

**Committee:** World Health Organisation (WHO)

**Issue:** The overpowering of the judicial systems in health-care rights

**Student Officer:** Christina Palamidi

**Position:** Deputy President

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## PERSONAL INTRODUCTION

Dear Delegates,

My name is Christina Palamidi, I am currently a Year 10 IGCSE student at Byron College and it is my utmost honor to serve as the Deputy President of the World Health Organization in the 6th session of the ACGMUN conference.

Having embarked on my MUN journey back in 2020, and this year's ACGMUN being my 11th conference, I can confidently say that MUN is an extracurricular like no other. Model United Nations has immensely improved my public speaking skills and my knowledge of current affairs. Personally, it is what sparked my interest in international relations and law. I do truly believe that MUN is a valuable experience in all its aspects, and everyone should have the opportunity to experience it at least once in their upper-school years.

The purpose of this study guide is to give you an overview and general understanding of 'the overpowering of the judicial systems in health-care rights' so as to help you all craft your resolutions skillfully. However, this study guide should not be your only source of information; it is imperative that you further conduct your own research on this topic, in order to develop a deeper understanding of your country's policies and stance.

If you have any questions regarding this study guide or your preparation, please do not hesitate to contact me through email at: [c.palamidi@pupils.byroncollege.gr](mailto:c.palamidi@pupils.byroncollege.gr)

I cannot wait to meet you all this coming April!

Yours truly,

Christina Palamidi.

## TOPIC INTRODUCTION

“It is health that is real wealth, and not pieces of gold and silver”

-Mahatma Gandhi

An individual's health has been recognized as one's most precious 'good' since ancient civilizations. From famous philosophers like Plato, all the way to physicians like Hippocrates, all have said it; for a satisfactory life, our number one priority must always be our health and well-being. Naturally, it goes without saying that the right to health, as stated in the Universal Declaration of Human Rights, is a fundamental human right.<sup>1</sup>

Unfortunately, for decades now, different judicial systems worldwide have been depriving individuals of basic healthcare rights, either directly or indirectly. From the United States of America (USA) and its Supreme Court's overruling of *Roe v. Wade*, all the way to Yemen in the Arab world where there is no universal health care system established, it has been made apparent to all of us that the infringement of human rights has no barriers.<sup>2</sup>

The World Health Organization (WHO) has determined 4 key elements that the right to health has: “non-discrimination, physical accessibility, economical accessibility (affordability), and information accessibility”.<sup>3</sup> The United Nations has made it one of its 17 missions to guarantee ‘good health and well-being’ by 2030, as set out by their third Sustainment Development Goal (SDG).<sup>4</sup>

In 2017, the World Bank and WHO released a report stating that half of the world lacks access to essential health services.<sup>5</sup> The economic state of families and individuals is a major factor that has affected the outcome of the report, leading experts to the conclusion that globally, billions of individuals are being deprived of their right to health.

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<sup>1</sup> “Office of the United Nations High Commissioner for Human Rights.” *The Right to Health*, Office of the United Nations High Commissioner for Human Rights, [www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf](http://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf)

<sup>2</sup> Healthcare, Expatriate. “What Countries Have a Universal Health Care System?” *Expatriate Group*, 15 Nov. 2022, [www.expatriatehealthcare.com/what-countries-have-free-healthcare/](http://www.expatriatehealthcare.com/what-countries-have-free-healthcare/)

<sup>3</sup> “Human Rights and Health.” 29 Dec. 2017, [www.who.int/news-room/fact-sheets/detail/human-rights-and-health](http://www.who.int/news-room/fact-sheets/detail/human-rights-and-health)

<sup>4</sup> “THE 17 GOALS.” *Sustainable Development*, [www.sdg.un.org/goals](http://www.sdg.un.org/goals)

<sup>5</sup> “World Bank and WHO: Half the World Lacks Access to Essential Health Services, 100 Million Still Pushed into Extreme Poverty Because of Health Expenses.” *WHO | World Health Organization*, 13 Dec. 2017, [www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses](http://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses)

An individual's health and their access to fundamental healthcare are without doubt of crucial importance; Nevertheless, and although there have been numerous attempts by the United Nations to protect human rights, including the right to health, it still does not seem to be enough to ensure their protection across each and every member state.

## DEFINITION OF KEY TERMS

### Abortion

"The intentional ending of a pregnancy".<sup>6</sup>

### Antiretroviral therapy (ART)

"Antiretroviral therapy (ART) is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs. The standard treatment consists of a combination of drugs that suppress HIV replication."<sup>7</sup>

### Contraception

"(the use of) any of various methods intended to prevent a woman becoming pregnant".<sup>8</sup>

### Disability-adjusted life years (DALYs)

"A DALY (Disability-Adjusted Life Year) is a measure of health burden, including both reduction in life expectancy and diminished quality of life. More specifically, the DALY burden for a particular condition is the sum of YLL (years of life lost due to premature mortality) and YLD (years lost to disability)."<sup>9</sup>

### Health Disparities

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<sup>6</sup> Dictionary, Cambridge. "Abortion." *Cambridge Dictionary*, [www.dictionary.cambridge.org/dictionary/english/abortion](http://www.dictionary.cambridge.org/dictionary/english/abortion)

<sup>7</sup> "Antiretroviral Therapy." *PAHO/WHO | Pan American Health Organization*, <https://www.paho.org/en/topics/antiretroviral-therapy>

<sup>8</sup> "Contraception." *Cambridge Dictionary*, [dictionary.cambridge.org/dictionary/english/contraception](http://dictionary.cambridge.org/dictionary/english/contraception).

<sup>9</sup> "Sidebar Nav." *Global Health CEA - The DALY*, <http://ghcearegistry.org/orchard/the-daly>

“Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.”.

