World Health Organization, *10 Facts on HIV/AIDS*, 2010.

²²⁵ World Health Organization, *10 Facts on HIV/AIDS*, 2010.

²²⁶ Caldwell and Williams, *Seeking Security in an Insecure World*, 2006, p.81.

²²⁷ Creese, Floyd, et al *Cost-Effectiveness of HIV/AIDS Interventions in Africa: A Systematic Review of the Evidence*, 2009, p.246.

²²⁸ Caldwell and Williams, *Seeking Security in an Insecure World*, 2006, p.81.

²²⁹ World Health Organization, *Integrating Gender Into HIV/AIDS Programmes in the Health Sector Tool to Improve Responsiveness to Women's Needs*, 2008, p.13.

²³⁰ Joint United Nations Programme on HIV/AIDS and World Health Organization, *Aids Epidemic Update Report*, 2009, p.6.

The issue of HIV/AIDS and women may appear to be primarily a public health concern, and a matter for consideration by the World Health Organization (WHO) instead of the Commission on the Status of Women (CSW). However, after a closer examination, HIV/AIDS and its effects on women highlights the work and goals of the CSW. How the disease affects women is not only a public health matter, but also a human rights concern.

The issue of HIV/AIDS is important to the CSW because the Commission seeks to achieve gender equality and women's advancement. HIV/AIDS makes female inequality and disempowerment, whether economically, socially, and politically, appallingly apparent. Likewise, achieving equality and empowerment of women may also lead to positive results with the disease such as lower infection and death rates. Thus, HIV/AIDS can serve as a foil to see the effects of both equality and inequality, and the empowerment and disempowerment of women. By looking at the intersections of the disease, inequality, and their combined effect on women, HIV/AIDS may be seen as a multi-faceted, political, social, and economic concern as well a public health issue that is worthy of the attention of the CSW.

A Complex Problem: Women, Girls, and HIV/AIDS

Gender differences decrease women and girls' access to resources, power, and responsibility in making healthy sexual decisions and choices.²³¹ There are several factors that contribute to women and girls' vulnerability.²³² Women and girls are especially vulnerable to HIV/AIDS because of biological, social, and behavioral differences.²³³ It is easier for them to be infected by the disease than men, because biologically women are more at risk for infection; "male-to-female HIV transmission is estimated to be twice as likely as female-to-male."²³⁴ In addition to biological differences, social constructs for gender roles also place women at a greater disadvantage or risk for contracting HIV/AIDS. Women and girls are often expected to behave as passive, ignorant, and inexperienced in sexual activity.²³⁵ This results in women feeling uncomfortable accessing information or equipment, such as a highly effective female condom or microbicide, to protect them during sexual activity, because by doing so they could be perceived as sexually experienced or active.²³⁶ On the other hand, men and boys are socially expected to be more experienced and knowledgeable about sex. Other perceptions of masculinity reinforce violence against women, perpetuate homophobia, and disdain for safe sex methods all of which increase the likelihood for HIV infection, and decrease the likelihood that individuals will access services to prevent or treat HIV/AIDS.²³⁷ One study reported by the WHO reveals the social and behavioral challenges women face. The study, conducted in India, found that 90% of women interviewed were blamed for infecting their husbands with HIV. In actuality, their husbands infected them with HIV.²³⁸

Women do not have equal access to legal institutions in some countries because they often do not have the same property and inheritance rights as men. Women who may not own property or inherit it must depend on men for fiscal and physical, such as housing, support. This forces many women to stay with abusive husbands, or in the event of death, resort to sexual work to support their families since property may not legally go to widows. Thus, women who must resort to sexual work could be at risk for HIV/AIDS.²³⁹ As Secretary-General Kofi Anan described on International Women's Day in 2004, "As AIDS strikes at the lifeline of society that women represent, a vicious cycle develops. Poor women are becoming even less economically secure as a result of AIDS, often deprived of rights to housing, property or inheritance or even adequate health services."²⁴⁰

²³¹ UNAIDS, *Gender*, 2010, p.1.

²³² UN Economic and Social Council, *Women, the girl child and HIV/AIDS: Report of the Secretary-General (E/CN.6/2009/6 08-63930)*, 2009, p.3.

²³³ UNAIDS, *Gender*, 2010, p.1.

²³⁴ The Global Coalition on Women HIV/AIDS, *HIV Prevention and Protection Efforts are Failing Women and Girls*, 2004, p.1.

²³⁵ UNAIDS Inter-agency Task Team on Gender and HIV/AIDS, *HIV/AIDS, Gender, and Male and Female Condoms* 2003, p.45.

²³⁶ WHO - Department of Gender and Women's Health, *Gender and HIV/AIDS*, November 2003, p. 2.

²³⁷ UNAIDS, *Gender*, 2010, p.2.

²³⁸ UNAIDS, *Women and Girls*, 2010, p.1.

²³⁹ The Global Coalition on Women HIV/AIDS, *HIV Prevention and Protection Efforts are Failing Women and Girls*, 2004, p.1.

²⁴⁰ Annan, *The Secretary-General Message on International Women's Day*, 2004.

Economic inequality, poverty, distance, transportation, hours of operation, and long wait times in clinics can all serve as barriers for women and girls seeking assistance.²⁴¹ HIV/AIDS services need to be integrated into general family planning care so that there is no stigma associated with women and girls seeking these services.²⁴² Female condoms can reduce the risk of infection by 90% for women, but cost four to ten times more than male condoms so many women cannot afford them.²⁴³ A female condom is about \$.60 in United States dollars (USD) while a male condom is only \$.03 USD.²⁴⁴ A study done in Guatemala, India, Jamaica and Papua New Guinea stated that women passed up discussing condom use with men for fear of eliciting a violent reaction.²⁴⁵

Violence against women and girls is a major barrier to alleviating the impact of HIV/AIDS.²⁴⁶ Risk of HIV is higher for women who are subjected to violence than those who are not -- this is because these women are often scared to get tested or to seek help.²⁴⁷ Thus, they are not able to make adequate decisions, and are too scared to or do not know how to use condoms.²⁴⁸ Early or forced marriage of girls can have similar results. The WHO reported that, "research from 16 countries in Sub-Saharan Africa indicates that husbands of 15-19 year-old girls are on average ten years older than their wives."²⁴⁹ "Early marriage may expose girls to an increased risk of HIV infection, especially if their partners are older and have had more sexual exposure."²⁵⁰ Because vaginal tracts are not fully developed and tear easily, girls are especially at risk for HIV when violence occurs or sex is forced.²⁵¹ From a strict medical concern, female genital mutilation can increase possible infection rates if the blade is used on multiple girls without first being sterilized.²⁵² War and the military add additional risks to contracting HIV/AIDS. One study found, "In peacetime military personnel tend to have two to five times higher rates of sexually transmitted infections - which can increase the risk of HIV - than the civilian population (UNAIDS 1998). In war, this difference can skyrocket to 50 times higher or more."²⁵³

Women, girls, and elderly women are also adversely impacted by HIV/AIDS because they are often expected to care for loved ones that are currently suffering from HIV/AIDS or children that have been orphaned because of the disease. Secretary-General Anan recognized this issue, "As AIDS forces girls to drop out of school -- whether they are forced to take care of a sick relative, run the household, or help support the family -- they fall deeper into poverty. Their own children in turn are less likely to attend school -- and more likely to become infected. Thus, society pays many times over the deadly price of the impact on women of AIDS."²⁵⁴ When husbands die from the disease, wives are sometimes blamed for the death, and subjected to abandonment and discrimination, and so women are not as likely to have community or family support or able to access antiretroviral treatment.²⁵⁵ Death of a family member (and care of orphans) may force very young women and/or elderly women into the work force.²⁵⁶ Caring for those impacted by HIV/AIDS as well as living with the disease can lead to feminization of poverty.²⁵⁷ The UNAIDS Inter-agency Task Team on Gender and HIV/AIDS says, "Women's role in the care economy intensifies women's poverty and insecurity as opportunities for income generation are lost and a large proportion of an already meager income is spent on care, such as water, gloves, funerals, or medical needs."²⁵⁸

²⁴¹ UNAIDS Inter-agency Task Team on Gender and HIV/AIDS, *HIV/AIDS, Gender, and the Prevention of Mother-to-Child Transmission (PMTCT)*, 2003, p.33.

²⁴² WHO, *Women and Girls Need Access to AIDS Treatment and Protection from Violence*, 30 November 2004, p.1.

²⁴³ WHO - Department of Gender and Women's Health, *Gender and HIV/AIDS*, November 2003, p. 2.

²⁴⁴ UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, *HIV/AIDS, Gender, and Male and Female Condoms*, 2003, p.45.

²⁴⁵ WHO - Department of Gender and Women's Health *Gender and HIV/AIDS*, November 2003, p.3.

²⁴⁶ UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, *HIV/AIDS, Gender, and Violence Against Women*, 2003, p. 25.

²⁴⁷ UN Economic and Social Council, *Women, the girl child and HIV/AIDS: Report of the Secretary-General (E/CN.6/2009/608-63930)*, 2009, p.10.

²⁴⁸ UN Population Fund, *Gender-based Violence, Both Cause and Consequence of HIV and AIDS*, 2008, p.1.

²⁴⁹ WHO - Department of Gender and Women's Health, *Gender and HIV/AIDS*, November 2003, p.2.

²⁵⁰ WHO - Department of Gender and Women's Health, *Gender and HIV/AIDS*, November 2003, p.2.

²⁵¹ WHO, *Women and Girls Need Access to AIDS Treatment and Protection from Violence*, 30 November 2004, p.1.

²⁵² WHO, *WHO Reiterates Need to Eliminate Female Genital Mutilation*, 2004, p.1.

²⁵³ UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, *HIV/AIDS, Gender, and Conflict Situations*, 2003, p.30.

²⁵⁴ Annan, *The Secretary-General Message on International Women's Day*, 2004.

²⁵⁵ UNAIDS, *Women and Girls*

²⁵⁶ UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, *HIV/AIDS, Gender, and Conflict Situations*, 2003, p. 53.

²⁵⁷ UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, *HIV/AIDS, Gender, and Conflict Situations*, 2003, p. 53.

²⁵⁸ UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, *HIV/AIDS, Gender, and Conflict Situations*, 2003, p. 53.

