BACKGROUND MATERIALS

General Assembly Third Committee

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General Assembly Third Committee

Committee Mandate

In 1945, the Charter of the United Nations established the United Nations General Assembly (UNGA), which is the main deliberative body and one of the principal organs of the United Nations.¹ The UNGA is comprised of all 193 Member States of the United Nations and serves as a high-level platform for diplomacy. The UNGA presents an opportunity to all Member States to create and adopt non-binding resolutions which lay out policies or international norms on certain topics. The General Assembly is broken into 6 subsidiary committees.

The UNGA Third Committee is known as the Social, Humanitarian, and Cultural Committee, and is currently chaired by H.E Mahmoud Saikal of Afghanistan. The Third Committee deals with topics of social, humanitarian affairs, and human rights issues. The committee discusses social development and human rights and considers issues relating to gender equality, crime prevention and criminal justice, and the protection of vulnerable populations such as children, indigenous groups, refugees, and persons with disabilities.²

Membership

As part of a plenary committee of the United Nations, the General Assembly Third Committee is comprised of all UN Member States. The UNGA operates on the notion of sovereign equality, which guarantees all Members a single, equal vote.³ No states receive a special veto or a weighted vote.⁴ Some Member States lack adequate staff to have representatives at every subsidiary committee sessions or during informal debates. Typically, more delegates review and vote on draft resolutions during the General Assembly Plenary sessions than during a meeting of a subsidiary General Assembly committee.⁵ Due to the nature of the social- and cultural-based discussion within the committee, Third Committee is a platform for some of the most contentious debate in the UN system.

Reporting

The General Assembly has no direct subsidiary bodies, but its proceedings are often informed by other UN entities, such as the United Nations Childrens’ Fund, UN-Women, and the High Commissioner for Human Rights.⁶ While in session, delegates of this committee discuss and debate a topic to develop a working paper, which can then be adopted as a draft resolution by a simple majority vote of the committee. Draft resolutions from the General Assembly Third Committee and, indeed, all 6 of the General Assembly subsidiary committees, are passed on to the General Assembly Plenary for a second vote and, ultimately, adoption via majority vote.⁷ Any resolution adopted by the General Assembly is a representation of the will of the international community.

⁴ Ibid.
⁶ Ibid.
⁷ Ibid.
Bibliography


General Assembly Third Committee

Topic A: Increasing Access to Preventative Health Services

Introduction

According to the World Health Organization and the World Bank, at least half of the world’s population cannot obtain essential health services, and each year nearly 100 million people are being pushed into extreme poverty due to out-of-pocket healthcare expenses. Furthermore, 800 million people spend more than 10% of their household budget on healthcare. Preventative health services aim to help an individual stay healthy by detecting potential health problems, disabilities, diseases, and other threats to physical health. This can range from immunizations and routine screenings to patient education. Factors like genetic disposition, disease agents, lifestyle choices, and environmental factors affect the overall health of entire populations, and therefore require adequate access to healthcare at all levels in order to promote human rights for all peoples. Such factors can lead to heart disease, stroke, cancer, diabetes, obesity, and respiratory illnesses. According to the United Nations Office of the High Commissioner for Human Rights, access to preventative health measures is essential to the right to health.

Sustainable Development Goal (SDG) 3 aims to ensure healthy lives and promote well-being for all at all ages and SDG target 3.8 aims to promote universal healthcare coverage, including financial risk protection, access to essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

The United Nations General Assembly (UNGA) Third Committee is a principal body in the international community to promote universal access preventative health services. The ultimate goal of preventative health services is to maintain and ensure the wellbeing of a person. Improving life expectancy by reducing premature deaths related to non-communicable diseases (NCDs) through improving early identification and implementing preventative measures is goal of preventative health services and has a significant beneficial impact on all communities. Focusing on maternal and infant mortality is another area that could sustainably develop the health of communities. Reducing the spread of communicable diseases through immunization access, clean water, and improving access to healthcare through addition of more hospitals and other health care facilities will comprehensively benefit the health of populations.

Background

Article 25 of the Universal Declaration of Human Rights states that “everyone has 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, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” Access to healthcare, including preventative

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9 Ibid.
12 Ibid.
health services, is therefore a fundamental and inalienable human right of all populations worldwide. Framing the concept of preventative health services as a human right is a way to communicate the urgency of development in this area.