<sup>10</sup>

### **Incarceration**

“The act of putting or keeping someone in prison or in a place used as a prison”.<sup>11</sup>

### **Judicial System**

“The system of law courts that administer justice and constitute the judicial branch of government.”.<sup>12</sup>

### **Primary Health Care (PHC)**

"PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment."<sup>13</sup>

### **Roe v. Wade**

“In 1973, the U.S. Supreme Court's ruling in *Roe v. Wade* recognized that the decision whether to continue or end a pregnancy belongs to the individual, not the government. *Roe* held that the specific guarantee of “liberty” in the Fourteenth Amendment of the U.S. Constitution, which protects individual privacy, includes the right to abortion prior to fetal viability.”. <sup>14</sup>

### **Sustainment Development Goals**

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<sup>10</sup> “Health Disparities.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 24 Nov. 2020, [www.cdc.gov/healthyyouth/disparities/index.htm](https://www.cdc.gov/healthyyouth/disparities/index.htm)

<sup>11</sup> “Incarceration.” *Cambridge Dictionary*, [www.dictionary.cambridge.org/dictionary/english/incarceration](https://www.dictionary.cambridge.org/dictionary/english/incarceration)

<sup>12</sup> “Judicial System - Definition, Meaning & Synonyms.” *Vocabulary.com*, [www.vocabulary.com/dictionary/judicial%20system](https://www.vocabulary.com/dictionary/judicial%20system)

<sup>13</sup> “Primary Health Care.” *World Health Organization*, World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>

<sup>14</sup> “Roe v. Wade.” *Center for Reproductive Rights*, 8 Dec. 2022, [www.reproductiverights.org/roe-v-wade/](https://www.reproductiverights.org/roe-v-wade/)

“The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.”.<sup>15</sup>

### Universal Health Coverage (UHC)

“Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.”.<sup>16</sup>

## BACKGROUND INFORMATION

### Universal Health Coverage and Primary Health Care

Universal health coverage means that everyone, no matter their gender, race, age, living conditions and economic state, gets access to any and all healthcare services wherever and whenever they need them without having to struggle financially to pay for them. It is a notable attempt that the United Nations has used as a means to redirect member nations into adopting a Primary Health Care system (PHC).<sup>17</sup>

In the Declaration of Astana (2018),<sup>18</sup> Member states recognised the importance of the PHC in paving the way for UHC; but unless all four commitments (non-discrimination, physical accessibility, economical accessibility, and information accessibility) are followed, and turned into action, this attempt to solve the issue will not be viable. In spite of recent events, with the COVID-19 pandemic, PHC has been omitted by most countries due to their preference of disease-specific approaches. This happens as a result of numerous limiting factors such as, the lack of political will, under-investment, and common misconceptions to the benefits and characteristics of PHC.

On the 2nd of October, 2019, in the 74th session of the General Assembly, the President of the General Assembly submitted a draft resolution called “Political

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<sup>15</sup> “Sustainable Development Goals: United Nations Development Programme.” *UNDP*, [www.undp.org/sustainable-development-goals](http://www.undp.org/sustainable-development-goals)

<sup>16</sup> “Universal Health Coverage (UHC).” *World Health Organization*, World Health Organization, 12 Dec. 2022, [www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

<sup>17</sup> “What is PHC?” *WHO | World Health Organization*, [www.who.int/activities/what-is-PHC](http://www.who.int/activities/what-is-PHC)

<sup>18</sup> “Declaration of Astana: Global Conference on Primary Health Care: Astana, Kazakhstan, 25 and 26 October 2018.” [www.apps.who.int/iris/handle/10665/328123?search-result=true&query=declaration+of+astana&scope=&rpp=10&sort\\_by=score&order=desc](http://www.apps.who.int/iris/handle/10665/328123?search-result=true&query=declaration+of+astana&scope=&rpp=10&sort_by=score&order=desc)

declaration of the high-level meeting on universal health coverage”.<sup>19</sup> This draft resolution outlines the importance of UHC and its implementation in member states policies, and how UHC is a key factor in achieving the SDG goals of the 2030 Agenda.<sup>20</sup> These include, SDG 3.8 target which aims to “*achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.*”, and SDG 1 which calls to “*end poverty in all its forms everywhere*”. More explicitly, progress for SDG 1 will be hindered without UHC, as 90 million people every year are impoverished by health expenses.<sup>21</sup>

## Incarceration

In December of 1982, the General Assembly adopted Resolution 37/194, called “Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment”.<sup>22</sup> This resolution outlines 6 main principles, which should be followed by health workers when handling prisoners, in order to ensure that they are not breaching any prisoner’s rights.

Specifically, Principle 1 is the most crucial principle out of the 6. It states that “Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.”. This guarantees that all detainees are given proper health care and treatment for their condition or medical state, without having to endure any discrimination or denied access.

Under this resolution, judicial systems are not allowed to overpower the health care rights of prisoners; despite this, many prisoners are still denied health care. In the United States alone, as stated by the state of New York, more than 20% of incarcerated individuals with a persistent medical issue are left without care; this number reaches 68% amongst local prisons.<sup>23</sup>

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<sup>19</sup> ODS, [www.documents-dds-ny.un.org/doc/UNDOC/LTD/N19/300/72/PDF/N1930072.pdf?OpenElement](http://www.documents-dds-ny.un.org/doc/UNDOC/LTD/N19/300/72/PDF/N1930072.pdf?OpenElement)

<sup>20</sup> “Universal Health Coverage.” *World Bank*, 19 2021, [www.worldbank.org/en/topic/universalhealthcoverage](http://www.worldbank.org/en/topic/universalhealthcoverage)

<sup>21</sup> “Universal Health Coverage.” *World Bank*, 19 2021, [www.worldbank.org/en/topic/universalhealthcoverage](http://www.worldbank.org/en/topic/universalhealthcoverage)

