



UN Commission on the Status of Women (CSW)

MUNUC 34



TABLE OF CONTENTS

CHAIR LETTER.....	3
HISTORY OF COMMITTEE.....	7
TOPIC A: MATERNAL MORTALITY.....	9
Statement of the Problem.....	9
History of the Problem.....	20
Past Actions.....	28
Possible Solutions.....	38
Bloc Positions.....	45
Glossary.....	52
Bibliography.....	54
TOPIC B: FEMALE TRAFFICKING.....	59
Statement of the Problem.....	59
History of the Problem.....	71
Past Actions.....	80
Possible Solutions.....	91
Bloc Positions.....	100
Glossary.....	107
Bibliography.....	109

CHAIR LETTER

Dear Delegates,

It is my pleasure to welcome you to MUNUC 34 and the United Nations Commission on the Status of Women. My name is Hannah Maidman, and I will be your Committee Chair along with Kallie Hoffman. I am so excited for this year's conference, and I look forward to meeting all of you and seeing you create innovative resolutions and foster diplomatic debate.

Here's a little bit about me: I'm a second year in the college, planning on majoring in Business Economics with a minor in Spanish. On campus, I'm extremely involved in MUN and am a member of UChicago's traveling MUN team and ChoMUN - UChicago's college MUN conference. Last year at MUNUC 33, I served as the moderator in the United Nations Environment Programme (UNEP). Outside of MUN, I work for The Center for Robust Decision Making on Climate and Energy Policy at UChicago and conduct research at UChicago's Law School. I am also the Vice President of Fellowship for Alpha Phi Omega, a co-ed community service fraternity, and play the alto saxophone in UChicago's Jazz X-Tet. I also enjoy running, reading, and hanging out with my dogs and friends.

I truly hope you are as interested and thrilled as we are about this committee and topics: Maternal Mortality and Female Trafficking. Both these topics cover issues that are extremely harmful for women, and it is important that we do not forget that these are very real and ongoing problems in the world. Which is why, we hope that you treat these issues with the utmost respect and seriousness they deserve. In regards to Maternal Mortality, I encourage you to address these problems in a diverse way, by creating comprehensive solutions that deal with global healthcare disparities and also developing strategies and initiatives that increase access to high quality management, treatment, and success during *and* after childbirth. With the issue of Female Trafficking, there is no "one size fits all" for female trafficking cases and the same goes for solving this issue. We encourage you to address this multifaceted issue through long-term and short-term initiatives and strategies. Trafficking and exploitation continues to occur, so it is imperative that prevention and intervention occur globally to better help vulnerable populations.

In all, I hope that you find this committee enjoyable and learn as much as possible. Kallie and I hope to make this traditional ECOSOC committee engaging, educational, inclusive, but also upbeat and fun. We want to hear from everyone, regardless of your MUN experience, and meet as many of you as possible in-person. Again, I am beyond excited to meet you all, so please feel free to reach out to me about anything - questions about background guides, MUNUC in general, the University of Chicago, or if you want to just talk.

With my very best regards,

Hannah Maidman– hannahmaidman@uchicago.edu

Dear Delegates,

It is my pleasure to welcome you to MUNUC 34 and the United Nations Committee on the Status of Women. My name is Kallie Hoffman and I will be serving you as your committee chair, along with Hannah Maidman. I look forward to meeting all of you and working alongside you to produce the best possible resolutions and diplomatic debate.

I am a second year undergraduate student at the University of Chicago currently undecided but considering majoring in Law, Letters, and Society with a minor in History. I plan to pursue either a career in law or education, but I am also incredibly passionate about International Relations and Public Policy. Last year at MUNUC 33 I served on the The Commission on Crime Prevention and Criminal Justice (CCPCJ) and at ChoMUN, I served on the WaPo! Committee which dealt with the response of the Washington Post after the release of the Pentagon Papers. In addition, I am also in the Model United Nations sector myself, having competed at both Harvard and Georgetown University. Aside from Model UN, I am a member of the varsity women's lacrosse team at UChicago, a member of the Alpha Omicron Pi (AOII) sorority, an executive board member of Women in Business, and a major foodie :) -- @chicagofoodss

I wholeheartedly hope you all are as interested and thrilled as I am about this committee and

Topics: Maternal Mortality and Female Trafficking. We cannot forget that these are very real and ongoing issues in the world. Furthermore, we should treat these issues with the utmost respect and seriousness that they deserve. With the issue of Maternal Mortality, I aim for you to familiarize yourselves with the history of the problem, as well as past and current solutions, so you can arrive at the conference well equipped to collaborate with other delegates and work towards implementing global change. In regards to Female Trafficking, I encourage you to look at the issue from a human rights perspective and to become well versed on the extent of the problem. Although you may have seen news on human trafficking in current events, I wish for you to explore these issues through the lens of human rights and ask what we owe to each other as human beings. The message I want you all to take away from this committee is that human rights should not be politicised, as they are universal. Human rights do not belong to a certain country or group, and specifically, women as a

population need and deserve our time, energy, and resources to receive better opportunities and an overall higher quality of life.