In 2011, the United Nations (UN) convened a High-level Meeting on the prevention and control of NCDs.\textsuperscript{16} NCDs cause 36 million deaths each year, undermine social and economic development, and threaten the achievement of the SDGs.\textsuperscript{17} The delegates at the High-level Meeting on the prevention and control of NCDs agreed that prevention must be the cornerstone of the global response to NCDs.\textsuperscript{18} Effective NCD prevention requires wholistic approaches through the involvement of all stakeholders and sufficient allocation of resources including funding, personnel, infrastructure, and educational materials.\textsuperscript{19} The Heads of State and Government at the High-level Meeting on the prevention and control of NCDs committed to five broad areas of action: reducing risk factors, strengthening national policies and health systems, international cooperation, research and development, monitoring and evaluation, as well as additional follow-up actions to bolster access to preventative health services and prevent NCDs.\textsuperscript{20}

\textit{World Health Organization and Assembly}

The World Health Assembly (WHA) is the decision-making body of the World Health Organization (WHO), and is attended annually in Geneva, Switzerland by all WHO Member States.\textsuperscript{21} The WHA executive board prepares the agenda for each session, and in its 72\textsuperscript{nd} session in May 2019, the agenda included such topics as public health emergencies, international health regulations, the 2030 sustainable development agenda, and other crucial topics.\textsuperscript{22} The 71\textsuperscript{st} session discussed the need for a high level meeting of the UNGA on ending tuberculosis, the need for better roles and responsibilities for Global Coordination Mechanism on Non-Communicable Diseases (NCD) and WHO technical programs to improve coordination and recommendations.\textsuperscript{23}

WHO and UNICEF’s \textit{A Vision For Primary Health Care In The 21st Century} discusses the progress needed to move towards universal health coverage and the SDGs.\textsuperscript{24} This includes recognizing that there are 3 primary components to primary health care. First, one must meet people’s health needs comprehensively, throughout their lives, and prioritize primary care.\textsuperscript{25} Second, address other health determinants including socioeconomic, religious, regional, and individual priorities and use evidence based practices.\textsuperscript{26} Finally, communities, families, and individuals must be encouraged to act as advocates for to promote and protect health and also be a part of the process for developing services needed in their areas.\textsuperscript{27}

\textbf{Current Situation}

\textsuperscript{16} United Nations High-Level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs), \textit{Political Declaration of the UN High-Level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs): Key Points}, n.d.
\textsuperscript{17} Ibid.
\textsuperscript{18} Ibid.
\textsuperscript{19} Ibid.
\textsuperscript{20} Ibid.
\textsuperscript{22} World Health Assembly, \textit{Agenda, A72/1 Rev. 1}, 2019.
\textsuperscript{24} World Health Organization, \textit{A Vision for Primary Health Care in the 21st Century}, 2018.
\textsuperscript{25} Ibid.
\textsuperscript{26} Ibid.
\textsuperscript{27} Ibid.
The 2030 Agenda for Sustainable Development provides a framework for development strategy to sustainably advance global human rights for all peoples, including a list of 17 Sustainable Development Goals (SDGs). SDG 3 aims to ensure healthy lives and promote well-being for all at all ages. Preventative health services are a necessary component in promoting healthy lives, and therefore is a significant development priority for the international community. Included within the targets of SDG 3 is the priority of reducing infant mortality ratio to less than 70 per 100,000 live births as well as reducing the neonatal mortality to 12 per 1,000 live births. As a vehicle to drive its infant and maternal health goals, SDG 3 includes the pledge to further reduce mortality from non-communicable diseases through prevention and treatment, promote mental health and well-being, bring an end to the epidemics of AIDS, tuberculosis, malaria. As a result of efforts to achieve SDG 3, infant mortality has dropped to 39 per 1,000 births, an almost 7% drop since 2015.

According to the 2019 Sustainable Development Goal Report, the percentage of births attended by a skilled healthcare professional has increased by 81%. Immunization coverage worldwide has also increased overall, specifically the diphtheria, tetanus, pertussis (DTP3) vaccine has increased from 72% to 85%, the pneumococcal conjugate (PCV3) has increased from 4% to 44% percent, and the second measles vaccine (MCV2) has increased from 15% to 67%. Though this progress has been significant, there have still been outbreaks. There has also been a 22% decrease in HIV incidence, though it is still falling short of the target goals.