<sup>22</sup> “Principles of Medical Ethics.” *United Nations Digital Library System*, [www.digitallibrary.un.org/record/43638?ln=en](http://www.digitallibrary.un.org/record/43638?ln=en)

<sup>23</sup> “Health Care Behind Bars: Missed Appointments, No Standards, and High....” *Vera Institute of Justice*, 29 June 2022, [www.vera.org/news/health-care-behind-bars-missed-appointments-no-standards-and-high-costs](http://www.vera.org/news/health-care-behind-bars-missed-appointments-no-standards-and-high-costs)

### United States Supreme Court Case: Estelle v. Gamble

In 1976, the US Supreme Court ruled that inadvertent failure to provide medical care to a detainee does not mean in any way that the eighth amendment rights (which state that “Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted”<sup>24</sup>) have been breached.<sup>25</sup>

Gamble was a Texas inmate; he was injured at work as a bale of cotton fell on him. He was initially sent to the hospital and then to his cell in order to rest. The pain did not subside, and he was prescribed multiple painkillers and muscle relievers. Gamble was instructed to return to work, but he claimed the pain was unbearable. After being taken before the disciplinary committee, they directed that Gamble was to be seen by a second doctor; the doctor prescribed him even more medication and pain relievers and instructed him multiple times that he was to return to work. Gamble refused, and after numerous times he was placed in solitary confinement as disciplinary sanction. Later on, he described having ‘blank-outs’, but he was only seen in the hospital once for these. He reported continuous pain to the officers in the administrative segregation and was twice refused requested permission to be seen by a doctor.<sup>26</sup>

The Supreme Court ruled that his rights had not been breached as Gamble was seen 17 times over a 3-month period, and that the failure to perform X-rays and any further tests required for his back injury did not constitute of cruel punishment, but at most was medical malpractice cognizable in the state courts.<sup>27</sup>

### Sexual and Reproductive Health

#### Abortion Rights and Access to Safe Abortion

The first ever country to have legalized abortion was the Soviet Union on the 18th of November 1920. Since then, another 75 countries have legalized abortion, with only 36% of all women in reproductive age living in those countries being able to receive abortion on request.<sup>28</sup>

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<sup>24</sup> “Eighth Amendment.” *Legal Information Institute*, Legal Information Institute, [https://www.law.cornell.edu/constitution/eighth\\_amendment](https://www.law.cornell.edu/constitution/eighth_amendment)

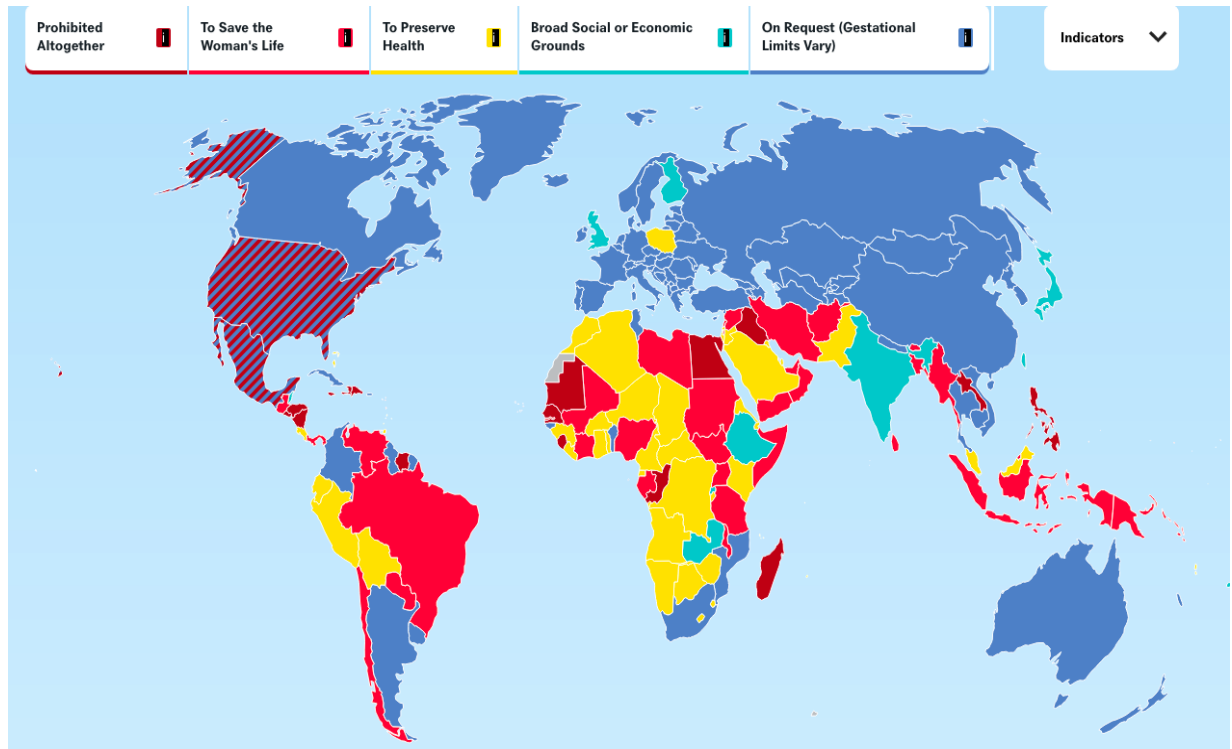
<sup>25</sup> “SUPREME COURT DECISION LIMITS INMATES’ RIGHT TO SUE OVER MEDICAL CARE.” *Office of Justice Programs*, [www.ojp.gov/ncjrs/virtual-library/abstracts/supreme-court-decision-limits-inmates-right-sue-over-medical-care](http://www.ojp.gov/ncjrs/virtual-library/abstracts/supreme-court-decision-limits-inmates-right-sue-over-medical-care)

