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World Health Organization

WORLD HEALTH ORGANIZATION

Dear delegates,

On behalf of the World Health Organization, it is my pleasure to welcome you to FOSCAMUN 2022. By simulating how the different UN bodies work, this project will help you develop various skills, such as diplomacy, critical thinking, teamwork and approaching social, economic and cultural issues in the international area.

My name is Matilde Cavalet and I am honored to be the President of the WHO, assisted by the other members of the Chair: Nicolas Raimundo, our Vice-President, and Filippo Favero, our Moderator.

The purpose of this guide is to introduce our committee, provide you with some sources to start your research and with information on this year's topic, in order to enable you to have a better understanding of it.

The topic that will be discussed during the sessions is the following:

Protecting transgender people's rights regarding access to healthcare, especially during the process of transition

Health is a precondition for sustainable development, and in fact the United Nations "call for the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health"[1] for everyone. I am certain that all the delegates will be fully involved in finding the best, innovative resolutions for this urgent issue, with the purpose of advocating for change and connecting countries to knowledge, experience and resources to ensure the respect of transgender people's essential rights and to help them build a better life, free from discrimination.

Since the current status of transgender people's access to healthcare is critical, the members of the chair expect you to work with the appropriate commitment, and will give you all the help needed for you to succeed in doing so. This background guide is just a starting point, indeed, you are expected to conduct additional research to be more informed on the topic and

[1] https://sustainabledevelopment.un.org/topics/health/decisions

on your delegation's position and desired actions. Please note that you have to work and propose resolutions in accordance with the position of the delegation you represent, not your personal view. Additionally, since this topic might be controversial in certain countries, please remember to be respectful towards all the delegations, in spite of their stance and policies on the issue.

The Chair wishes you the best of luck in doing your research and preparing for the debate. We hope this Model of the United Nations will be a valuable, rewarding and learning experience for everyone involved.

ABOUT THE WHO

History of the WHO:

The World Health Organization began to operate on 7 April 1948, when its Constitution came into force. The Agency was founded on two main principles in which it still believes today:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (Preamble to the WHO Constitution).

The WHO, from the beginning, worked with its member countries to support health research, address and identify public health issues. By 2003, it was organized into 141 country offices which reported to six regional offices. It had 192 member countries and employed about 8,000 doctors, scientists, epidemiologists, managers and administrators worldwide. Its Executive Board assumes a key responsibility addressing current health priorities through the preparation of draft resolutions that are presented to the WHA (World Health Assembly), which is the decision-making convention of WHO.

Current executive board:

The current executive board consists of:

- **Africa:** Botswana, Burkina Faso, Ghana, Guinea-Bissau, Kenya, Madagascar, Rwanda

- **Americas:** Argentina, Colombia, Grenada, Guyana, Paraguay, Peru
- **South-East Asia:** Bangladesh, India, Timor-Leste
- **Europe:** Austria, Belarus, Denmark, France, Russian Federation, Slovenia, Tajikistan, United Kingdom of Great Britain and Northern Ireland
- **Eastern Mediterranean:** Afghanistan, Oman, Syrian Arab Republic, Tunisia, United Arab Emirates
- **Western Pacific:** Japan, Malaysia, Republic of Korea, Singapore, Tonga

ABOUT THE TOPIC

Protecting transgender people's rights regarding access to healthcare, especially during the process of transition

We must start with a definition: "transgender" is an umbrella term that describes a diverse group of people whose "gender identity, internal sense of gender, gender expression or behavior[2] is different than that which they were assigned at birth"[3]. In fact, as sexes are assigned at birth before gender identity development, many individuals experience feelings of discordance between them.

Transgender people represent an underserved community that shares many of the same health needs as cisgender people, but is also in need of comprehensive and specialist health-care necessities, such as:

- gender-affirming hormone therapy
- genital reconstruction
- breast or chest surgery
- hysterectomy
- facial reconstruction
- other gender-affirming surgical treatments
- treatment for HIV (greater risk for transgender people, generally)[4]
- voice and communication therapy
- reproductive care
- gynecologic and urologic care

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[2] https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/whoeurope-brief-transgender-health-in-the-context-of-icd-11

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953767/

[4] US National Transgender Discrimination Survey Report on Health and Health Care (NTDS)

- mental health services (e.g., assessment, counseling, psychotherapy)[5]

Evidence suggests that transgender people often experience a disproportionately high burden of disease in the fields of sexual, reproductive and mental health. With regard to the latter, the higher rates of complications (compared to those of cisgender people) are generally caused by stigma, discrimination, transphobia and the resulting abuse and trauma. The stigma attached to gender nonconformity in many societies around the world can lead to prejudice and discrimination, resulting in "minority stress", which can make individuals more vulnerable to developing mental health concerns such as anxiety and depression - these symptoms are socially induced and are not inherent to being transgender (Institute of Medicine, 2011).

This marginalized community faces multiple barriers to receiving health maintenance and specialized care. Many transgender individuals undergo some form of transition to the gender that matches their gender identity[6]. The term "transition" indicates the delicate "process of shifting toward a gender role different from that assigned at birth"[7], which can include social transition (for example new names or pronouns) and medical transition. With regard to the latter, it is this committee's concern to make it as simple and safe as possible.

