



# SIMUN X

*St. Ignatius Model United Nations*

*Tenth Annual Conference*

# African Union

**November 5, 2011**

**St. Ignatius College Prep | Chicago, IL**

# The African Union



**Chair: Michael Parilla**

**Vice Chair: Casey Valentine**

## Welcome To the African Union

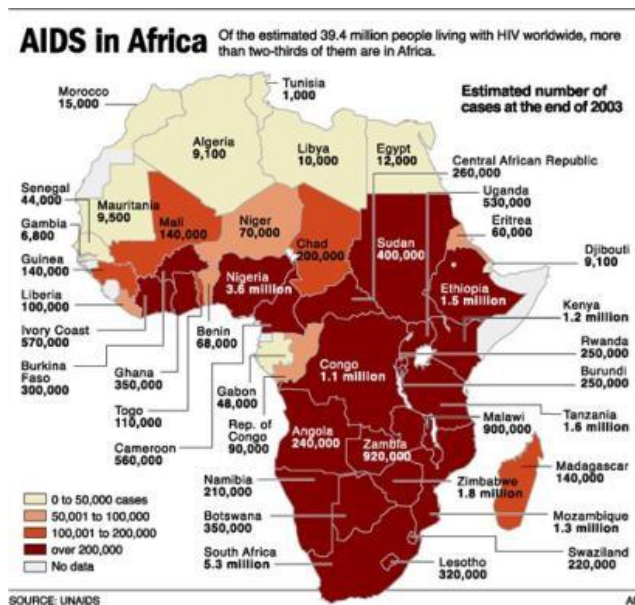
Hello delegates! My name is Mike Parilla, and I will be your Chair this year for the African Union. This is my third year in Model UN, and my first time ever working a committee in conference. I have been to numerous conferences, such as NAIMUN, SILTMUN, CIMUN, SIMUN, and NUMUN. For returning veterans to Model United Nations, welcome back. For all of you new delegates, I hope that this conference will help guide you along your careers as MUNers. If you are unsure about anything pertaining to MUN, feel free to ask either myself or the DIAS . We will be glad to help anyone who is unsure or confused about protocol or procedure within committee. If you have any problems or questions before this conference, feel free to email me at [michael.parilla@students.ignatius.org](mailto:michael.parilla@students.ignatius.org). I'll see you all later at SIMUN! 😊

Welcome delegates to SIMUN X! My name is Casey Valentine and I will be your Vice-Chair. I'm a sophomore at St. Ignatius and this is my second year in model UN. I participated in several conferences last year and I'm very excited to be part of the staff for this conference. Outside of MUN, I enjoy playing the piano, saxophone, ukulele, and Quidditch. SIMUN was my first MUN conference last year and I hope to make it as fun and helpful an experience as it was for me. See you in November!





## Topic 1: AIDS In Africa



In Africa, approximately 25 million individuals are infected with HIV/AIDS. In 2005, over 2.3 million people died from HIV/AIDS in Sub-Saharan Africa. That's one person dying every 13.6 seconds, and over 6,000 people dying daily. The numbers needed to describe deaths and infections brought by AIDS in Africa are too large for us to understand. As members of the Assembly of the African Union and the Pan-African Parliament this issue has been brought before you, the delegates, to craft and assemble legislation to adequately address this pertinent problem.

While the spread of HIV/AIDS in Africa is a continual problem, there have been recent developments in finding a solution. Up until the early 1990's, medical treatment for AIDS/HIV annually cost around \$12,000, which was difficult for most African countries where the average income is well below \$1000 annually, making adequate treatment far out of reach for the average person. As pharmaceutical companies refused to lower prices, activist groups rose throughout Africa in protest to the prices. In 1997, South Africa passed laws allowing the government to override drug patents and manufacture and sell their own domestic versions of the same product. Soon other countries in Africa and throughout the world, such as Brazil, Thailand, Indonesia, and India, began passing similar laws to bring the prices down even further. With continuous action from African countries together, and countries abroad, the price for annual treatment for HIV/AIDS victims was drastically lowered to only \$400.

Although great steps have been taking forward in confronting the spread of HIV/AIDS in Africa, it still is a serious threat. Recently, the World Health Organization has released reports declaring HIV/AIDS the number one cause of death in Africa. More than 20.6% of all deaths in Africa are HIV/AIDS related.

Currently there are over 28 HIV/AIDS clinics in Africa. Countries that are utilizing international organizations, (AIDS Healthcare Foundation, Worldwide Orphans Foundation, and the UN's World Health Organization) such as Ethiopia, Kenya, Rwanda, South Africa, Swaziland, Uganda, and Zambia. Currently, the largest facility in for treatment in Africa is in Uganda, which has over 13 facilities, which are treating over 32,000 patients. With more funding and more interest pushing for HIV/AIDS awareness and treatment, Africa is on its way to addressing this disease.