<sup>26</sup> *WorldCat.org*, [www.worldcat.org/title/4769335569?oclcNum=4769335569](http://www.worldcat.org/title/4769335569?oclcNum=4769335569)

<sup>27</sup> “Estelle V. Gamble, 429 U.S. 97 (1976).” *Justia Law*, [www.supreme.justia.com/cases/federal/us/429/97/](http://www.supreme.justia.com/cases/federal/us/429/97/)

<sup>28</sup> “The World’s Abortion Laws.” *Center for Reproductive Rights*, 29 Sept. 2022, [www.reproductiverights.org/maps/worlds-abortion-laws/](http://www.reproductiverights.org/maps/worlds-abortion-laws/)

In countries where abortion is illegal or prohibited, women in desperate states tend to turn to unsafe methods of abortion. According to WHO, 45% of all abortions are unsafe, 97% of which take place in Less Economically Developed Countries (LEDCs).<sup>29</sup> It is apparent that lack of access to safe abortion is the scope of the problem in LEDCs. WHO, also, states that the “lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue.”.<sup>30</sup>



**Figure 1<sup>31</sup>:** Image depicting where abortion is legalized and under what conditions in each country

There are multiple factors that affect access to safe abortion, including financial hardship, laws affecting minority groups, health care facilities not offering abortion services and even societal stigma.

### Examples of judicial systems that prohibit abortion

According to a report filed by the Economic and Social council (ECOSOC), “countries with restrictive abortion policies have much higher levels of maternal mortality. The average maternal mortality ratio was three times greater in countries

<sup>29</sup>“Abortion.” *World Health Organization (WHO)*, 25 Nov. 2021, [www.who.int/news-room/fact-sheets/detail/abortion](https://www.who.int/news-room/fact-sheets/detail/abortion)

<sup>30</sup>“Abortion.” *World Health Organization (WHO)*, 25 Nov. 2021, [www.who.int/news-room/fact-sheets/detail/abortion](https://www.who.int/news-room/fact-sheets/detail/abortion)

<sup>31</sup>“The World's Abortion Laws.” *Center for Reproductive Rights*, 29 Sept. 2022, [www.reproductiverights.org/maps/worlds-abortion-laws/](https://www.reproductiverights.org/maps/worlds-abortion-laws/)



with restrictive abortion policies in 2013 (223 maternal deaths per 100,000 live births) than in countries with liberal abortion policies (77 maternal deaths per 100,000 live births).”.<sup>32</sup>

The United States of America is one of the many countries that have banned abortion. After the Supreme Court overturned *Roe v. Wade*, which gave individuals the right to have access to abortion, individuals had to travel to states where abortion was legalized or turn to unsafe practices. People living in financial hardship were more likely to perform an unsafe abortion, contributing to the global percentage of this, and causing 5-13% of all maternal deaths globally.<sup>33</sup>

Latin American countries allow abortion to happen if the woman’s life is in danger; although abortion is not allowed upon request of the woman, it still gives women whose lives are in peril because of an unintended, and even an intended, pregnancy, the option to terminate it.

In Iraq, abortion is prohibited altogether, leaving women living there with no choice over terminating a pregnancy that could prove fatal to their physical and mental well-being.

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<sup>32</sup> *Welcome to the United Nations*, [www.un.org/en/development/desa/population/publications/pdf/policy/AbortionPoliciesReproductiveHealth.pdf](http://www.un.org/en/development/desa/population/publications/pdf/policy/AbortionPoliciesReproductiveHealth.pdf)

<sup>33</sup> “Nearly Half of All Pregnancies Are Unintended—a Global Crisis, Says New UNFPA Report.” *United Nations Population Fund*, [www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended-global-crisis-says-new-unfpa-report](http://www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended-global-crisis-says-new-unfpa-report)

Top 5 causes of mortality among girls aged 15-19

**Figure 2<sup>34</sup>:** Graph depicting the Top 5 causes of mortality amongst girls ages 15-19

### Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS)

In numerous countries, visitors with HIV may be denied entry, and even face deportation. This is prevalent in almost all of the regions across the globe, but mostly in North Africa and the Middle East (MENA). These are immensely restrictive regions regarding HIV patients. Carrying an HIV-positive test may deny someone entry in countries including Iraq, Jordan, the United Arab Emirates (UAE), and Yemen. In addition to these, countries that deport individuals based on their HIV status are the following: Bahrain, Egypt, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, and Syria.<sup>35</sup> These all apply for both short-term and long-term stays. The MENA region has the lowest HIV prevalence in the world which is less than 0.1%. Despite this, the MENA region is of increasing concern as approximately 8,400 people died of an AIDS-related disease in 2018 alone. This is due to the poor access to antiretroviral treatment (ART);

<sup>34</sup>"Early Childbearing." *UNICEF DATA*, 25 Jan. 2023, [www.data.unicef.org/topic/child-health/adolescent-health/](http://www.data.unicef.org/topic/child-health/adolescent-health/)

<sup>35</sup> "Travel Restrictions for People with HIV." *Aidsmap.com*, [www.aidsmap.com/about-hiv/travel-restrictions-people-hiv](http://www.aidsmap.com/about-hiv/travel-restrictions-people-hiv)

only 32% of those needing ART gained access, setting the MENA region's percentile far below the global level of 59%.<sup>36</sup>

On the contrary, in Western and Central Europe, there are generally no restrictions for HIV patients trying to enter. In Poland, HIV-testing is mandatory for staying longer than 90 days in the country, no matter the purpose of stay. In Hungary, a person may be deported from the country if they refuse to be treated for HIV.

### **Societal Stigma**

Since the beginning of humankind, society has always found its way into affecting personal decisions; either that is court case outcomes, or even healthcare decisions. In addition, religion is a major factor affecting individuals globally, every single day. It is the controversial values and beliefs of each religion that affect its followers and the people surrounding them. It is a common occurrence that women may feel pressured to opt out of getting an abortion due to criticism that they may endure for doing so.