A Solution in Progress: An Example of the Work of the Commission on the Status of Women

In Resolution 2/53 from the Report of the 53rd session of CSW issued recommendation on the matter of women, the girl child and HIV and AIDS.²⁵⁹ It highlights central UN documents and declarations that relate to women, and by doing this, shows how HIV/AIDS connects to broader issues affecting women including the Beijing Declaration and Platform for Action, the Programme of Action of the International Conference on Population and Development, the Declaration of Commitment on HIV/AIDS, the Political Declaration on HIV/AIDS, and the Millennium Development Goals related to women and HIV/AIDS. It calls for the protection human rights when dealing with HIV/AIDS.²⁶⁰

The Resolution calls for governments to fulfill their commitment to advance universal access to healthcare and HIV/AIDS prevention, treatment, and support by 2010. Resolution 2 recognizes that supporting flexible intellectual property rights can benefit public health. It urges governments to expand access to treatment for HIV/AIDS such as providing antiretroviral drugs and other medications at reduced costs. Governments should also ensure access to male and female condoms, microbicides, and through access to education, help women assert their control over their own bodies. Women should also have access to clinics and laboratories that focus on women's health and HIV, and mother-to-child tests should be accessible to all who need them.²⁶¹

CSW Resolution 2 (2009) highlights gender equity. Governments should strive to ensure gender equity in all facets of life including: security, education, healthcare, sanitation, nutrition, and treatment. Girls are often forced to drop out of school to care for those affected by HIV/AIDS, and governments should strive to prevent this from happening. The Resolution suggests this can be done through reducing the financial and psychological burdens on those responsible for caring for those with HIV/AIDS. Discrimination against women must end, and one way to do this is by governmental programs that change attitudes and stereotypes. It suggests this can be accomplished through awareness-raising and educational campaigns for boys and men on how to make emotionally, physically, and psychologically healthy choices when interacting with women and girls. Moreover, both boys and girls should have access to sexual and health education courses.²⁶²

Member States have a responsibility to protect women from violence such as forced marriage, rape, and genital mutilation as steps to prevent the spread of the disease according to CSW Resolution 2 (2009). It recognizes that creating and enforcing laws to end violence against women through protection from early marriage and differing forms of rape may do this. The Resolution calls for the protection of human rights and the right to privacy of those living with HIV or AIDS.²⁶³

The international community's efforts are a focus of the Resolution as well. It calls for international aid efforts to consider gender perspectives especially in making personnel choices. The Resolution specifically suggests aid be focused on the regions most affected the disease, Africa and the Caribbean. More cooperation between the Joint UN Programme on HIV/AIDS, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the CSW is needed to effectively respond to humanitarian emergencies. The CSW Resolution calls on the UN to continue collecting data that shows correlations between gender inequality and HIV/AIDS. Governments and the international community need to fully promote research in the prevention, treatment, and care and support of HIV/AIDS.²⁶⁴

Case Study: South Africa

More people live with HIV in the Republic of South Africa than any other country in the world.²⁶⁵ South Africa has about 5.7 million people living with HIV, 280,000 of these are children between the ages of zero to 14, and 3.2 million are women.²⁶⁶ This means that women and children are more than half of the total population living with

²⁵⁹ UN Commission on the Status of Women, *Report on the Fifty-third Session: Resolution 2*, 2009, p.28.

²⁶⁰ UN Commission on the Status of Women, *Report on the Fifty-third Session: Resolution 2*, 2009, p.28.

²⁶¹ UN Commission on the Status of Women, *Report on the Fifty-third Session: Resolution 2*, 2009, p.28.

²⁶² UN Commission on the Status of Women, *Report on the Fifty-third Session: Resolution 2*, 2009, p.28.

²⁶³ UN Commission on the Status of Women, *Report on the Fifty-third Session: Resolution 2*, 2009, p.28.

²⁶⁴ UN Commission on the Status of Women, *Report on the Fifty-third Session: Resolution 2*, 2009, p.28.

²⁶⁵ UNAIDS, *Interactive Map Towards Universal Access: People Living with HIV in 2007*, 2010, p.1.

²⁶⁶ UNAIDS, *Country Situation Report: South Africa*, 2008, p.1.

HIV in South Africa.²⁶⁷ In 2008, 29% of South African women accessing public health services tested positive for HIV.²⁶⁸ Because of these astonishing numbers that affect so many lives in South Africa, it is important to see how United Nations organizations are acting in South Africa.

Women's role as caregivers is clearly seen in the example of South Africa. The United Nations Development Fund for Women (UNIFEM) reports that in a South African study completed in 2005 regarding home-based care, over 91% of caregivers were women.²⁶⁹ UNIFEM also stated, "several household surveys in Southern Africa revealed that two-thirds of primary caregivers were female; one quarter of whom were over 60 years of age."²⁷⁰ While there is no direct link to women as primary caregivers and women's role in participatory government, it does make sense that women who must care for those affected by HIV/AIDS would probably have less time to devote to participation in government policies. Ensuring women's access to government is a factor UNIFEM seeks to improve in its efforts to stop HIV/AIDS.²⁷¹ UNIFEM helped women become more involved in drafting the South African National Strategic Plan for HIV/AIDS (NSP) by organizing the first "South African National AIDS Council (SANAC) Women's Sector Summit" in 2007. The Summit ultimately ensured that the NSP for South Africa "was inclusive of and responsive to women's realities, needs and risks."²⁷² Women are involved in all leadership areas of the SANAC, but obstacles still remain in women's full participation because women are treated as "token members" of the leadership. Thus, it is still necessary to ensure that women's involvement is strengthened and the "paradigm of patriarchy" in both SANAC culture and the SANAC response to HIV/AIDS is changed.²⁷³

South Africa also highlights the risky progress that can be made in HIV/AIDS when gender issues are not directly considered. UNAIDS reports that while initial sexual encounters for South African males under 15 years old has declined in 2008, "the percentage of young women having sex before the age of 15 rose from 5.3% to 5.9%" in 2008.²⁷⁴ UNAIDS also stated that women's high risk of HIV might be due to "intergenerational sexual partnerships."²⁷⁵ This is highlighted in the case of South Africa because "the percentage of young women in South Africa who report having a sexual partner more than five years older than themselves rose from 18.5% in 2005 to 27.6% in 2008."²⁷⁶ The South African case and the UN research there, reveals that while HIV/AIDS research and treatment are important for the overall population, it is necessary to tailor it to gender issues to ensure its effectiveness for women.

South Africa is also working hard to improve the quality of its response to HIV/AIDS in the country. South Africa has devoted \$1.1 billion of its 2010-2011 annual budget to HIV/AIDS efforts; this is the largest investment by a developing state.²⁷⁷ In South Africa's NSP, the state has committed itself to testing 15 million people and halving the infection rate of people by 2011, which is the largest commitment in the world to do this. One million South Africans are on antiretroviral treatment through national efforts – also the largest in the world.²⁷⁸ Thus, South Africa is striving to be one of the world's leaders in both treatment and prevention of HIV/AIDS. According to Michel Sidibé, the Executive Director of UNAIDS, South Africa is attempting to do this by "evidence-based, scientific approaches to testing and treatment, and a people-focused strategy that engages all citizens" and focusing on issues of "sexuality, violence against women, intergenerational and transactional sex, youth and sex education and the rights and expectations of people living with HIV."²⁷⁹

While helping South African women and girls affected by HIV/AIDS is important in the global fight against HIV/AIDS because of the scale of those affected, this national case is simply a national (and more local) perspective

²⁶⁷ UNAIDS, *Country Situation Report: South Africa*, 2008, p.1.

²⁶⁸ UNAIDS, *Aids Epidemic Update Report*, 2009, p.28.

²⁶⁹ United Nations Development Fund for Women (UNIFEM), *Facts & Figures on HIV & AIDS*, 2010, p.1.

²⁷⁰ United Nations Development Fund for Women (UNIFEM), *Facts & Figures on HIV & AIDS*, 2010, p.1.

²⁷¹ UNIFEM, *Transforming the National AIDS Response: Advancing Women's Leadership and Participation*, 2010, p.1.

²⁷² UNIFEM, *Transforming the National AIDS Response: Advancing Women's Leadership and Participation*, 2010, p.14.

²⁷³ UNIFEM, *Transforming the National AIDS Response: Advancing Women's Leadership and Participation*, 2010, p.15.

²⁷⁴ UNAIDS, *Aids Epidemic Update Report*, 2009, p. 31.

²⁷⁵ UNIFEM, *Transforming the National AIDS Response: Advancing Women's Leadership and Participation*, 2010, p.15.

²⁷⁶ UNAIDS, *Aids Epidemic Update Report*, 2009, p.31.

²⁷⁷ UNAIDS, *South Africa Committed to Achieving Universal Access*, 2010, p.1.

²⁷⁸ Sidibé, M., *Speech: Golden Moment*, 2010, p.1.

²⁷⁹ Sidibé, M., *Speech: Golden Moment*, 2010, p.1.

of the needs women and girls in all UN Member States are likely to face. Gaining the time, resources, and ability to affect HIV/AIDS policy, ensuring that women and girls' HIV/AIDS status is as much an indicator toward progress as men, and considering issues such as gender-based violence and other issues facing women as key issues to stopping the spread of HIV/AIDS.

Conclusion: Many Questions and Solutions are Necessary

As delegates of the Commission on the Status of Women, who will get the opportunity to discuss “Women, the Girl Child, and HIV/AIDS,” there are several questions you should consider while researching this important issue: Does your country recognize the impact of HIV/AIDS as a human rights issue? How does the empowerment or disempowerment of women and girls in your country relate to HIV/AIDS? How is your country implementing the goals in CSW Resolution 2 (2009)? What are the social conditions in your country – is patriarchy a barrier to ending the spread of HIV/AIDS? What is your country doing to address HIV/AIDS and its impact on females? Is this something that could be applied on a national or international level? Does your country have a NSP like South Africa? Has your country prioritized treatment over prevention or vice versa? How are women of different generations impacted by the disease? How does your country wish to use women's leadership to help find solutions to HIV/AIDS?