## Topic 2: Child Soldiers

The use of child soldiers has been a long and extremely controversial practice among many different countries of the world. UNICEF defines a child soldier as “any child- boy or girl- under eighteen years of age, who is part of any kind of regular or irregular armed force or armed group in any capacity.” There are currently approximately 300,000 children under 18 serving in the armed forces worldwide. Thousands of children, both girls and boys, have volunteered or been forced to serve in various military groups as combat soldiers, spies, messengers, lookouts, or sex slaves. They serve in both governmental and non-governmental military forces in over 50 countries. The short-term and long-term effects of having children in war are harmful to the development and well-being of many war-torn countries.

Child soldiers as young as seven or eight years old have played a large role in many major world conflicts for years. Military leaders use them because they are loyal, obedient, willing to take risks, and do not require as much payment or food as adult soldiers. Some children join voluntarily to escape problems at home or to seek revenge for the murder of a friend or family member. Others join because they lack work or education opportunities, and joining the military seems like the best alternative. Often, children are abducted and forced to become soldiers. Although children have been used as soldiers and spies for many years, their numbers have increased in recent years as weapons have become lighter and easier to handle and operate. While almost every nation uses or has used child soldiers in the past, the problem is particularly prevalent in Africa, which is the home of almost half of all child soldiers in the world. Many child soldiers end up fighting in the front lines of battle, where they are forced to kill enemy soldiers- several of whom are children themselves. Other child soldiers are forced to commit terrible war crimes against enemies or prisoners of war that adult soldiers would hesitate to do. Many child soldiers are drugged by their commanders to make them more obedient to orders and easier to manipulate. In addition, many young female soldiers become victims of sexual abuse by their male comrades.

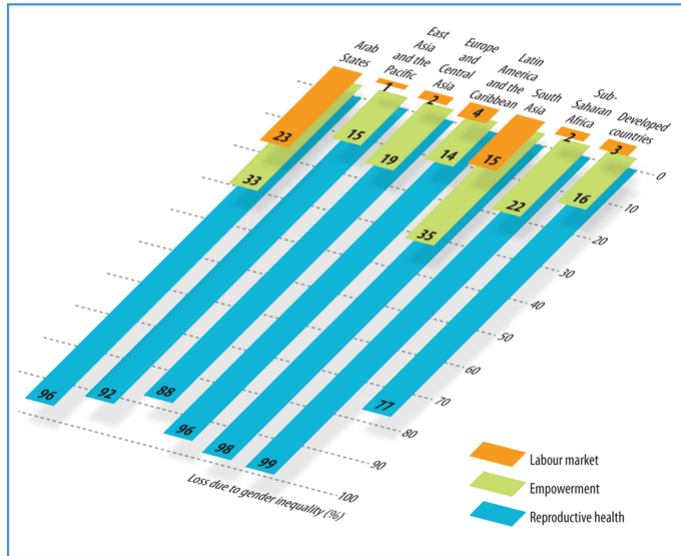
Having children and adolescents fighting in war has negative effects on both the individual soldiers and society as a whole. Many child soldiers return from war permanently physically or psychologically scarred. Experiencing the horrors of combat at an early age is harmful to any child’s development. Former child soldiers’ lack of education and healthy upbringing can prevent them from becoming productive members of society as adults, which leads to a decreasing workforce and altogether lower standard of living. In 1989, the UN created the Convention on the Rights of the Child which, among other things, condemned the use of children as soldiers in war. The Convention was ratified by every member of the UN except for Somalia and the United States. In 2000, the Optional Protocol on the Involvement of Children in Armed Conflict was adopted. It forbids governments from forcing children under 18 to join the military, and urges nations to keep volunteer soldiers under 18 out of the front lines of battle. Currently, 139 nations are party to the Optional Protocol on the Involvement of Children in Armed Conflict.

## Topic 3: Women And Gender Development

FIGURE 5.5

Reproductive health is the largest contributor to gender inequality

Loss due to gender inequality, by region



Source: HDRO calculations using data from the HDRO database.