Over the next few months, I hope you acquaint yourselves with these topics and absorb as much information as possible. Feel free to reach out to me if you have any questions regarding these background guides, MUNUC in general, or the University of Chicago.

Looking forward to seeing you!

Best regards,

Kallie Hoffman– kalliehoffman@uchicago.edu

HISTORY OF THE COMMITTEE

The United Nations Commission on the Status of Women (CSW) was created by the UN General Assembly on June 21, 1946 by the ECOSOC resolution 11(II).¹ CSW is known as a functional commission of the Economic and Social Council (ECOSOC), and serves as the “principal global intergovernmental body exclusively dedicated to the promotion of gender equality and the empowerment of women.”² CSW is crucial promoting women’s rights, shaping the global standard on gender equality, empowering women, and documenting the experiences of women all around the world.³ The Commission on the Status of Women first met at Lake Success, New York, in February of 1947, which occurred closely after the founding of the United Nations.⁴ All 15 government representatives were women and, from its inception, the CSW has been supported by the Division for the Advancement of Women (DAW) in the UN Secretariat and it has created close relationships with non-governmental organizations.⁵

The United Nations Commission on the Status of Women is composed of 45 Member States of the United Nations, with each Member State having one representative.⁶ CSW membership is elected by ECOSOC on the basis of equitable geographical distribution.⁷ Members come from around the world as follows: 13 members from Africa, 11 members from Asia, 9 members from Latin America and Caribbean, 8 members from Western Europe and other States, and 4 members from Eastern Europe.⁸ From 1947 to 1962, the Commission focused on setting standards and creating international conventions that change discriminatory legislation and foster global awareness surrounding women’s issues.⁹ CSW contributed to the drafting of the Universal Declaration of

¹ “Commission on the Status of Women,” UN Women, accessed August 15, 2021, <https://www.unwomen.org/en/csw>.

² Ibid.

³ Ibid.

⁴ “A Brief History of the Commission on the Status of Women (CSW),” UN Women, accessed August 15, 2021, <https://www.unwomen.org/en/csw/brief-history>.

⁵ Ibid.

⁶ “Member States: Commission on the Status of Women,” UN Women, accessed August 15, 2021, <https://www.unwomen.org/en/csw/member-states>.

⁷ Ibid.

⁸ Ibid.

⁹ “A Brief History of the Commission on the Status of Women (CSW),” UN Women, accessed August 15, 2021, <https://www.unwomen.org/en/csw/brief-history>.

Human Rights, and successfully argued against references to “men” as a synonym for humanity.¹⁰ CSW also succeeded in introducing new, more inclusive language in this Declaration.¹¹ In all, since its inception, CSW has worked to further the advancement of women around the world. The United Nations Commission on the Status of Women brings together members from diverse backgrounds and cultures, where representatives discuss the progress and gaps being implemented within the 1995 Beijing Declaration and Platform for Action. Further actions to accelerate the progress and promotion of exercising women’s rights in political, economic, and social fields are also discussed in full detail, too. Overall, the fundamental purpose of this body is to promote and empower women and their rights.

¹⁰ Ibid.

¹¹ Ibid.

TOPIC A: MATERNAL MORTALITY

Statement of the Problem

When discussing maternal mortality, many truly believe that this is a rare issue most present in extremely rural or underdeveloped parts of the world. However, the harsh reality is that maternal mortality is prevalent everywhere; no country—developed, developing and underdeveloped—is immune to maternal mortality. According to the Centers for Disease Control and Prevention (CDC), **maternal mortality** or a pregnancy-related death is defined as “the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy”.¹² Overall, maternal mortality refers to the complications from childbirth or pregnancy resulting in death.