Annotated Bibliography

Committee History of the Commission on the Status of the Women

NGO Committee on the Status of Women. (2010). *CSW 54 Handbook*. Retrieved August 21, 2010 from: <http://www.ngocsw.org/files/CSW54-Handbook-Final.pdf>

This document outlines the agenda for the 54th session of the Commission on the Status of Women. Additionally, it also provides a basic history of the Commission and its previous efforts. Most importantly, it describes upcoming five year period of work advancing women's rights and their status in the global society from protection against violence to increasing their existence in the world market. This document would be useful to delegates as a framework for the Commission's future endeavors in the immediate years to come.

Peace Women Project. (2010). *The 10th Anniversary of SCR 1325: Overview*. Retrieved September 13, 2010 from: <http://www.peacewomen.org/pages/anniversary>

The overview of the SCR 1325 10th anniversary provides a brief description of the document as it was written 10 years ago as well as the success of its adoption. The challenges in implementing this resolution are also described as manifestations of poor accountability and inconsistency. Finally, this site describes the overarching goals to address the recurring problems at the anniversary review.

United Nations. (1945). *Charter of the United Nations*. Retrieved October 2, 2010 from: <http://www.un.org/en/documents/charter/index.shtml>

As the founding document of the United Nations, the UN Charter provides a definitive framework for all substantive bodies within the United Nations. It is important to understand the bureaucracy of the UN when serving on any committee, and the UN charter serves as a legitimate reference for delegates who must recognize the protocol of the various UN bodies and how they report to one another. Chapter V, Article 46 in particular, addresses the functionality of all specialized agencies, including the Commission on the Status of Women, which reports to the Economic and Social Council.

United Nations. Commission on the Status of Women. (2009). *Agreed conclusions on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS*. Retrieved August 21, 2010 from:

<http://www.un.org/womenwatch/daw/csw/agreedconclusions/Agreed%20conclusions%2053rd%20session.pdf>

This document reaffirms the importance of addressing women's struggle with HIV/AIDS, a barrier to the development of women in the ever globalizing world. The Agreed Conclusions of the 53rd

session describes the need to equally distribute the responsibility of the effects of HIV/AIDS and eliminate stereotypes associated with this disease. It further suggests methods to improving access to healthcare, sexual reproduction education, and caregiving in the context of HIV/AIDS.

United Nations. Commission on the Status of Women. (2010). *Beijing + 15, CSW 54*. Retrieved October 4, 2010 from: <http://www.un.org/womenwatch/daw/beijing15/index.html>

The link to this Web site outlines the most recent session (CSW 54) of the Commission on the Status of Women. It will provide delegates with the most recent issues being addressed at the annual sessions. The link to the 54th Session's completed report can also be found from this link, which details the topics discussed when the Commission held the 15 year review of the Beijing Declaration and Platform for Action as well as the outcomes of the twenty-third special session of the General Assembly in 2000.

United Nations. Commission on the Status of Women. (2009). *Commission on the Status of Women: Overview*. Retrieved August 21, 2010, from: <http://www.un.org/womenwatch/daw/csw/index.html>

This Web site provides a good basis for understanding the general structure of the Commission on the Status of Women. It highlights the year of its inception, the number of Member States that serve on the Commission, term length and limits, as well as a description of CSW annual sessions. The information on this website offers a solid foundation for further research regarding the Commission in its past, present, and future.

United Nations. Commission on the Status of Women. (2010). *CSW 55th Session (2011)*. Retrieved August 27, 2010, from: <http://www.un.org/womenwatch/daw/csw/55sess.htm>

The link to the Web site for the upcoming session for CSW provides insight into where policy makers are looking to take the Status of Women in the future. The site discusses the theme for the 55th session set to occur in the spring of 2011, in the months prior to NMUN 2011. It would benefit delegates to peruse the site both before and after the session prior to coming to conference in order to be knowledgeable of the most up to date information regarding the advancement of women and the CSW international agenda.

United Nations. Commission on the Status of Women. (2010). *Report on the 54th Session (E/2010/27)*. Retrieved August 27, 2010, from: [http://www.un.org/Docs/journal/asp/ws.asp?m=E/2010/27\(SUPP\)](http://www.un.org/Docs/journal/asp/ws.asp?m=E/2010/27(SUPP))

This document discusses the events that occurred at the most recent session for the Commission on the Status of Women. It thoroughly examines the topics discussed at the 54th session, including the fifteen year review of the Beijing Declaration and the Platform for Action. This document would provide delegates with the most current debated and discussed issues surrounding the Commission and the advancement of women.

United Nations. Commission on the Status of Women. (2006). *Short History of the Commission on the Status of Women*. Retrieved August 21, 2010, from: <http://www.un.org/womenwatch/daw/CSW60YRS/CSWbriefhistory.pdf>

This document examines the general background of the Commission on the Status of Women from 1946 to 2006, but also describes in depth the development of this specialized agency. The Short History outlines the various documents and partner organizations with CSW, including, but not limited to CEDAW, 1985 World Conference, 1995 Beijing Declaration, and the Division for the Advancement of Women. Finally, this document addresses reform within the Commission over the last sixty years and outlines potential action for its future.

United Nations. Division for the Advancement of Women. Convention on the Elimination of All forms of Discrimination Against Women. (2009). *Short History of CEDAW Convention*. Retrieved September 13, 2010, from: <http://www.un.org/womenwatch/daw/cedaw/history.htm>

This Web site describes the events leading up to the creation and adoption of CEDAW as well as the process of formulating this landmark document. The short history discusses the reasoning behind the need for such a document and how this need transformed into a reality at the United Nations. This site serves as a good starting reference point for delegates when researching CEDAW and its relevancy to CSW.

United Nations. Division for the Advancement of Women. (2009). *Non-governmental Organizations (NGOs)*. Retrieved September 13, 2010, from: <http://www.un.org/womenwatch/daw/ngo/index.html>

The Division for the Advancement of Women Web site describes here the role that Non-governmental Organizations play in the CSW. NGOs serve as critical participants in CSW annual sessions, as expert consultants to the UN Member States on the multitude of issues challenging women advancement. This site also explains the role of the NGO Committee on the Status of Women, which works in conjunction with CSW in preparation for its annual session.

United Nations. Security Council. (2000). *Women, peace and security (S/RES/1325)*. Retrieved August 21, 2010 from: <http://www.peacewomen.org/pages/about-1325/scr-1325-the-text>

This UN document describes the need to include and use women more frequently both on and off the field of the peacekeeping process. This would ensure a better perspective for preventing violence against women and also advance their status further within the United Nations. Finally, this resolution addresses the need for peacekeeping operations to identify the needs of women more clearly when affected by violence.

United Nations. Security Council. (2000). *Women and Peace and Security Report of the Secretary-General (S/2008/622)*. Retrieved August 27, 2010, from: <http://www.un.org/Docs/journal/asp/ws.asp?m=S/2008/622>

This report recognizes the current issue plaguing women around the world: conflict and crisis. The UN Secretary-General's report reiterates the importance to address the issue with practical measures to be implemented at the national and local level. This document coincides well with Security Council Resolution 1325, both of which encourage action to prevent the effects of conflict and crisis that prevent the advancement of women.

United Nations. UN News Centre. (2010). *Remarks to Commission on the Status of Women High-Level Event marking International Women's Day - "Equal Rights, Equal Opportunities and Progress for All."* Retrieved September 13, 2010, from: http://www.un.org/apps/news/infocus/sgspeeches/search_full.asp?statID=736

Secretary-General, Ban Ki-moon, addresses the celebration of International Women's Day in this statement. He describes the main challenges women face today and broadly outlines the various means and methods necessary to advancing the status of women. Written in March of 2010, this statement provides delegates with a current perspective of the Secretary-General's view on gender equality and empowering women.

United Nations. UN Women. (2010). *About UN Women*. Retrieved August 27, 2010, from:

<http://www.unwomen.org/about-un-women/>

This is the homepage for the newly created UN entity addressing the status of women and women's rights. As a new organization to advocate more directly with Member States on the advancement for women, the UN Women Web site provides great insight into this body. This website also describes the mandate of UN Women to coordinate the efforts of all UN women empowerment entities for the advancement of gender equality, advocated thoroughly by CSW.

I. Improving Access to Health Service for Women in Conflict- and Post-Conflict Situations

Cohan, Susan A. (2009). *The Reproductive Health Needs of Refugees and Displaced People: An Opening for Renewed U.S. Leadership*, *Guttmacher Policy Review*, Vol. 12, No. 3.

Susan Cohan's article gives a very good overview about the situation of refugees and IDPs. She then explains the key points of the Inter-agency Field Manual for Reproductive Health in Refugee Situations and addresses its achievements as well as its challenges. In the last part of her article she discusses what possibilities and limitations the United States have to improve the situation of refugees and IDPS.

Howard, Natasha. (2008). *Reproductive Health Services for refugees by refugees in Guinea*. Retrieved October 20, 2010, from: <http://www.conflictandhealth.com/content/2/1/12>

In her essay about health care service for refugees in Guinea, Natasha Howard analyzes the way Guinea dealt with the approximately 500,000 refugees and their health care needs. Of course, this

is only one example of how this issue could be addressed, however, it could give delegates ideas and inspirations for the working paper writing process. The essay itself is rather comprehensive since it elaborates on the data collection, data analysis, demography etc. For delegates, especially the sections about the background, the results, and the conclusions will be useful.

Human Rights Watch. (2010). "As if We Weren't Human", *Discrimination and Violence against Women with Disabilities in Northern Uganda*. Retrieved October 2, 2010 from:

<http://www.hrw.org/en/reports/2010/08/24/if-we-weren-t-human>

In August 2010, Human Rights Watch published this article about the situation of women with disabilities in Northern Uganda. The article might focus on Uganda, however, the situation for these women is very similar in all conflict and post-conflict countries. Disabled women in conflict face a double burden and governments usually do not take the appropriate steps to address this issue, however, there are very few reports on that topic. Therefore, this article will be very valuable for delegates since it very comprehensively discusses the situation of these women and possible approaches to improve the situation.