Societal norms have proven to be extremely powerful when it comes to affecting the public opinion. This can be recognised in thousands of scenarios, but more distinctively in court cases. It is often the case that the public opinion influences the results of a court case; either that has a positive or negative impact. This is a cause of the deprivation of the right to health, and therefore the further encouragement of the overpowering of judicial systems in health-care rights.

### **Fertility treatments bans**

Under European Law, heterosexual couples where one or both partners live with HIV have legal access to fertility treatments. On the contrary, HIV patients wishing to use a surrogate or LGBTIQ+ couples where a woman may wish to have her egg implanted in her partner of the same sex are prohibited to do so as their eggs and sperm are deemed to be 'donor' gametes rather than partner gametes.<sup>37</sup>

### **Contraception**

WHO states that information and services on contraception are fundamental to ensure well-being and human rights.<sup>38</sup> It has been proven that the prevention of

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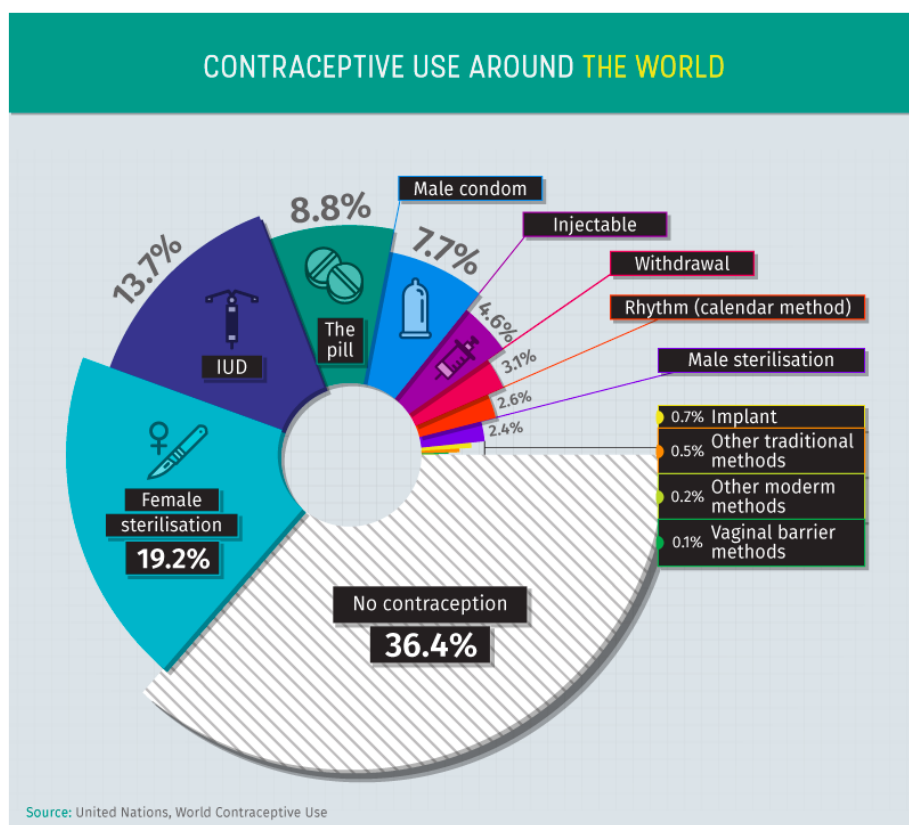
<sup>36</sup>Elise. "HIV and AIDS in the Middle East & North Africa (MENA) by AVERT.ORG." *Middle East Medical Portal*, 9 Aug. 2022, [www.middleeastmedicalportal.com/hiv-and-aids-in-the-middle-east-north-africa-mena-by-avert-org/](http://www.middleeastmedicalportal.com/hiv-and-aids-in-the-middle-east-north-africa-mena-by-avert-org/)

<sup>37</sup>"Equal HIV Fertility Rights Now." *National AIDS Trust* |, [www.nat.org.uk/equal-hiv-fertility-rights-now](http://www.nat.org.uk/equal-hiv-fertility-rights-now)

<sup>38</sup>"Contraception." *World Health Organization (WHO)*, 10 Dec. 2019, [www.who.int/health-topics/contraception#tab=tab\\_1](http://www.who.int/health-topics/contraception#tab=tab_1)

unintended pregnancies helps to lower maternal ill-health and deaths. Contraception acts as a protective measure for all women, especially young girls who are at increased health risks due to early childbearing. In 2017, an estimated 214 million women of reproductive age living in LEDCs had an unmet need for contraception.<sup>39</sup> WHO states that reasons for this are and are not limited to: limited access to contraception, a limited choice of methods, a fear or experience of side-effects, cultural or religious opposition, poor quality of available services and gender-based barriers.<sup>40</sup>

There are many negative socioeconomic and health factors that prevail due to banned contraception. Not having access to contraception increases the risk of childbearing amongst women and young girls, depriving them of attaining a certain degree of college education, and their full participation in the economy and workforce. Early childbearing leads to several health complications including disability adjusted life years (DALYs) and even mortality.



<sup>39</sup>"Family Planning/contraception Methods." *WHO | World Health Organization*, 9 Nov. 2020, [www.who.int/news-room/fact-sheets/detail/family-planning-contraception](http://www.who.int/news-room/fact-sheets/detail/family-planning-contraception)

<sup>40</sup>"Contraception." *World Health Organization (WHO)*, 10 Dec. 2019, [www.who.int/health-topics/contraception#tab=tab\\_1](http://www.who.int/health-topics/contraception#tab=tab_1)

**Figure 3<sup>41</sup>:** Graph depicting the variety of contraceptive use around the world

### Health Disparities amongst the LGBTQI+ Community

It has been proven that there are multiple health disparities amongst the LGBTQI+ community; according to the American National Library of Medicine, the youth of the LGBTQI+ community “are at a higher risk for substance use, sexually transmitted diseases (STDs), cancers, cardiovascular diseases, obesity, bullying, isolation, rejection, anxiety, depression, and suicide as compared to the general population.”<sup>42</sup> It is the case that the LGBTQI+ youth receive poor quality of healthcare due to societal stigma and lack of healthcare providers.