Universal Health Coverage and Sustainable Development

According to the World Health Organization and the World Bank, the goal of universal health coverage (UHC) is to “ensure that every individual and community, irrespective of their circumstances, should receive the health services they need without risking hardship.” When considering UHC, the international community puts a focus on high-quality healthcare that leads to accurate diagnoses and medical interventions that are up to modern standards. UHC also means accessing healthcare that does not create financial hardships so that the patient can still afford food, housing, education, and other necessities for a decent quality of life. UHC does not necessarily mean that healthcare is free-of-charge, but rather that out-of-pocket expenses are not so high as to deter people from using services.

Progress towards UHC is a continuous and ever-changing process due to shifts in demographics, epidemiological and technical trends, and the expectations of a given population. Member States often face resource constraints that prevent them from providing healthcare services. This can lead to inequalities in services, even within a single community. Lack of data collection and information sharing also creates roadblocks for Member States to

31 Ibid.
32 Ibid.
33 Ibid.
36 Ibid.
37 Ibid.
38 Ibid, page 2.
understand the level of healthcare coverage throughout their territories and, therefore, hinders them from addressing gaps in services provided.\textsuperscript{39}

The past decade has seen increased calls for and efforts to achieve UHC. The SDGs solidify the international community’s resolve to achieve UHC and to promote health for all peoples in all forms. There are two UHC-specific SDG indicators. SDG Indicator 3.8.1 captures the population coverage dimension of UHC, meaning that it focuses on whether everyone, irrespective of their living standards, has access to UHC.\textsuperscript{40} SDG Indicator 3.8.2 captures the financial protection dimension of UHC, which aims to reduce the amount of personal expenses associated with receiving health services.\textsuperscript{41}

\textit{Preventative Health for Civilians in Conflict}

In order to focus on the healthcare needs of civilians in conflict, the WHO established \textit{The Humanitarian Mechanism}.\textsuperscript{42} This mechanism promotes universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable medicines and vaccines, for civilians in conflict.\textsuperscript{43} \textit{The Humanitarian Mechanism} partners with organizations like Doctors Without Borders, International Federation of Red Cross and Red Crescent Societies, the United Nations Children’s Fund, and other relevant stakeholders through a number of innovative strategies to promote universal affordable health services to civilians in conflict. The mechanism calls for affordable prices for all antigens to entities vaccinating in humanitarian emergencies. Through the mechanism, price offers made publicly are recorded and published, including their terms and conditions as indicated by suppliers.

\textit{Case Study: Preventative Health Services in the Healthiest Countries in the World}

Bloomberg recently published the 2019 version of the \textit{Bloomberg Healthiest Country Index}, which ranks countries according to factors that contribute to overall health.\textsuperscript{44} In this index, Spain was ranked the healthiest country in the world.\textsuperscript{45} In Spain, preventative health services are provided to children, women, and elderly patients through public providers and a UHC system.\textsuperscript{46} All of the top 10 countries on the \textit{Healthiest Country Index} provide universal healthcare.\textsuperscript{47} Bloomberg also reported that Cuba was the only non-high income country to place in the top 30.\textsuperscript{48} It contributed this to Cuba’s emphasis on preventative care.\textsuperscript{49}

\textit{Future Outlook}

The UN has reported limited progress on increasing access to immunizations since 2015.\textsuperscript{50} Similarly, the prevalence of non-communicable diseases like cardiovascular, respiratory and

\begin{thebibliography}{9}
\bibitem{} Ibid, page 5.
\bibitem{} Ibid.
\bibitem{} Ibid.
\bibitem{} Miller, “These are the World’s Healthiest Nations,” \textit{Bloomberg}, 2019.
\bibitem{} Ibid.
\bibitem{} Ibid.
\bibitem{} Ibid.
\bibitem{} Ibid.
\end{thebibliography}
endocrine diseases, has also seen limited progress since 2015. To address this decline in progress, the UNGA continues to convene high-level meetings on non-communicable disease and many other facets of preventative health care. The meetings lead to recommendations ranging from taxation of certain foods to public education on healthy living. At this meeting, The World Health Organization committed to convene an Independent High-Level Commission on NCDs to increase the monitoring and the potential pledges by member states. The WHO’s NCD committee will continue meet bi-annually to discuss progress and frameworks for development. On September 23rd, the UNGA will be holding a one-day high-level meeting on UHC.