Human Rights Watch. (2005). *Sexual Violence and its Consequences among Displaced Persons in Darfur and Chad*. Retrieved August 18, 2010, from: <http://www.cmi.no/sudan/doc/?id=1069>

Although this working paper focuses on sexual violence and displaced persons in the regions Darfur and Chad, it is an excellent resource to get a deeper insight into rape and violence by armed forces and sexual violence following displacement. It further concentrates on social and psychological aspects of rape and also has a section on HIV/AIDS. Furthermore, delegates could use Darfur/Chad as a case study since the situation for women in this region is especially difficult and access to health care service is very rare.

Inter-Agency Working Group on Reproductive Health in Crises. (2004). *Comprehensive Abortion Care*. Retrieved August 17, 2010, from: <http://www.iawg.net/resources/IAFM%202010/IAFM2010chapter7.pdf>

Comprehensive Abortion Care is an important issue in the topic of women in conflict and health. This document provides the readers with the needs assessment of abortion care such as counseling, complication management, post-procedure counseling etc. It also talks about rights and legal issues which is important to the topic since many countries in conflict situations have not clear guidelines regarding this topic

Inter-Agency Working Group on Reproductive Health in Crises. (2009). *Maternal and Newborn Health*. Retrieved from IWAG Web site on August 2, 2010: <http://www.iawg.net/resources/IAFM%202010/IAFM2010chapter6.pdf>

Pregnant women are among the most vulnerable in conflict- and post-conflict situations and they have special health care needs. Countries in conflict (or that experience other forms of instability) have the highest maternal and neo-natal mortality. This document focuses on how to improve maternal health during conflict and addresses programming (antenatal-, childbirth-, and postnatal care), as well as legal considerations. Furthermore, it provides the reader with diagrams and tables to underline the given information.

International Committee of the Red Cross. (2009). *Greater Needs, Fewer Resources: Ensuring adequate health care for women during armed conflict*. Retrieved August 17, 2010, from:

<http://www.icrc.org/web/eng/siteeng0.nsf/html/women-health-interview-010309>

In this interview Nadine Puechguirbal, the ICRC's women and war adviser, addresses the challenges and difficulties that women face in war and why one needs to improve access to health care for them. She talks about general issues as well as specific ones (e.g. special health needs of women in detention and also gives an insight on what the ICRC is doing to improve the situation. This is a good source to get a first insight into the topic and to get to know the basic health challenges women have to face during conflict.

Médecins sans Frontières. (2010). *Sierra Leone: Seeking to Improve Access to Healthcare for Women and Children*. Retrieved August 17, 2010 from: <http://www.doctorswithoutborders.org/news/article.cfm?id=4390&cat=field-news>

In this article Médecins sans Frontières introduce a project of Sierra Leone, which provides free health care service for pregnant and breastfeeding women as well as for children under the age of five. This project has proven to be successful so far and it could be adopted and/or modified by other countries. Delegates might find this idea useful for the working paper writing process and could use this source as a basis for their ideas.

Quintero, A. & Culler, T. (2009) *IDP health in Colombia. Needs and Challenges*. Retrieved August 16, 2010, from: <http://www.fmreview.org/FMRpdfs/FMR33/70-71.pdf>

This is an article about IDPs in Colombia and the health challenges they have to face. It is rather short, but it gives the reader a good overview over health access, education and best practice models. Of particular use for delegates are the “best practice models” which can be applied to other countries or regions.

Reproductive Health Service, Information, and Services in Emergencies. (n.d.). *Raise Project Colombia*. Retrieved August 15, 2010, from: <http://www.raiseinitiative.org/projects/colombia.php>

RAISE (Reproductive Health Service, Information, and Services in Emergencies) supports Profamilia in Colombia to provide displaced persons with reproductive health services. This article gives some background information on the situation in Colombia and outlines RAISE's work there. It lists several facts and statistics concerning displaced persons in Colombia which delegates might find helpful. On their Web site one can also find RAISE projects in other countries, such as the Democratic Republic of Congo, Sudan, Thailand, and Uganda.

Reproductive Health Response in Conflict Consortium (RHRC). (2009) *Gender-based Violence*. Retrieved August 1, 2010 from: <http://www.rhrc.org/resources/index.cfm?sector=gbv>

The RHRC promotes reproductive health among all persons that are affected by armed conflict. It promotes sustained access to comprehensive reproductive health programs in emergencies and advocates for policies that support reproductive health of persons affected by conflict as well as natural disaster. The RHRC Consortium offers access to a wide range of high quality articles and publications by UN bodies (UNFPA, UNHCR, WHO e.g.) as well as NGOs (such as, Women's Commissions, CARE e.g.). The articles address country specific challenges (such as responding to sexual violence in Tanzania and East-Timor) as well as more comprehensive issues (such as engaging men and boys in the fight against gender based violence or how to counsel rape survivors).

Reproductive Health Response in Conflict Consortium (RHRC). (2006). *Minimum Initial Service Package for Reproductive Health in Crisis Situations*. Retrieved October 20, 2010, from: <http://misp.rhrc.org/content/view/26/45/lang.english/>

The Minimum Initial Service Package for Reproductive Health is a very comprehensive set of priority activities that need to be implemented during the onset of an emergency (such as a conflict or a natural disaster). Its components are very important in preventing death and disability, particularly among women and girls. This document will be useful for delegates who already have done some reading to get a first insight into the topic and who are looking for practical approaches to the topic.

Reproductive Health Response in Conflict Consortium (RHRC). (2008) *Prevent and Manage the consequences of Sexual Violence*. Retrieved August 16, 2010, from: <http://misp.rhrc.org/pdf/eng/3.pdf>

The focus of this document is on how to reduce the risk of sexual violence and how to respond appropriately to survivors. It is especially useful to get a first insight into the topic since it provides definitions and different types of sexual violence and discusses very structure the ways to prevent it. The document itself is rather short, but it gives a lot of precise advice and recommendations and it will give delegates ideas for possible projects during the position paper and working paper process. Furthermore, it has several short case studies and best practice models (such as Pakistan and North Darfur) that will be helpful during the position paper and working paper writing process.

Reproductive Health Response in Conflict Consortium (RHRC). (2004). *The Emergency Contraception Distance*

Learning Module. Retrieved August 16, 2010, from:

http://www.rhrc.org/resources/general_fieldtools/er_contraception/ec_brochure_english.pdf

This manual was written rather for health personnel, nevertheless, readers without a medical background are provided with useful information as well. For delegates, especially Chapter I and IV are of interest since they describe what Emergency Contraception is and how it is delivered in conflict-affected settings. Chapters II and III are very detailed on what kind of EC exists, how they differ, and when to use which one of them. At the end of the document there is a comprehensive literature list for further readings on emergency contraception and reproductive health in conflict.

United Nations. (1948). *Universal Declaration of Human Rights*.

The Universal Declaration of Human Rights is the most important UN document and it is essential to know its basic content. Concerning this topic, article 25 is especially important since it states that everyone has the right to adequate health care. Furthermore, in Article 25 (2) it states that mothers and their children should be entitled to special care and assistance.

United Nations. (1979). *Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)*.

CEDAW aims to end gender based discrimination and it requires all Member States that ratified it to employ gender equality into their domestic legislations. For this topic, Article 12 is especially important since it requires Member States to take appropriate measures to eliminate discrimination from the field of health care, including access to family planning. Similar to the Universal Declaration of Human Rights and Security Council Resolution 1325, delegates need to know the basic content of CEDAW as it will be one of the most important legal frameworks for this topic.

United Nations High Commissioner for Refugees/World Health Organization. (2008) *The Right to Health*. Retrieved August 17, 2010, from: <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

This source is a fact sheet on the key points of the right to health published by the UN High Commissioner for Refugees and the World Health Organization. For the topic, section II is the most important since it talks about how the right to health specifically applies to women. The document not only gives a good overview about health as a human right, but also directly links to the topic of women and the access to health.

United Nations Population Fund. (2009). *Assisting in Emergencies*. Retrieved August 2, 2010 from:

<http://www.unfpa.org/emergencies/>

The United Nations Population Fund is an international development agency that promotes the right health and equal opportunity. It focuses especially on women in emergencies and addresses the issues of safe motherhood, preventing HIV and other STIs, and sexual violence. This Web site not only provides information on the topics listed above, but also gives access to recent publications on specific issues (such as Reproductive Health for Communities in Crisis or a fact sheet on Women in Times of Crisis). Furthermore, the Web site has a latest news section that informs readers about current UNFPA actions.

United Nations Population Fund (n.d.). *Assisting in Emergencies. Protecting Mothers in risky situations*. Retrieved August 18, 2010 from: <http://www.unfpa.org/emergencies/motherhood.htm>

UNFPA focuses on gender equality and sexual and reproductive health, and particularly in emergency situations, they focus on three key areas: Family Planning, Safe Delivery, and Pre-and Post-Natal Care. It pays special attention to HIV-positive mothers and how a transmission to the unborn child can be prevented. Although this information sheet is rather short it gives a good overview about UNFPA's work during emergencies and it also gives quality research sources for further reading.

United Nations Security Council. (2000). *Women and Peace and Security (S/RES/1325)*. Retrieved October 20, 2010, from: <http://womenpeacesecurity.org/media/pdf-scr1325.pdf>

United Nation Security Council Resolution 1325 is of utmost importance for researching this topic. It is the first formal and legal document from the U.N. Security Council that required

Member States to respect women's rights during conflict and to support their participation in peace negotiations. It is the basis for legal action on this topic and therefore delegates should be aware of its content and the actions it calls for.

World Health Organization and United Nations Population Fund. (2004). *Clinical Management of Rape Survivors. Developing Protocols for use with refugees and internally displaced persons*. Retrieved August 16, 2010 from: <http://whqlibdoc.who.int/publications/2004/924159263X.pdf>

This document is a very comprehensive guide on how to treat survivors of rape. It introduces eight steps which begin with the preparation to offer medical care to survivors and develop up to the follow-up care. The document has focused on refugees and internally displaced persons and is therefore very important to the topic and gives concrete advice and suggestions for adequate treatment.

World Health Organization. (2005). *Health in Emergencies*, Issue No 20, January 2005. Retrieved August 2, 2010 from: http://www.who.int/hac/network/newsletter/Final_HiE_n20_%20Jan_2005_finalpdf.pdf

This issue of the WHO newsletter "Health in Emergencies" focuses on the importance of women's health needs during conflict. It covers the issues of sexual violence; HIV/AIDS; reproductive health; and women's mental health in conflict. Furthermore, it presents five case studies that are linked to these issues. This source gives a good first insight to the topic since it covers many of the important aspects. It also provides useful sources for further reading.