Countries such as Saudi Arabia and the United Arab Emirates (UAE) will charge any individual who expresses homosexuality, or who is transgender, with the death penalty. As a result, members of the LGBTQI+ community are unable to express themselves, and when they do, their right to get adequate healthcare- in some extreme cases to live- is taken away from them.

## MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

### United States of America

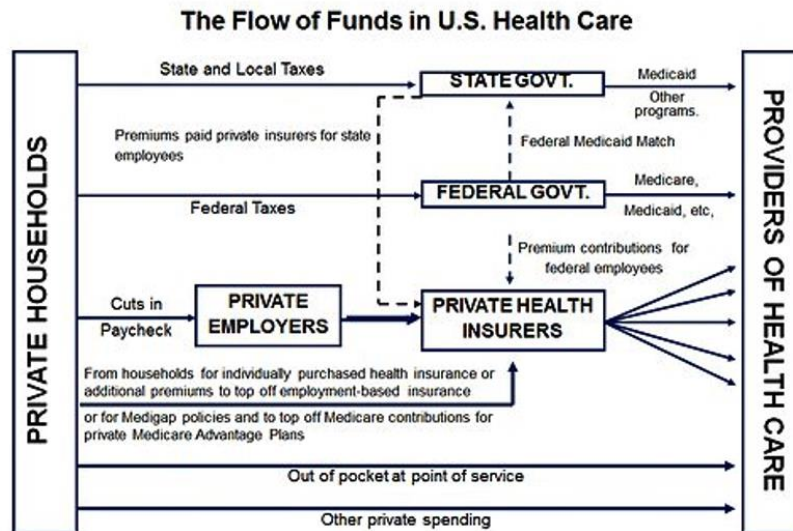
The U.S healthcare system does not provide universal coverage, and it may be described as a mixed system. This means that publicly financed government Medicare and Medicaid health coverage also exists alongside privately financed market coverage. As of 2022, an estimated 112 million (44%) of adults in the U.S. were struggling to pay for health care; 93% felt that what they were paying for was not worth the cost of the price.<sup>43</sup> This may decrease the amount of patients wishing to receive treatments for communicable diseases such as HIV/AIDS, and also increase the number of unsafe abortions or medical procedures performed yearly.

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<sup>41</sup>Superdrug. "Birth Control Around the World." *Superdrug Online Doctor | Convenient & Discreet Prescriptions*, [www.onlinedoctor.superdrug.com/birth-control-around-the-world/](http://www.onlinedoctor.superdrug.com/birth-control-around-the-world/)

<sup>42</sup>"Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review." *PubMed Central (PMC)*, [www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/)

<sup>43</sup>Morse, Alex. "112 Million Americans Struggle to Afford Healthcare – West Health." *West Health*, 20 June 2022, [www.westhealth.org/press-release/112-million-americans-struggle-to-afford-healthcare/](http://www.westhealth.org/press-release/112-million-americans-struggle-to-afford-healthcare/)



**Figure 3<sup>44</sup>:** Chart depicting the flow of funds in the U.S healthcare system

## Spain

Regulation No 1408/71 established a mechanism which ensures that a person that is insured under the Spanish national health system may receive unscheduled treatment in another member state of the European Union. The system in Spain reimburses the institution of the Member State that a Spanish citizen is receiving treatment in regards to the costs sustained by the institution which delivered the treatment, on the basis of the level of cover that is applicable in the country of stay.<sup>45</sup> The Spanish healthcare system is an example of how health care systems worldwide should be able to be operating in order to ensure that health care rights of citizens are being protected, as well as the government not having a say over these rights.

## Greece

Greece is a country which offers universal health coverage. In 2016, an additional allocation of funding was made to cover uninsured groups of the population, including residents and registered migrants, for services that are provided by the National Health System. The National Organisation for the Provision of Health Services (EOPYY) was established in 2011 to manage a health insurance fund and to act as the single consumer for health services that are funded by the public and are

<sup>44</sup> "US Healthcare System Overview-Background." *ISPOR*, [www.ispor.org/heor-resources/more-heor-resources/us-healthcare-system-overview/us-healthcare-system-overview-background-page-1](http://www.ispor.org/heor-resources/more-heor-resources/us-healthcare-system-overview/us-healthcare-system-overview-background-page-1)

<sup>45</sup> Court of Justice of the European Union. Where unscheduled hospital care is administered during a temporary stay in a Member State other than the Member State of affiliation, the latter is not required to reimburse the patient as regards costs which, in the State where the care was administered, fall to be paid by the patient. Court of Justice of the European Union, [curia.europa.eu/jcms/upload/docs/application/pdf/2010-06/cp100056en.pdf](http://curia.europa.eu/jcms/upload/docs/application/pdf/2010-06/cp100056en.pdf).

delivered by the National Health System.<sup>46</sup> Out of the bills needed to pay for healthcare services, 61% is derived from public sources and 35% is mainly financed by households out of pocket.<sup>47</sup> Greece's health care system enables citizens to have access to partially free health care, meaning that it is easier for people in financial hardship to get medication or critical surgery without the burden of not being able to afford basic health care; thus, it is important to acknowledge that the health care rights of greek civilians are protected to a great extent.