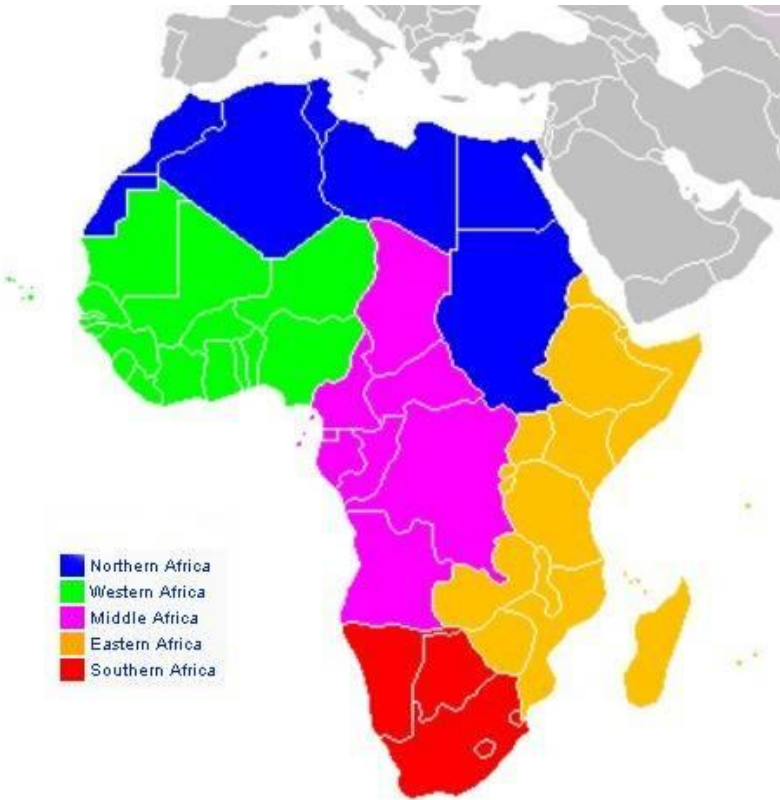
In 2005, the World Health Organization (WHO) found that in Africa, 50% of women in Tanzania and 71% of women in Ethiopia reported beatings or other forms of violence from their significant partners. In South Africa, Amnesty International reports that one woman is beaten to death by her boyfriend or husband every six hours. In Sub-Saharan Africa, over 61% of the female population is illiterate, and out of the 39% that is literate, only 23% of them receive a secondary level of education.

These statistics and numbers show the level of inequality for women that are occurring now in Africa.

According to the United Nations Development Programme (UNDP) there are five indicators that lead to Gender Inequality. The five indicators are: maternal mortality, adolescent fertility, parliamentary representation, Educational attainment (secondary or higher), and labor force participation. Currently, the UNDP gave Sub-Saharan Africa a Gender Inequality Index of 0.735, which groups it in the lower end of all developed nations in the world. In order to fully and adequately meet the problem of gender inequality, you the delegates, must address all of the indicators that lead to inequality. Since the founding of the Millennium Development Goals (MDG's), bodies of the UN, such as the UNDP, have been working tirelessly to tackle troubles addressed in the MDG's, such as Women Inequality. Since the early 1990's, the UNDP has made efforts across the world, from Europe to Southeastern Asia, in confronting this ongoing problem.

Currently, more progress has been made, specifically in Liberia. In March of 2011, over 1.7 million women completed registration to vote in the next upcoming election. This is a huge step forward in the indicator of parliamentary representation.

## Bloc Positions:



**Northern African States:** With the recent revolutions occurring in Libya and Egypt, the Northern States of Africa are more concerned with their own domestic problems, both economically and politically. The governments feel their priority should be in protecting themselves and their power instead of worrying about any problems pertaining to equality, health, or the ethics of war.

**Western African States:** With stabilized economies and a new vigor for change, this region is more open to social and cultural changes, such as women suffrage and open peace movements. With some money at hand, Western African States would be uncertainly willing to help fund other peace and aid organizations to help assist and aid other African Nations.

**Middle African States:** These states are in a most dire position. With its people highly susceptible to various diseases, and high levels of illiteracy and poverty, these states will be actively involved in discussion on HIV/AIDS and will be fervently involved in finding some kind of solution and aid from wherever it can be found.

**Eastern African States:** Plagued with political corruption, religious tensions, and unchecked with military coup d'états, this region of Africa is very violent and unstable. While countries such as Kenya and Tanzania have enjoyed relative peace, they still have dealt with various religious, political, and military conflicts. Even though this region is unstable militarily, options for peace amidst this warring region could be compromised for future stability and growth. Although concerned more so domestically, this region would be willing to negotiate with other nations in addressing UN issues as long as they are compensated for their efforts.

**Southern African States:** Although it has a somewhat growing economy, this region is also plagued with widespread poverty, unconstrained corruption, and HIV/AIDS. While faced with similar problems as the Middle African States, due to corruption and a larger importance on their economy, these states would be more unwilling to accept aid or actively participate in issues pertaining to the UN if they do not benefit economically.

## **Questions to Guide Debate:**

- What are some effective ways to encourage nations to ratify the optional protocol if they have not already done so?
- What are some ways to actively engage countries on addressing topics that aren't directly affecting them? How should/can you go about involving them?
- How can the UN enforce international laws?
- What programs can be used to help reintegrate former child soldiers into society?
- How can the UN prevent war-torn countries from using child soldiers when some of their armies depend on them?