Women's Refugee Commission. (2009). *Emergency Contraception in War Zones*. Retrieved October 1, 2010, from: http://222.womensrefugeecommission.org/docs/primer_ec.pdf

This fact sheet provides delegates with information on what emergency contraception is and why it is important for women in conflict situations. It further elaborates on what steps should be taken when women are faced with the challenge of an unwanted pregnancy. This document will be helpful to get a first insight into the issue of emergency contraception, however, further reading is required in order to get a more comprehensive overview.

Women's Refugee Commission. (2007). *Peril or Protection: The Link Between Livelihoods and Gender-based Violence in Displacement Settings*. Retrieved August 1, 2010 from: <http://womensrefugeecommission.org/>

The Women's Refugee Commission promotes laws, policies and programs to improve the lives and protect the rights of refugee and internally displaced women. Displaced women are especially vulnerable and usually lack an adequate access to basic health care service. This document focuses on the economic empowerment of women and also stresses the importance of integrating men in this process.

WomenWatch.(2009) *Directory on UN Resources on Gender and Women's Issues*. Retrieved August 18, 2010, from: http://www.un.org/womenwatch/directory/women_and_armed_conflict_3005.htm

This source gives an excellent overview on important UN resources on gender issues. It lists all important declarations and resolutions and gives direct links to all of them. Furthermore, it lists important UN bodies as well as NGOs that are related to this topic. Delegates will find this site very helpful for their research since it is very comprehensive and addresses a wide range of different topics connected to women.

II. Elimination of Barriers to Justice for Women

Afolabi-Akiyode, A.,Ezeilo,J., Ladan,M.[eds.]. (2003) *Shari'a Implementation in Nigeria: Issues & Challenges on Women's Rights and Access to Justice*. Women's Aid Collective, Retrieved on August 12, 2010, from, http://works.bepress.com/cgi/viewcontent.cgi?article=1002&context=abdulmumini_oba

The challenges presented in this particular case study, though unique to the situation in Nigeria, are still reflective of what many researchers have found in their work in different situations. It demonstrates the limits that women face when living in societies or countries that have limited or unequal access to legal tools for women. Thus, it serves as an example that this issue is not

particular to a unique political or religious society, but rather across many states, cultures, and religions.

Askin, K. (2003). Prosecuting Wartime Rape and Other Gender-Related Crimes under International Law: Extraordinary Advances, Enduring Obstacles. *Berkeley Journal of International Law*, 21(2), 288. Retrieved from Academic Search Complete database.

While the consideration and prosecution of gender based crimes developed slowly in the aftermath of World War II, a significant change of pace has been witnessed in the trials of the ICC for Rwanda and Yugoslavia, setting a precedent in the court's record in addressing rape and gender-based crimes against women. It highlights the importance and impact of these acts in international law. With the evolution of the nature of war and the increase of sexual violence in conflict, it is crucial that special attention is provided to the issue of women's access to justice in order to prevent or reduce the levels of sexual and gender-based crimes in conflict situations.

Fundación para las Relaciones Internacionales y el Dialogo Exterior (FRIDE). (2008). *Justice for Women: Seeking Accountability for Sexual Crimes in Post-Conflict Situations*. Retrieved on September 10, 2010, from http://www.peacewomen.org/portal_resources_resource.php?id=171

The UN has recognized that countries affected by violent conflict usually are faced with the disruption of many governmental services including a formal judicial system. In the case of women and girls who experience gender-based and sexual violence, the lack of such service leaves them with very little or no options to bring the offenders to justice or a court of law. Thus, efforts have been made to address this issue with more diligence in order to hold those who have committed such crimes accountable for their actions.

Molyneux, M., Razavi, S (Eds). (2003). *Gender Justice, Development and Rights*. United States: Oxford University Press.

The 1990s brought many changes to the international community, such as the end of the Cold War and a rise in intrastate warfare among the many conflicts that took place during the decade. It also shed new light upon human rights and development, especially for women and children. This report takes a look at a holistic approach to women's right highlighting that justice for women requires efforts on all levels of social, political and economic life.

United Nations. (1945). *Charter of the United Nations*. Retrieved on August 2, 2010, from, <http://www.un.org/en/documents/charter/index.shtml>

The Charter establishes the main principles and duties Member States are responsible for the protection of peace and security. Human rights remain a top priority and principle in the conduct and activities of the UN and its agencies. The UN continues to be the primary organization that works towards the promotion and protection of human rights, in particular women's empowerment and equality.

United Nations. Commission on the Status of Women. (2010). *Report on the fifty-fourth session (13 March and 14 October 2009 and 1-12 March 2010)*. Retrieved on September 29, 2010 from [http://www.un.org/Docs/journal/asp/ws.asp?m=E/CN.6/2010/11\(SUPP\)](http://www.un.org/Docs/journal/asp/ws.asp?m=E/CN.6/2010/11(SUPP))

This report from the Commission on the Status of Women contains the work done by the body in 2009-2010. While lengthy, this document provides essential information on many issues touched upon in this background guide. Delegates are highly advised to familiarize themselves with this document.

United Nations. United Nations Development Fund for Women (UNIFEM). (2008). *Gender, Law and Justice for Afghan Women*. Retrieved on July 29, 2010, from <http://www.unifem.org/afghanistan/prog/GJ/index.php>

UNIFEM has laid out a framework to address the different situations that Afghan women face. These include the elimination of violence against women, gender mainstreaming, increasing women's access to justice, and women's leadership in politics. This section of the UNIFEM webpage is dedicated to the situation of women in Afghanistan and their plight within the country's legal system.

United Nations. United Nations Development Fund for Women (UNIFEM). (2008). Justice. In *Progress of the World's Women 2008/2009: Who Answers to Women? Gender and Accountability*. (pp. 71-88). Retrieved on July 29, 2010, from, http://www.unifem.org/progress/2008/media/POWW08_Report_Full_Text.pdf

Research has shown that women are prone to be more vulnerable in times of conflict, especially if they hold a lesser status in their society. Thus, it is important to address the environment that existed and developed, prior to and during the conflict. This chapter is dedicated to the progress and challenges remaining for women in terms of their access to justice.

United Nations. United Nations Development Fund for Women. (2008). *Afghan Women's Access to Justice*. Retrieved on August 29, 2010, from, <http://www.unifem.org/afghanistan/prog/GJ/justice/index.html>

The issue of women and girl's human rights in Afghanistan is one of the central points in the peace-building process taking place in the country. Many women's rights groups working in the country criticize the lack of attention to women's issues in the country. Thus, the UN and its agencies, such as the CSW and UNIFEM, have directed their attention and resources towards the condition of women and girls in the country.

United Nations. Division for the Advancement of Women. *Beijing Declaration and Platform for Action*. Retrieved on August, 5, 2010, from <http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>

Despite efforts to promote the principles within the Beijing Declaration and the Platform for Action, much effort is still necessary in terms of women's access to justice. CSW has continued its periodic evaluation on the landmark document, following up on countries' individual progress. CSW also continues to explore new ways in which to promote these principles to advance the cause of women's empowerment and gender equality.

United Nations. Division for the Advancement of Women. *Convention on the Elimination of All Forms of Discrimination Against Women*. Retrieved on August 5, 2010, from, <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>

This landmark document strengthens the principles of human rights and gender equality within the UN. The document has proven to be an essential tool for women's rights in international law, as it has been used by some states' legal system to make their decisions on local women's rights violations. It remains a crucial part of promoting women's rights in the international community.

United Nations. Division for the Advancement of Women, *Violence Against Women*, Retrieved on August 5, 2010, from, <http://www.un.org/womenwatch/daw/vaw/v-sc-work.htm>

As sexual and gender-based violence continues to increase in conflict situations, so have the efforts of the UN and its partners to prevent or reduce the impact of these crimes. The website serves as an excellent source to find the important resolutions and decisions made by the different UN agencies addressing violence against women. The UN has stated that it will continue its efforts to promote women's issues throughout the organization's framework.

United Nations. Office for Drug Control and Crime Prevention. (1999). *Handbook on Justice for Victims*. Retrieved on August 12, 2010, from http://www.unhcr.org/refworld/category/REFERENCE/UNODC...479eeb1a2_0.html

This source discusses navigating the legal process, which can be quite overwhelming for victims since they may have to relive their ordeal; (this is known as re-victimization). This can prevent victims from testifying and aiding the prosecution in their case or in the cases of others. Thus, new and sensitive approaches are needed in order to help the victim gain justice and bring those who committed crimes to justice. Some have also argued that some judicial systems are offender oriented, thus leaving the victim without a participatory role throughout the process.

United Nations Research Institute for Social Development (UNRISD). (2005). *Gender Equality: Striving for Justice in an Unequal World*. Retrieved on July 29, 2010, from <http://www.unrisd.org/80256B3C005BCCF9/search/1FF4AC64C1894EAAC1256FA3005E7201?OpenDocument&cntxt=FFDE9&cookielang=en#top>

This report mainly reflects upon the progress made for women in the 1990s while also showing the many challenges that remain in establishing equality for women. It is divided into several sections focusing on issues such as education, health, justice, labor and politics. In all, the report makes a

strong argument as to why women's issue must be approached seriously and determinedly, especially in regions where women are more susceptible to violence, discrimination and injustice.

United Nations. Security Council. (2010). *Resolution 1888 (2009)*. Retrieved on September 29, 2010, from <http://www.un.org/womenwatch/daw/vaw/securitycouncil/S-RES-1888-%282009%29-English.pdf>.

This resolution serves as another example of the work that the UN has done to address the issue of violence towards women in conflict situations. In addition to stressing the importance of the issue, it calls for better reinforcement strategies to prevent and prosecute gender-based crimes and crimes of sexual violence. It also stresses the importance of not giving offenders any sort of impunity for their actions.

United Nations. Security Council. (2002). *Women, Peace and Security*. Retrieved on September 30, 2010, from <http://www.un.org/womenwatch/daw/public/eWPS.pdf>.