Focus Questions

- Does your country have universal access to preventive health care services?
- What are your country’s healthcare priorities? Regional priorities?
- Does your country have emergency health programs to ensure access to health services in times of conflict?
- In what international healthcare organizations is your country a participant?
- What actions to improve access to preventive health care services would most benefit your country? Region?

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52 International Institute for Sustainable Development, “74th Session of the UN General Assembly (UNGA 74),” 2019.
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Introduction

The rising prevalence of the international illicit drug market has increased the number of drug related deaths, the activities of organized crime syndicates, and has harmed the health and the economies of all Member States. For the purposes of international cooperation on the world drug problem, a “drug” is any substance which has been placed on either Schedule I or II of the 1961 Single Convention on Narcotic Drugs. The international community has addressed the world drug problem through several major United Nations (UN) bodies, such as the United Nations General Assembly (UNGA) and the Commission on Narcotic Drugs (CND). Through the major bodies, organizations, and partnerships, relevant stakeholders in the fight against the world drug problem seek to share best practices and provide financial, technical, and logistical assistance to communities in need. Some best practices in this effort include addressing the root causes of the illicit drug trade, fighting transnational organized crime, stemming the flow of illicit substances, putting restrictions on the components necessary to create such substances, and improving local economies to lessen the demand of the drug trade. The ultimate goal in this international effort is to help all peoples achieve their full spectrum of fundamental and inalienable human rights, which is threatened by the many harmful effects that the illicit drug market can have. The Universal Declaration of Human Rights (UDHR) is one the foundational documents on human rights, and therefore serves as a focal point for development strategy that seeks to improve the lives of communities. Article 25 of the UDHR states that “Everyone has 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.” This standard makes the world drug issue a relevant problem for all peoples and Member States.

Background

History

The international fight against illicit substances predates the UN itself, with the signing of the International Opium Convention at the Hague in 1912. The League of Nations continued this work through its Advisory Committee on the Traffic of Opium and Other Dangerous Drugs, which was responsible for creating the 1933 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs. These early frameworks for controlling the world drug problem set the precedent of seeking an absolute prohibition in narcotic trade, with exceptions for research and medical purposes when they were internationally sanctioned.

Commission of Narcotic Drugs

The CND is the primary drug policy-making body of the UN. The mandate of the CND is to “monitor the world drug situation, develop strategies on international drug control and

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57 Ibid.
59 Ibid.
61 League of Nations, Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, 1933.
recommends measures to combat the world drug problem, including through reducing demand for drugs, promoting alternative development initiatives, and adopting supply reduction measures. The CND passed several drug protocols in its infancy, including the 1953 Protocol for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium (Opium Protocol). The Opium Protocol was the first international document that mandated States Parties to establish dedicated drug agencies. The 1961 Single Convention on Narcotic Drugs (Single Convention) was created to both combine and supersede the existing UN drug control treaties that preceded it. In 1968 the International Narcotics Control Board was founded in accordance with the Single Convention as an expert body for monitoring and supporting Member States commitments to the convention.

The 1970s saw a new approach to illicit substance control, as the 1971 Convention on Psychotropic Substances began focusing on curbing the demand for drugs alongside reducing the illicit trafficking of such drugs. These conventions, as well as the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, form the modern framework for international drug control.

The CND was given the role of the newly established United Nations Office on Drugs and Crime (UNODC) in 1999. The UNODC focuses on illegal substance markets, working alongside Member States to reduce the demand for drugs, increase cooperation and capacity of police force operations related to substance control, and addressing organized crime. This is accomplished through voluntary field-based technical capacity building projects for Member States, research and analyses of drug related issues for the purposes of policymaking, and assisting Member States in ratifying treaties related to drugs and crime. The UNODC also runs scientifically based educational campaigns to encourage young people to avoid illicit substances, convince drug-dependent citizens to pursue rehabilitation, and persuade Member States to address illicit drug use as a health related issue instead of as a crime.

Principal Documents

The Political Declaration of 1998 was adopted by the UNGA in order to harmonize and coordinate the international fight against the world drug problem. The 2009 Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem identified future priorities for controlling illicit substances and establishing goals.

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72 Ibid.
73 Ibid.
for drug control programs. The World Health Organization (WHO) is actively involved in assisting Member States in the prevention and reduction of psychoactive substance use, and plays a pivotal role in recommending the regulation of such substances. The WHO Department of Mental Health and Substance Abuse was founded in 2000, reflecting the modern viewpoint of addressing illicit substance use as a mental health problem, instead of stigmatizing it solely as a crime.