### **Sub-Saharan Africa Region**

Access to healthcare in the Sub-Saharan Africa (SSA) region was found at only 42.56%.<sup>48</sup> In order to achieve the goals of the 2030 agenda, this needs to rise to 100%. Increasing access to education for women and girls will continue to urbanize the sub-saharan region making access to health services easier and quicker. Over the past two decades, educational development in the SSA region seems promising; however, 23% of girls on average are still left out of primary school due to financial hardship and work.<sup>49</sup> It is crucial that Sub-Saharan Africa countries establish health care systems that enable their citizens to have easy and affordable access to health care in order to boost the protection of civilians rights and simultaneously boost their own economies so as to opt for an even better health care system.

### **Marie Stopes International Reproductive Choices (MSI Reproductive Choices)**

MSI Reproductive Choices provides contraception and safe abortion services to women around the world, even in countries where it is illegalized, in order to have the choice of creating the future that they wish. They offer their services to all women, even ones living in financial hardship, in hopes of tackling the ongoing global healthcare crisis where 218 million girls have no way of preventing and coping with unintended pregnancies.<sup>50</sup> This organization went from being a single clinic in central London, to now having over 400 operating worldwide; they aim to strengthen national health care systems, respond to gender-based violence in reproductive health care, and give the opportunity to women to have a say and a choice over their own body.

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<sup>46</sup>"Greece Health System Information." *European Observatory on Health Systems and Policies*, [www.euro.who.int/countries/greece](http://www.euro.who.int/countries/greece)

<sup>47</sup>"Home." *World Health Organization (WHO)*, [www.who.int/greece](http://www.who.int/greece)

<sup>48</sup>"Determinants of Accessing Healthcare in Sub-Saharan Africa: a Mixed-effect Analysis of Recent Demographic and Health Surveys from 36 Countries." *PubMed Central (PMC)*, [www.ncbi.nlm.nih.gov/pmc/articles/PMC8804632/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8804632/)

<sup>49</sup>Transformative Education for Girls in Sub-Saharan Africa." *ReliefWeb*, [www.reliefweb.int/report/world/transformative-education-girls-sub-saharan-africa](http://www.reliefweb.int/report/world/transformative-education-girls-sub-saharan-africa)

<sup>50</sup>"What We Do." *Marie Stopes International*, [www.msichoice.org/what-we-do/](http://www.msichoice.org/what-we-do/)

## TIMELINE OF EVENTS

Date	Description of event
November 18th 1920	The Soviet Union legalizes abortion.
1971	European Union establishes cross-border healthcare.
1973	The Roe v. Wade ruling by the Supreme Court occurs, giving the right to abortion to the women of the US.
1976	The Estelle v. Gamble ruling for explicit eighth amendment breaches is made.
December 1982	General Assembly Resolution 37/194 regarding Medical Ethics of Prison healthcare workers is published.
1998	European Court ruling of reimbursement of healthcare service expenses incurred in another member state.
December 12th 2012	The UN General Assembly adopted resolution A/RES/67/81.
2009	Ministerial Declaration of Economic and Social council regarding healthcare.



2015	Sustainment development goals in 2030 agenda.
2017	World Bank and WHO release report on access to healthcare globally.
2017	Report on children childbearing by UNICEF.
2018	Declaration of Astana.
October 2019	President of the General Assembly presents draft resolution to the General Assembly (Political Declaration).
2022	Roe v. Wade overturned.

## BLOCS EXPECTED

### Bloc 1

Member states that have a national health care policy that includes free healthcare services completely or to some extent should be in the same alliance; for example, countries in the EU like Greece and Spain, as well as non-EU countries like Brazil.

### Bloc 2

Countries that either do not have free health care and citizens have to apply for public health insurance (meaning that it is funded by taxes), should be in another alliance; for instance, countries like Canada and the United States.

## RELEVANT UN RESOLUTIONS, TREATIES AND EVENTS

### **Global Health and Foreign Policy A/RES/67/81<sup>51</sup>**

This resolution, adopted by the United Nations General Assembly (UNGA) outlines important propositions and measures to be taken regarding increasing the progress towards social protection, universal health coverage and its financing. It accentuates the importance of the implementation of UHC and urges member states to accelerate efforts into adopting it, increasing the number of countries who have integrated it into their healthcare systems since then. This resolution helps tackle the overpowering of judicial systems by ensuring that the health care rights of people living in Member States are not being breached and allows for the development of the newly founded UHC system, which will proliferate the efforts being made to prevent such injustices from occurring in the future.

### **Resolution A/75/L.41<sup>52</sup>**

This draft resolution presented by Brazil, Equatorial Guinea, Fiji, France, Indonesia, Mali, Mongolia, Norway, Senegal, Singapore, South Africa, Thailand, and Vietnam, in December of 2020, focuses on the strengthening of the health system resilience through affordable health care for all. In clause 19, it urges nations to scale up efforts to stabilize health information systems and “collect quality, timely and reliable data, including vital statistics, disaggregated by income, sex, age, race, ethnicity, migratory status, disability, geographical location and other characteristics relevant in national contexts as required to monitor progress and identify gaps in the universal and inclusive achievement of the health-related Sustainable Development Goals.”<sup>53</sup>

### **MINISTERIAL DECLARATION – 2009 HIGH-LEVEL SEGMENT Economic and Social Council<sup>54</sup>**

This declaration has its epicenter in escalating the implementation of the unanimously agreed goals and commitments in regard to global public health. It provides a meticulous analysis of measures that should be taken to cover most, if not all, aspects of healthcare injustices; this includes HIV patients, sanitation, and clean water. It is imperative that this attempt is taken into account as it was a major breakthrough attempt for the United Nations to acknowledge and ensure healthcare rights, and the preservation of good health in all its aspects. The implementation of this

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<sup>51</sup>Global health and foreign policy. United Nations, 2012, [daccess-ods.un.org/tmp/7938160.30025482.html](https://daccess-ods.un.org/tmp/7938160.30025482.html).