One of the most crucial and groundbreaking reports of the SC, "Women, Peace, and Security" represents a milestone in the fight for women's empowerment and rights. The report points out how conflict affects women differently than men, and also elaborates on the crucial role women play during the peace-building process. Despite the findings of this report, the research done by the UN and its NGO partners have argued that women are still left out of the peace talks and that the plight of women and enforcing these organizations' commitment to women's rights.

III. Women, the Girl Child, and HIV/AIDS

Annan, K. (2004). *The Secretary-General Message on International Women's Day*. Retrieved on October 10, 2010 from <http://www.un.org/events/women/iwd/2004/sg.html>.

Secretary-General Annan's speech describes the many goals to attain and those already achieved. It is still as relevant today as it was in 2004. The speech highlights how sub-Saharan Africa is especially affected by HIV/AIDS. Secretary-General Annan also discusses how it is the responsibility of men and boys to help women achieve equality.

Caldwell, D. and Williams, Jr., R. (2006). *Seeking Security in an Insecure World*. Lanham, Md.: Rowman and Littlefield Publishers.

The author outlines various threats to security in the post Cold-war era. One of the chapters, entitled "Disease," declares HIV/AIDS a serious threat to global security. The threat is a complex idea composed of effects on population distribution, economic stability, peaceful development as well as leading to a humanitarian disaster. This book outlines the changing nature of security, and how human security will play an increasingly important role in international relations.

Creese A, Floyd K., Alban A., and L. Guinness. (2009) *Cost-effectiveness of HIV/AIDS interventions in Africa: a systematic review of the evidence*. The Lancet, Volume 359, Issue 9318, Pages 1635-1642.

The article discusses cost-effectiveness of methods used for HIV/AIDS interventions and compares the differences for each type of intervention. It is especially interesting to see that in some of the examples some methods cost \$11 while others bring down the cost to \$1 a day simply by using "blood safety measures." The article promotes the use of barrier method contraceptives, such as condoms, among others.

Global Coalition on Women and HIV/AIDS. (2004). *HIV Prevention and Protection Efforts are Failing Women and Girls*. Retrieved on August 12, 2010 from http://data.unaids.org/Media/Press-Statements01/ps_gcwa_oped_02feb04_en.pdf.

This is a press release from the UN entity discussing areas that need to be focused on to help alleviate women's suffering from HIV/AIDS. While it is a several years old, it does an effective job revealing some of the problems facing women with HIV/AIDS. It also includes examples from around the world.

Joint United Nations Programme on HIV/AIDS. (2009). *Aids Epidemic Update Report*. Retrieved on August 12, 2010 from http://data.unaids.org:80/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf.
A 100-page annual report on the state of HIV/AIDS around the world. This report is divided into separate chapters that summarize the following issues: "Reports on the epidemiological trends in the different world regions;" "AIDS as a leading global health priority;" "Variations of HIV/AIDS infection rates within each country and between countries;" "The development-evolution of the epidemic;" "Success stories on AIDS/HIV prevention;" "Access to treatment," and "Reviewing the most vulnerable populations facing the risk of being infected with HIV/AIDS."

Joint United Nations Programme on HIV/AIDS. (2010). Retrieved on August 12, 2010, from <http://www.unaids.org>.

This is the official site for UNAIDS- The Joint United Nations Programme on HIV/ AIDS. UNAIDS is a global partnership which aims to achieve access without restrictions to HIV prevention, AIDS treatment, care and support. The program cooperates with all UN bodies in order to promote awareness of issues related to HIV/AIDS. The website provides helpful information, statistics, ongoing events and documents related specifically to women and girls.

Sidibé, M. (2010). *Speech: A Golden Moment*. Retrieved on October 10, 2010 from http://www.unaids.org/en/CountryResponses/Countries/south_africa.asp.

Sidibé is the Executive Director of UNAIDS. This speech details the joint efforts of UNAIDS and South Africa. Sidibé applauds South Africa for its country-focused response; prioritizing testing, prevention, and treatment; and also calls for world solidarity with South Africa to help address its HIV/AIDS situation. He also calls attention to South Africa's efforts to end mother-to-child transmissions of HIV/AIDS.

Sidibé, Michel. (2010). *UNAIDS Welcomes Announcement of Michelle Bachelet as Head of UN Body for Women*. Retrieved October 13, 2010 from

http://data.unaids.org/pub/SpeechEXD/2010/20100425_sp_satestingcampaignlaunch_en.pdf.
A recent press release that details the work between the UNAIDS and UN women and the entities coordination. It is succinct, but gives a good overview of how HIV/AIDS relates to women. Further links to other articles are also provided. The article also mentions UNAIDS and UN Women's program called "zero" – zero tolerance for discrimination, zero new HIV infections, and zero AIDS-related deaths.

United Nations. (1945). *Charter of the United Nations*. Retrieved on August 12, 2010 from <http://www.un.org/en/documents/charter/>.

The Charter is the founding document of the UN, and describes the functions of each body in the UN. Chapter X revolves around the Economic and Social Council, which has authority over CSW. Article 2 section 7 is important to note because no state may intervene in another state's affairs, which are within the inherent jurisdiction of the first state. Chapter I discusses the purposes of the UN.

United Nations Development Fund for Women. (2010). *Facts & Figures on HIV & AIDS*. Retrieved on October 7, 2010 from http://www.unifem.org/gender_issues/hiv_aids/facts_figures.php.

A website that includes short case studies from around the world on HIV/AIDS and its impact on women. The UNIFEM site also includes links to other materials on women, girls, and HIV/AIDS as well as quotes about women and HIV/AIDS. It is a good resource for UNIFEM produces publications and research. The site includes valuable regional information such as 50% of adults living with HIV/AIDS in the Caribbean are women, and 31% in Southeast Asia.

United Nations Development Fund for Women. (2010). *Transforming the National AIDS Response: Advancing Women's Leadership and Participation*. Retrieved on October 10, 2010 from http://www.unifem.org/attachments/products/Transforming_the_National_AIDS_Response_Advancing_Women_Leadership_Participation.pdf.

A report recently published by UNIFEM. It is 68 pages in length, and details ways to include women in leadership roles to combat HIV/AIDS. It includes general research as well as case studies of three countries from three different regions. It calls for women to be actively involved in HIV/AIDS policy-making. It also details obstacles to women's involvement in leadership roles such as: illiteracy, low self-esteem, lack of information, gender norms, stigma, and lack of time.

United Nations Commission on the Status of Women. (2009). *Report on the Fifty-third Session: Resolution 2. (E/CN.6/2009/15)*, p. 28-35. Retrieved on September 10, 2010 from http://apecgender.wrp.org.tw/Uploads/%7B1232AD2F-F6F2-455F-858D-9F78438CAFC2%7D_report_on_the_53rd_session.pdf.

This is the actual report from the 53rd session of CSW. It includes a key Resolution called "Women, the girl child and HIV and AIDS," which details the Commission's solutions to the problem. The report is 56 pages in length, and includes draft resolutions, Resolutions, and reports. Other issues discussed during this session included Palestinian women and health indicators in relation to the Millennium Development Goals.

United Nations Inter-agency Task Team on Gender and HIV/AIDS. (2003). *HIV/AIDS and Gender: Fact Sheet Overview*. Retrieved on September 18, 2010 from www.genderandaids.org/downloads/events/Fact%20Sheets.pdf.

This Fact Sheet is 68 pages, and goes into more depth on a broad range of issues such as: human rights, other UN documents on HIV/AIDS, microbicides, the role of men, and preventing mother-to-child HIV transmissions. It includes after every Fact Sheet suggestions for actions and other key online resources.

United Nations Economic and Social Council. (2009). *Report of the Secretary-General: Women, the girl child and HIV/AIDS*. E/CN.6/2009/608-63930. Retrieved on October 1, 2010 from www.untj.org/files/reports/SG_report_on_WomenHIV_E-CN6-2009-6.pdf.

The Secretary-General drafted this report. It summarizes the main points on the issue such as: access to education and food, ending discrimination and female genital mutilation, and protecting human rights through legal instruments. The report details how the UN is attempting to address women, the girl-child, and HIV/AIDS. It is succinct with only 19 pages.

United Nations Population Fund. (2008). *Gender-based Violence, Both Cause and Consequence of HIV and AIDS*. Retrieved August 12, 2010 on from <http://www.unfpa.org/public/op/edit/News/pid/1142>.

This is a press release from the UNFPA, and summarizes the problems involved with different forms of violence against women and the HIV/AIDS-related consequences. The website also offers different links to learn more about the issue. It includes quotes from women working on ending violence against women. The press release show how unacceptable war strategies such as: domestic violence, sexual abuse, human trafficking, kidnappings, and rape can all lead to more incidences of HIV/AIDS.

United Nations World Health Organization. (2010). *10 Facts on HIV/AIDS*. Retrieved on August 12, 2010 from <http://www.who.int/features/factfiles/hiv/facts/en/index3.html>.

An interactive slideshow from the WHO is accompanied by statistics. It is a good source for an overview of HIV/AIDS in the world. It includes areas on women and children, especially mother-to-child transmission. The first fact succinctly explains how HIV and AIDS affect the body. Fact Two also discusses the danger of sharing needles between partners and patients, and how this can lead to higher rates of infection.

United Nations World Health Organization. (2008). *Integrating Gender Into HIV/AIDS Programmes in the Health Sector Tool to Improve Responsiveness to Women's Needs*. Retrieved on August 12, 2010 from http://www.searo.who.int/LinkFiles/Gender_Women_and_Health_gwh_hiv.pdf.

An 84-page report by the WHO that details how best to help reduce the risk to and effect of HIV/AIDS on women. It talks about gender-mainstreaming, treatment, and how to prevent transmission from mother to child. It is intended for an audience of healthcare professionals.

United Nations World Health Organization. (2004). *Women and Girls Need Access to AIDS Treatment and Protection from Violence*. Retrieved on August 12, 2010, from <http://www.who.int/mediacentre/news/releases/2004/pr86/en/>.

This is a press release from the WHO. It discusses how violence against women contributes to the spread of HIV/AIDS. It also includes important comments and quotes from UN and WHO officials. The article explains that women are disempowered by violence, and so are fearful of seeking assistance because they fear further violence against them. It also calls for women to have equal access to anti-retroviral drugs to help them treat HIV.