Current Situation

The issue of the world drug problem is included in the Sustainable Development Goals (SDGs) in SDG 3, Target 5 which seeks to “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol” and uses the coverage of intervention, treatment, rehabilitation, and aftercare for substance use disorders in order to monitor global progress. Around 35 million people worldwide are drug dependent according to the UNODC’s World Drug Report 2019, and only 1 in 7 of these people will receive treatment for their addictions. UNGA Third Committee addresses the issue of the world drug problem in terms of social development, as it is related to the health and welfare of humankind. The Third Committee considered international drug control most recently during its 73rd session with UNGA Resolution 73/591. This report calls upon Member States to address the issue of illicit substance use through preventative measures, early interventions, rehabilitation, and social reintegration programs in order to minimize the adverse consequences of drug abuse within their populace. It also recommends measures to counter illicit manufacture and trafficking of narcotic drugs and psychotropic substances in order to reduce drug related crime and violence.

Rethinking Entrance Points

The UNODC sites border control as a priority in countering the world drug problem and promotes capacity building to enhance border management capabilities in strategic locations, facilitating cross-border coordination between security agencies, and improving the investigation capabilities of border personnel. The modern drug trade is a multifaceted issue, as many drug smugglers forgo crossing traditional borders in favor of more secure routes, including utilizing maritime containers, airplanes, and postal routes. The UNODC has established several partnerships and initiatives in order to address the modernization of the drug trade, such as the UNODC-WCO Global Container Control Program for monitoring shipping containers and AIRCOP for monitoring airport traffic.

Addressing Root Causes

75 Ibid.
81 Ibid.
82 Ibid.
According to the 2018 joint UNODC/WHO report *International Standards on Drug Use Prevention* some of the most significant causes of substance abuse include a lack of knowledge about the risks of drug use, genetic predisposition to addiction, the presence of mental health and behavior disorders, situations of neglect, and poor social attachment.\(^{86}\) The WHO has released several studies showing increased rates of substance abuse amongst vulnerable populations, including indigenous peoples, socially marginalized groups, and incarcerated populations.\(^{87}\) According to the UNODC *World Drug Report 2019*, chance of catching infectious diseases, such as HIV and Hepatitis C, are significantly higher among those who inject drugs in prison than among the general population of drug users.\(^{88}\)

**Barriers to Rehabilitation and Reintegration**

According to the joint UNODC/WHO report *Opioid overdose: preventing and reducing opioid overdose mortality*, one of the most effective strategies for addressing opioid dependence is providing treatment programs which provide opiate dependent people with drugs aimed at reducing opioid tolerances or blocking opioid receptors, such as methadone and buprenorphine.\(^{89}\) A study by the WHO revealed that out of 152 responding Member States, only 50% had methadone available for people dependent on opiates in addiction treatment clinics.\(^{90}\) In order to reduce drug related diseases and fatalities, some Member States have enacted outreach programs to provide sterile injecting equipment, overdose prevention information, testing and counseling for drug-use related diseases, and assistance in seeking drug abuse treatment programs.\(^{91}\)

**Future Outlook**

The increasing rate of drug use is driven by a series of complex social and economic factors, including poverty, limited opportunities in rural communities, political instability, limited rule of law, and improved strategies of organized crime groups.\(^{92}\) *The Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem* established 2019 as a target date for the completion of Member State’s commitments towards countering illicit substance trafficking and usage, meaning that the upcoming review of this declaration is pivotal moving forward in the fight against the world drug trade.\(^{93}\) The UN and the WHO released a joint statement calling for the review of punitive laws that have shown to have negative health outcomes, including drug use and the possession of drugs for personal use, in order to address the cycle of drug abuse.\(^{94}\)

**Focus Questions**

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92 United Nations System Coordination Task Team on the Implementation of the UN System Common Position on Drug-Related Matters, “What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters,” 2019.
• What can be done to address the underlying causes of the world drug problem?
• What are your country’s priorities regarding the world drug problem? Regional priorities?
• Is your country an origin, transit, or destination for trafficked drugs?
• To what extent is there a problem with drug manufacture, sale, or abuse in your country?
• Has your country improved in recent years in terms of drug-affected populations?
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