Generally, the transgender community has not been well understood by medical and mental health specialists. In countries where being transgender or gender diverse is criminalised, health professionals can feel empowered to supress or punish their diversity, subjecting the patients to forced medical examinations and involuntary treatment, as well as coercive and inhumane practices, such as forced psychiatric evaluations, surgery, sterilization and other coercive medical procedures. Even in countries where nonconforming gender identities are not criminalized, these people are still often discriminated against (for example by being misdiagnosed by medical professionals), which discourages them from requesting health services or completing their treatment.[8] Thus, both contexts have major negative consequences on transgender persons' access to healthcare services and on the quality of the services provided.

The preamble of the 1946 World Health Organization Constitution[9] states that health is "a

[5] https://psycnet.apa.org/record/2012-23760-002
[6] https://www.liebertpub.com/doi/10.1089/jwh.2018.6945
[7] https://www.apa.org/monitor/2018/09/ce-corner-glossary
[8] https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25128&LangID=E
[9] https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf

state of complete physical, mental and social well-being", defines the right to health as "the enjoyment of the highest attainable standard of health" and establishes that this is a "fundamental, inalienable human right that governments cannot abridge".

The 25th article of the United Nations' 1948 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." But, while the 2nd article of the aforementioned Declaration explicitly makes no distinction "of any kind such as race, colour, sex or any other status", transgender individuals face unique challenges in accessing quality medical assistance because of combined layers of stigma associated with transgender identity. In fact, a study conducted in Ontario, Canada (it is important to note that this is an industrialized country), found that in 2013, 29% of transgender individuals who needed emergency services were unable to access them[10]. Indeed, additionally to a major need for healthcare because of the aforementioned reasons, transgender people experience numerous obstacles to medical assistance.[11]

Individual-level barriers include:

- transphobia and lack of social support which translate in isolation, mistrust in relation to health care providers, services, and institutions;
- costs, especially since transgender individuals experience high unemployment rates;
- use of drugs/alcohol to cope with transphobia, which can cause even more complications if combined with medication.

Interpersonal-level barriers include:

- lack of provider competency (transgender-specific knowledge/skills);
- shortage of providers and specialists who focus on, or are comfortable with, providing care for transgender individuals;
- harassment, assault, direct refusal to provide services, other forms of discrimination from the provider.

Organizational-level barriers include:

- medical paperwork that is not inclusive;
- transgender-specific facilities being located in areas that are hard to reach, unsafe, lack privacy (which violates the right to health since "All services, goods and facilities must be available, accessible, acceptable and of good quality"[12]);

[10] https://www.ohtn.on.ca/rapid-response-barriers-to-accessing-health-care-among-transgender-individuals/
[11] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6663089/
[12] https://www.ohchr.org/documents/publications/factsheet31.pdf

- lack of programs and services tailored to the needs of transgender people.

Societal/institutional-level barriers include:

- absence of trans-specific training in many medical, nursing, and paramedical school curricula;
- patients must meet the criteria for "gender dysphoria" to access the services.

Thus, it is a priority for the UN and specifically the World Health Organization to protect and ensure the essential right to healthcare. States have an obligation to prohibit and eliminate discrimination on all grounds and ensure equality to all in relation to access to healthcare and the underlying determinants of health.

The United Nations recognize that "health is a precondition for, an outcome and indicator [...] of sustainable development". Therefore, ensuring that transgender people have an equal access to healthcare to that of cisgender people is fundmental for the achievement of the UN's Sustainable Development Goals.

Additionally, the Sectretary General, in 2010, stated that "As men and women of conscience, we reject discrimination in general, and in particular discrimination based on [...] gender identity [...] where there is a tension between cultural attitudes and universal human rights, rights must carry the day."[13]

Since the late XX Century, discussion of the human rights (including the one to health) of LGBTQIA+ people has been expressed through treaty bodies, rapporteurs, and independent experts within the United Nations. Specifically with regard to transgender people, on the 25th of May 2019, the update to the International Classification of Diseases (ICD-11) has reclassified gender identity disorder, or identifying as transgender, not a "mental disorder".[14] Being transsexual, transgender, or gender-nonconforming is a matter of diversity, not pathology[15].

UN RESPONSE:

The United Nations express their concern for transgender individuals' access to healthcare since it is hindered by transphobia, criminalisation of gender identity or gender expression, negation, and pathologization of gender identity, which all have a major harmful impact on

[13] Secretary-General's remarks at events on ending violence and criminal sanctions based on sexual orientation and gender identity [as delivered], 2010

[14] https://news.un.org/en/story/2019/05/1039531

[15] https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?_t=1613669341

health practices and policies on an international level. Millions of transgender people encounter challenges or exclusion while seeking medical services or exercising their right to health around the world, contributing to and aggravating health disparities. On a legal and policy level, positive and inclusive action must be taken in full acknowledgement and appreciation of a different community.

USEFUL QUESTIONS:

- Is being transgender criminalized in your delegation's country?
- What does your government's law state about the right to healthcare? Is the access equal for all the citizens?
- Have your country's leaders ever discussed transphobia (specifically in the context of healthcare)? Does your country have any law to counteract it?
- What are the barriers to transgender people's access to healthcare in your country? Has your country enacted any program to fight them?
- How do these obstacles affect the transgender community of your country?
- Does your country have available and accessible transgender-inclusive health institutions?
- Is transgender-specific training included in your country's medical curricula?
- Does your country have any program to provide transgender-specific mental health services?

SOURCES:

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