<sup>52</sup>ODS, [www.documents-dds-ny.un.org/doc/UNDOC/LTD/N20/339/79/PDF/N2033979.pdf?OpenElement](https://www.documents-dds-ny.un.org/doc/UNDOC/LTD/N20/339/79/PDF/N2033979.pdf?OpenElement)

<sup>53</sup>ODS, [www.documents-dds-ny.un.org/doc/UNDOC/GEN/N12/483/46/PDF/N1248346.pdf?OpenElement](https://www.documents-dds-ny.un.org/doc/UNDOC/GEN/N12/483/46/PDF/N1248346.pdf?OpenElement)

<sup>54</sup>Welcome to the United Nations, [www.un.org/en/ecosoc/julyhls/pdf09/ministerial\\_declaration-2009.pdf](https://www.un.org/en/ecosoc/julyhls/pdf09/ministerial_declaration-2009.pdf)

declaration would allow for the progression of the protection of health care rights under government law, and also provide a solution to several socioeconomic factors that are affected by aforementioned injustices.

## PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

### **“The Health Status of the European Union: Narrowing the Health Gap”<sup>55</sup>**

This report that was first introduced by the European Union (EU) in 1994, has allowed European citizens to know what they are entitled to have when it comes to healthcare procedures. It provides sufficient information, such as graphs, statistics, and images for the purpose of informing EU citizens about factors that affect health in this region, for instance life expectancy and morbidity rates. This is an important document as it poses as an example for other organizations, regions, or countries to do the same, and keep their citizens up to date with any and all necessary information.

### **Women’s March 2017**

After former President Donald Trump's election, women living in the U.S. feared that the new White House administration would limit their access to healthcare. The protest was organized as a response to his election, and rising concerns over the future of healthcare, leading hundreds of thousands of people in rallies across the country. Healthcare providers had expressed concern over the impact that former president Trump's election would have on the Affordable Care act, which in its repeal would leave millions without healthcare coverage. The Affordable Care Act, which is also known as Obamacare, is a comprehensive health care reform law that was enacted in March of 2010, with the aims to make affordable health insurance available to more people, expand the medicaid program, and mainly support innovative health care delivery methods which are designed to lower the costs of healthcare. Another reason which increased the tensions of this protest would have been the fear of the new lawmakers aim to limit access and coverage for contraception, abortion, and other additional women’s health services.<sup>56</sup>

## POSSIBLE SOLUTIONS

### **Implementing appropriate legislations to protect the rights of the people**

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<sup>55</sup>Language Selection | European Commission,

[www.ec.europa.eu/health/ph\\_information/documents/health\\_status\\_en.pdf](http://www.ec.europa.eu/health/ph_information/documents/health_status_en.pdf)

<sup>56</sup>“Women’s March: Protesters fight for healthcare access, reproductive health.”

[www.fiercehealthcare.com/healthcare/women-s-march-protestors-fight-for-healthcare-access-reproductive-health](http://www.fiercehealthcare.com/healthcare/women-s-march-protestors-fight-for-healthcare-access-reproductive-health)

Implementing appropriate legislations in order to ensure the protection of the rights of the people will force member states to abide by these; resolutions should be proposed by the General Assembly and agreed upon unanimously to improve access to healthcare, universal health coverage, and insurance of access to safe medical practices. These may be altered according to a member state's values and beliefs. This may be granted only in occasions where the altercation does not come into immediate conflict with the purpose of the implemented legislation or resolution. Before the altercation is finalized, the leading individuals of the United Nations (Secretary-General/President of the General Assembly), or a newly founded specialized agency created just for this purpose, should evaluate the changes and their effects on the initial legislation/resolution, and consult upon whether to allow for the changes to occur or not.

### **Creating a new specialized agency**

Another possible solution is establishing a new agency, under the supervision of WHO, that would only deal with health care rights breaches that link to government activity. This would enable WHO to monitor such occurrences closely in order to deal with them as skillfully and swiftly as possible. Additionally, having such a specialized agency would make the work of WHO more efficient, while being thorough. It is important to note that the WHO tackles a wide range of issues under the health care sector, and creating the aforementioned agency would allow for such issues to be prioritized and dealt with properly. Simultaneously, other issues that would be set to be discussed or resolved after such cases would be addressed much faster, therefore it will enable WHO to operate effectively under constraints.

### **Promoting the collaboration between member states and Non-Governmental Organizations (NGOs)**

Promoting the collaboration between member states and NGOs will allow member states to accompany and assist in achieving the goals of chosen NGOs. This would establish a relationship that will allow the economy of the country to develop and will maximize the access to healthcare services for citizens. NGOs are usually overshadowed by the laws and press releases of governments, meaning that they are not recognized or known by the public. Ensuring the collaboration of the said two, would be an appropriate way to inform the public of such organizations through publicity, and of the options available to them when it comes to certain medical treatments such as abortion.

### **Press conferences and reports provided by specialized UN bodies yearly**

Making reports and press conferences mandatory for specific UN bodies each year would allow experts from outside of the United Nations, such as sociologists,

economists, or healthcare specialists, to assess the situation with ‘a fresh pair of eyes’; they would be able to provide new perspectives to the issue of healthcare rights and the progress being made. Moreover, it will help the UN keep track of healthcare rights breaches situations globally, without having to come into immediate conflict and interference with the governments’ work, through specialized reports and documents outlining such instances. Thus, all such judicial procedures will be characterized by transparency, minimizing possible breaches. Additionally, providing these reports or press conferences would allow for authentic insight to the problem be heard. This would be from minority and possibly certain ethnic groups so as to bring to the surface the unseen problems that the United Nations should tackle, in order to achieve the goals set for the 2030 agenda.

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