United Nations World Health Organization. (2004). *WHO Reiterates Need to Eliminate Female Genital Mutilation*. Retrieved on August 12, 2010 from <http://www.afro.who.int/en/media-centre/pressreleases/549--who-reiterates-need-to-eliminate-female-genital-mutilation.html>.

A press release from the WHO, which discusses what is needed to help protect girls from HIV/AIDS. It specifically addresses how female genital mutilation (FGM) poses hazards to health. The release states that over two million girls are subjected to FGM every year in Africa. The article summarizes ways to end FGM by: funding research about its harmful effects, raising support and awareness for these harmful effects, and starting community-based activities to offer alternatives to FGM.

United Nations World Health Organization Department of Gender and Women's Health. (2003). *Gender and HIV/AIDS*. Retrieved on August 12, 2010 from <http://whqlibdoc.who.int/gender/2003/a85585.pdf>.

This is a short report produced by the World Health Organization, which summarizes HIV/AIDS and gender and all the factors that are involved with the issue. The report features many statistics based on case studies from around the world. It offers guidance through questions and answers on the following topics: youth and HIV infection, biological difference of men and women in relation to HIV, violence and HIV transmission, transmissions of HIV to children from their mothers, and economic effects of HIV/AIDS based on gender.

Rules of Procedure Commission on the Status of Women

Introduction

1. These rules shall be the only rules which apply to the Commission on the Status of Women (hereinafter referred to as “the Commission”) and shall be considered adopted by the Commission prior to its first meeting.
2. For purposes of these rules, the Plenary Director, the Assistant Director(s), the Under-Secretaries-General, and the Assistant Secretaries-General, are designates and agents of the Secretary-General and Director-General, and are collectively referred to as the “Secretariat.”
3. Interpretation of the rules shall be reserved exclusively to the Director-General or her or his designate. Such interpretation shall be in accordance with the philosophy and principles of the National Model United Nations and in furtherance of the educational mission of that organization.
4. For the purposes of these rules, “President” shall refer to the chairperson or acting chairperson of the commission.

I. SESSIONS

Rule 1 - *Dates of convening and adjournment*

The commission shall meet every year in regular session, commencing and closing on the dates designated by the Secretary-General.

Rule 2 - *Place of sessions*

The Commission shall meet at a location designated by the Secretary-General.

II. AGENDA

Rule 3 - *Provisional agenda*

The provisional agenda shall be drawn up by the Secretary-General and communicated to the Members of the Commission at least sixty days before the opening of the session.

Rule 4 - *Adoption of the agenda*

The agenda provided by the Secretary-General shall be considered adopted as of the beginning of the session. The order of the agenda items shall be determined by a majority vote of those present and voting. Items on the agenda may be amended or deleted by the Commission by a two-thirds majority of the members present and voting.

The vote described in this rule is a procedural vote and, as such, observers are permitted to cast a vote. For purposes of this rule, —those present and voting¹ means those delegates, including observers, in attendance at the meeting during which this motion comes to a vote.

Rule 5 - *Revision of the agenda*

During a session, the Commission may revise the agenda by adding, deleting, deferring or amending items. Only important and urgent items shall be added to the agenda during a session. Permission to speak on a motion to revise the agenda shall be accorded only to three representatives in favor of, and three opposed to, the revision. Additional items of an important and urgent character, proposed for inclusion in the agenda less than thirty days before the opening of a session, may be placed on the agenda if the Commission so decides by a two-thirds majority of the members present and voting. No additional item may, unless the Commission decides otherwise by a two-thirds majority of the members present and voting, be considered until a committee has reported on the question concerned.

For purposes of this rule, the determination of an item of an —important and urgent character¹ is subject to the discretion of the Secretariat, and any such determination is final. If an item is determined to be of such a character, then it requires a two-thirds vote of the Commission to be placed on the agenda. It will, however, not be considered by the Commission until a committee has reported on the question. The votes described in this rule are substantive vote, and, as such, observers are not permitted to cast a vote. For purposes of this rule, —the members present and

voting — means members (not including observers) in attendance at the session during which this motion comes to vote.

Rule 6 - Explanatory memorandum

Any item proposed for inclusion in the agenda shall be accompanied by an explanatory memorandum and, if possible, by basic documents.

III. SECRETARIAT

Rule 7 - Duties of the Secretary-General

1. The Secretary-General or her/his designate shall act in this capacity in all meetings of the Commission.
2. The Secretary-General shall provide and direct the staff required by the Commission and be responsible for all the arrangements that may be necessary for its meetings.

Rule 8 - Duties of the Secretariat

The Secretariat shall receive, print, and distribute documents, reports, and resolutions of the Commission, and shall distribute documents of the Commission to the Members, and generally perform all other work which the Commission may require.

Rule 9 - Statements by the Secretariat

The Secretary-General, or her/his representative, may make oral as well as written statements to the Commission concerning any question under consideration.

Rule 10 - Selection of the President The Secretary-General or her/his designate shall appoint, from applications received by the Secretariat, a President who shall hold office and, *inter alia*, chair the Commission for the duration of the session, unless otherwise decided by the Secretary-General.

Rule 11 - Replacement of the President If the President is unable to perform her/his functions, a new President shall be appointed for the unexpired term at the discretion of the Secretary-General.

IV. LANGUAGE

Rule 12 - Official and working language

English shall be the official and working language of the Commission.

Rule 13 - Interpretation (oral) or translation (written)

Any representative wishing to address any body or submit a document in a language other than English shall provide interpretation or translation into English.

This rule does not affect the total speaking time allotted to those representatives wishing to address the body in a language other than English. As such, both the speech and the interpretation must be within the set time limit.

V. CONDUCT OF BUSINESS

Rule 14 – Quorum

The President may declare a meeting open and permit debate to proceed when representatives of at least one third of the members of the Commission are present. The presence of representatives of a majority of the members of the Commission shall be required for any decision to be taken.

For purposes of this rule, —members of the Commission means the total number of members (not including observers) in attendance at the first night's meeting.

Rule 15 - General powers of the President

In addition to exercising the powers conferred upon him or her elsewhere by these rules, the President shall declare the opening and closing of each meeting of the Commission, direct the discussions, ensure observance of these rules, accord the right to speak, put questions to the vote and announce decisions. The President, subject to these rules, shall have complete control of the proceedings of the Commission and over the maintenance of order at its meetings. He or she shall rule on points of order. He or she may propose to the Commission the closure of the list of speakers, a limitation on the time to be allowed to speakers and on the number of times the representative of each member may speak on an item, the adjournment or closure of the debate, and the suspension or adjournment of a meeting.

Included in these enumerated powers is the President's power to assign speaking times for all speeches incidental to motions and amendment. Further, the President is to use her/his discretion, upon the advice and at the consent of the Secretariat, to determine whether to entertain a particular motion based on the philosophy and principles of the NMUN. Such discretion should be used on a limited basis and only under circumstances where it is necessary to advance the educational mission of the Conference. For purposes of this rule, the President's power to —propose to the Commission entails her/his power to —entertain motions, and not to move the body on his or her own motion.

Rule 16

The President, in the exercise of her or his functions, remains under the authority of the Commission.

Rule 17 - Points of order

During the discussion of any matter, a representative may rise to a point of order, which shall be decided immediately by the President. Any appeal of the decision of the President shall be immediately put to a vote, and the ruling of the President shall stand unless overruled by a majority of the members present and voting.

Such points of order should not under any circumstances interrupt the speech of a fellow representative. Any questions on order arising during a speech made by a representative should be raised at the conclusion of the speech, or can be addressed by the President, sua sponte, during the speech. For purposes of this rule, —the members present and voting mean those members (not including observers) in attendance at the meeting during which this motion comes to vote.

Rule 18

A representative may not, in rising to a point of order, speak on the substance of the matter under discussion.

Rule 19 - Speeches

1. No one may address the Commission without having previously obtained the permission of the President. The President shall call upon speakers in the order in which they signify their desire to speak.
2. Debate shall be confined to the question before the Commission, and the President may call a speaker to order if her/his remarks are not relevant to the subject under discussion.
3. The Commission may limit the time allowed to speakers and all representatives may speak on any question. Permission to speak on a motion to set such limits shall be accorded only to two representatives favoring and two opposing such limits, after which the motion shall be put to the vote immediately. When debate is limited and a speaker exceeds the allotted time, the President shall call her or him to order without delay.

In line with the philosophy and principles of the NMUN, in furtherance of its educational mission, and for the purpose of facilitating debate, if the President determines that the Commission in large part does not want to deviate from the limits to the speaker's time as it is then set, and that any additional motions will not be well received by the body, the President, in her/his discretion, and on the advice and consent of the Secretariat, may rule as dilatory any additional motions to change the limits of the speaker's time.

Rule 20 - Closing of list of speakers

Members may only be on the list of speakers once but may be added again after having spoken. During the course of a debate the President may announce the list of speakers and, with the consent of the Commission, declare the list closed. When there are no more speakers, the President shall declare the debate closed. Such closure shall have the same effect as closure by decision of the Commission.

The decision to announce the list of speakers is within the discretion of the President and should not be the subject of a motion by the Commission. A motion to close the speakers list is within the purview of the Commission and the President should not act on her/his own motion.

Rule 21 - Right of reply

If a remark impugns the integrity of a representative's State, the President may permit that representative to exercise her/his right of reply following the conclusion of the controversial speech, and shall determine an appropriate time limit for the reply. No ruling on this question shall be subject to appeal.

For purposes of this rule, a remark that —impugns the integrity of a representative's State is one directed at the governing authority of that State and/or one that puts into question that State's sovereignty or a portion thereof. All interventions in the exercise of the right of reply shall be addressed in writing to the Secretariat and shall not be raised as a point of order or motion. The reply shall be read to the Commission by the representative only upon approval of the Secretariat, and in no case after voting has concluded on all matters relating to the agenda topic, during the discussion of which, the right arose.

Rule 22 - Suspension of the meeting

During the discussion of any matter, a representative may move the suspension of the meeting, specifying a time for reconvening. Such motions shall not be debated but shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass.

Rule 23 - Adjournment of the meeting

During the discussion of any matter, a representative may move the adjournment of the meeting. Such motions shall not be debated but shall be put to the vote immediately, requiring the support of a majority of the members present and voting to pass. After adjournment, the Commission shall reconvene at its next regularly scheduled meeting time.

As this motion, if successful, would end the meeting until the Commission's next regularly scheduled session the following year, and in accordance with the philosophy and principles of the NMUN and in furtherance of its educational mission, the President will not entertain such a motion until the end of the last meeting of the Commission.

Rule 24 - Adjournment of debate

A representative may at any time move the adjournment of debate on the topic under discussion. Permission to speak on the motion shall be accorded to two representatives favoring and two opposing adjournment, after which the motion shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass. If a motion for adjournment passes, the topic is considered dismissed and no action will be taken on it.

Rule 25 - Closure of debate

A representative may at any time move the closure of debate on the item under discussion, whether or not any other representative has signified her/his wish to speak. Permission to speak on the motion shall be accorded only to two representatives opposing the closure, after which the motion shall be put to the vote immediately. Closure of debate shall require a two-thirds majority of the members present and voting. If the Commission favors the closure of debate, the Commission shall immediately move to vote on all proposals introduced under that agenda item.

Rule 26 - Order of motions Subject to rule 23, the motions indicated below shall have precedence in the following order over all proposals or other motions before the meeting:

- a) To suspend the meeting;
- b) To adjourn the meeting;
- c) To adjourn the debate on the item under discussion;
- d) To close the debate on the item under discussion.

Rule 27 - Proposals and amendments

Proposals and substantive amendments shall normally be submitted in writing to the Secretariat, with the names of twenty percent of the members of the Commission would like the Commission to consider the proposal or amendment. The Secretariat may, at its discretion, approve the proposal or amendment for circulation among the

delegations. As a general rule, no proposal shall be put to the vote at any meeting of the Commission unless copies of it have been circulated to all delegations. The President may, however, permit the discussion and consideration of amendments or of motions as to procedure, even though such amendments and motions have not been circulated. If the sponsors agree to the adoption of a proposed amendment, the proposal shall be modified accordingly and no vote shall be taken on the proposed amendment. A document modified in this manner shall be considered as the proposal pending before the Commission for all purposes, including subsequent amendments.

For purposes of this rule, all —proposals shall be in the form of working papers prior to their approval by the Secretariat. Working papers will not be copied, or in any other way distributed, to the Commission by the Secretariat. The distribution of such working papers is solely the responsibility of the sponsors of the working papers. Along these lines, and in furtherance of the philosophy and principles of the NMUN and for the purpose of advancing its educational mission, representatives should not directly refer to the substance of a working paper that has not yet been accepted as a draft resolution. After approval of a working paper, the proposal becomes a draft resolution and will be copied by the Secretariat for distribution to the Commission. These draft resolutions are the collective property of the Commission and, as such, the names of the original sponsors will be removed. The copying and distribution of amendments is at the discretion of the Secretariat, but the substance of all such amendments will be made available to all representatives in some form.

Rule 28 - Withdrawal of motions

A proposal or a motion may be withdrawn by its sponsor at any time before voting has commenced, provided that it has not been amended. A motion thus withdrawn may be reintroduced by any representative.

Rule 29 - Reconsideration of a topic

When a topic has been adjourned, it may not be reconsidered at the same session unless the Commission, by a two-thirds majority of those present and voting, so decides. Reconsideration can only be moved by a representative who voted on the prevailing side of the original motion to adjourn. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall be put to the vote immediately.

For purposes of this rule, —those present and voting means those representatives, including observers, in attendance at the meeting during which this motion is voted upon by the body.

VI. VOTING

Rule 30 - Voting rights

Each member of the Commission shall have one vote.

This rule applies to substantive voting on amendments, draft resolutions, and portions of draft resolutions divided out by motion. As such, all references to —member(s) do not include observers, who are not permitted to cast votes on substantive matters.

Rule 31 - Request for a vote

A proposal or motion before the Commission for decision shall be voted upon if any member so requests. Where no member requests a vote, the Commission may adopt proposals or motions without a vote.

For purposes of this rule, —proposal means any draft resolution, an amendment thereto, or a portion of a draft resolution divided out by motion. Just prior to a vote on a particular proposal or motion, the President may ask if there are any objections to passing the proposal or motion by acclamation, or a member may move to accept the proposal or motion by acclamation. If there are no objections to the proposal or motion, then it is adopted without a vote.

Rule 32 - Majority required

1. Unless specified otherwise in these rules, decisions of the Assembly shall be made by a majority of the members present and voting.
2. For the purpose of tabulation, the phrase “members present and voting” means members casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.

All members declaring their representative States as “present and voting” during the attendance roll call for the meeting during which the substantive voting occurs, must cast an affirmative or negative vote, and cannot abstain.

Rule 33 - Method of voting

1. The Commission shall normally vote by a show of placards, except that a representative may request a roll call, which shall be taken in the English alphabetical order of the names of the members, beginning with the member whose name is randomly selected by the President. The name of each present member shall be called in any roll call, and one of its representatives shall reply “yes,” “no,” “abstention,” or “pass.”

Only those members who designate themselves as —present‖ or —present and voting‖ during the attendance roll call, or in some other manner communicate their attendance to the President and/or Secretariat, are permitted to vote and, as such, no others will be called during a roll-call vote. Any representatives replying —pass,‖ must, on the second time through, respond with either —yes‖ or —no.‖ A —pass‖ cannot be followed by a second —pass‖ for the same proposal or amendment, nor can it be followed by an abstention on that same proposal or amendment.

2. When the Commission votes by mechanical means, a non-recorded vote shall replace a vote by show of placards and a recorded vote shall replace a roll-call vote. A representative may request a recorded vote. In the case of a recorded vote, the Commission shall dispense with the procedure of calling out the names of the members.
3. The vote of each member participating in a roll call or a recorded vote shall be inserted in the record.

Rule 34 - Explanations of vote

Representatives may make brief statements consisting solely of explanation of their votes after the voting has been completed. The representatives of a member sponsoring a proposal or motion shall not speak in explanation of vote thereon, except if it has been amended, and the member has voted against the proposal or motion.

All explanations of vote must be submitted to the President in writing before debate on the topic is closed, except where the representative is of a member sponsoring the proposal, as described in the second clause, in which case the explanation of vote must be submitted to the President in writing immediately after voting on the topic ends.

Rule 35 - Conduct during voting

After the President has announced the commencement of voting, no representatives shall interrupt the voting except on a point of order in connection with the actual process of voting.

Rule 36 - Division of proposals and amendments

Immediately before a proposal or amendment comes to a vote, a representative may move that parts of a proposal or of an amendment should be voted on separately. If there are calls for multiple divisions, those shall be voted upon in an order to be set by the President where the most radical division will be voted upon first. If objection is made to the motion for division, the request for division shall be voted upon, requiring the support of a majority of those present and voting to pass. Permission to speak on the motion for division shall be given only to two speakers in favor and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are involved shall then be put to a vote. If all operative parts of the proposal or of the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

For purposes of this rule, —most radical division‖ means the division that will remove the greatest substance from the draft resolution, but not necessarily the one that will remove the most words or clauses. The determination of which division is —most radical‖ is subject to the discretion of the Secretariat, and any such determination is final.

Rule 37 - Amendments

An amendment is a proposal that does no more than add to, delete from, or revise part of another proposal.

An amendment can add, amend, or delete operative clauses, but cannot in any manner add, amend, delete, or otherwise affect perambulatory clauses.

Rule 38 - Order of voting on amendments

When an amendment is moved to a proposal, the amendment shall be voted on first. When two or more amendments are moved to a proposal, the amendment furthest removed in substance from the original proposal shall be voted on first and then the amendment next furthest removed there from, and so on until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted on.

For purposes of this rule, —furthest removed in substance means the amendment that will have the most significant impact on the draft resolution. The determination of which amendment is —furthest removed in substance is subject to the discretion of the Secretariat, and any such determination is final.

Rule 39 - Order of voting on proposals

If two or more proposals, other than amendments, relate to the same question, they shall, unless the Commission decides otherwise, be voted on in the order in which they were submitted.

Rule 40 - The President shall not vote

The President shall not vote but may designate another member of her/his delegation to vote in her/his place.

VII. CREDENTIALS

Rule 41 - Credentials

The credentials of representatives and the names of members of a delegation shall be submitted to the Secretary-General prior to the opening of a session.

Rule 42

The Commission shall be bound by the actions of the General Assembly in all credentials matters and shall take no action regarding the credentials of any member.

VII. PARTICIPATION OF NON-MEMBERS OF THE COMMISSION

Rule 43 - Participation of non-Member States

1. The Commission shall invite any Member of the United Nations that is not a member of the Commission and any other State, to participate in its deliberations on any matter of particular concern to that State.
2. A committee or sessional body of the Commission shall invite any State that is not one of its own members to participate in its deliberations on any matter of particular concern to that State.
3. A State thus invited shall not have the right to vote, but may submit proposals which may be put to the vote on request of any member of the body concerned.

If the Commission considers that the presence of a Member invited according to this rule is no longer necessary, it may withdraw the invitation again. Delegates invited to the Commission according to this rule should also keep in mind their role and obligations in the committee that they were originally assigned to. For educational purposes of the NMUN Conference, the Secretariat may thus ask a delegate to return to his or her committee when his or her presence in the Commission is no longer required.

Rule 45 - Participation of national liberation movements

The Commission may invite any national liberation movement recognized by the General Assembly to participate, without the right to vote, in its deliberations on any matter of particular concern to that movement.

Rule 46 - Participation of and consultation with specialized agencies

In accordance with the agreements concluded between the United Nations and the specialized agencies, the specialized agencies shall be entitled: a) To be represented at meetings of the Commission and its subsidiary organs; b) To participate, without the right to vote, through their representatives, in deliberations with respect to items of concern to them and to submit proposals regarding such items, which may be put to the vote at the request of any member of the Commission or of the subsidiary organ concerned.

Rule 47 - Participation of non-governmental organization and intergovernmental organizations

Representatives of non-governmental organizations/intergovernmental organizations accorded consultative observer status by the General Assembly and other non-governmental organizations/intergovernmental organizations designated on an ad hoc or a continuing basis by the Commission on the recommendation of the Bureau, may participate, with the procedural right to vote, but not the substantive right to vote, in the deliberations of the Commission on questions within the scope of the activities of the organizations.