Typically, most complications are from severe bleeding, infections, and drug overdose. For many pregnant women, the risk of preeclampsia and eclampsia is a serious issue, and sometimes fatal, if not treated in enough time. **Pre-eclampsia** is “persistent high blood pressure that develops during pregnancy or the postpartum period, and is often associated with high levels of protein in the urine or the new development of decreased blood platelets, trouble with the kidneys or liver, fluid in the lungs, or signs of brain trouble such as seizures and/or visual disturbances”.¹³ **Eclampsia** is “a severe complication of preeclampsia and, while it is a rare condition, it is extremely serious. It occurs when high blood pressure results in seizures during pregnancy”.¹⁴ These seizures can cause episodes of staring, decreased alertness, and convulsions (violent shaking).¹⁵ Eclampsia affects about 1 in every 200 women with preeclampsia.¹⁶ Access to contraceptives and safe abortion services can also help increase the quality post-abortion care for women, avoiding maternal deaths.

¹² “Preventing Pregnancy-Related Deaths,” Centers for Disease Control and Prevention, September 4, 2019, <https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html>.

¹³ “Preeclampsia - What Is Preeclampsia,” Preeclampsia Foundation - Helping Save Mothers and Babies from Illness and Death Due to Preeclampsia, Accessed June 26, 2021. <https://www.preeclampsia.org/what-is-preeclampsia>.

¹⁴ Macon, Brindles Lee, “Eclampsia: Causes, Symptoms, and Diagnosis,” Healthline Media, September 12, 2018. <https://www.healthline.com/health/eclampsia>.

¹⁵ Ibid.

¹⁶ Ibid.

While these complications are preventable and treatable, given the inequality gaps of access to quality healthcare, it makes it extremely difficult for all women to receive adequate treatment/care/medical attention. In 2017, approximately 295,000 women in the world died during and following pregnancy and childbirth.¹⁷ 94% of these deaths occurred in low-resource settings, and could have been prevented with access to medical care.¹⁸ Which is why, it is important to discuss the intersection between maternal deaths and healthcare access.

Maternal mortality is not only an issue affected by geographical location, but also race. According to UNICEF, maternal mortality rates are two to four times higher among African-American women than among white women.¹⁹ Moreover, in terms of geography, Sub-Saharan Africa and South Asia, the top two countries facing the highest amount of maternal mortality, account for 87% maternal deaths.²⁰ The sub-Saharan Africa region contains the highest maternal mortality ratio of 68% of all maternal deaths worldwide, while South Asia follows behind with a maternal mortality ratio of 19%.²¹

Maternal mortality ratio (MMR) is a ratio calculated “by dividing the number of maternal deaths per 100,000 live births”.²² According to the United Nations (UN), “globally, the maternal death ratio has declined by 35% from 2000 to 2017.”²³ In regards to Southern Asia there has been the greatest overall reduction in MMR - a decline of nearly 60%.²⁴ While in sub-Saharan Africa, MMR has decreased to nearly 40% since 2000.²⁵ Overall, the MMR in less-developed or underdeveloped countries has declined by 50%.²⁶ Yet, while these statistics illustrate improvement, approximately

¹⁷ “Maternal Mortality,” World Health Organization, Accessed June 26, 2021. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

¹⁸ Ibid.

¹⁹ Mukhtar, Zoreed, “Maternal Mortality: A Bigger Problem than You May Think,” American Medical Student Association (AMSA), December 4, 2019. <https://www.amsa.org/2019/12/03/maternal-mortality-a-bigger-problem-than-you-may-think/>.

²⁰ Ibid.

²¹ Ibid.

²² “Maternal Mortality,” World Health Organization, Accessed June 26, 2021. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

²³ Mukhtar, Zoreed, “Maternal Mortality: A Bigger Problem than You May Think,” American Medical Student Association (AMSA), December 4, 2019. <https://www.amsa.org/2019/12/03/maternal-mortality-a-bigger-problem-than-you-may-think/>.

²⁴ “Maternal Mortality,” World Health Organization, Accessed June 26, 2021. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

²⁵ Ibid.

²⁶ Ibid.

808 women die each day from preventable causes due pregnancy and childbirth;²⁷ For every woman that dies, approximately 20 to 30 women suffer infections, disabilities, or injuries due to pregnancy and/or childbirth.²⁸

The infections and symptoms these women are experiencing can be completely treatable, but several factors such as limited access to healthcare, widespread poverty, and racism are preventing women from receiving or finding care during their pregnancy and/or childbirth.²⁹

Where are maternal deaths occurring?

The high number of maternal deaths throughout the world reflect the inequalities among the world in terms of access to quality health services and money. Maternal Mortality sheds light to the prevalent class gap between the rich and poor. In 2017, the MMR, based on the average income of citizens, for low-income countries was 462 per 100,000 live births, or 0.462%, while in high-income countries, the MMR was 11 per 100,000 live births, or 0.011%.³⁰

The **Fragile States Index**, which is produced by The Fund for Peace, is an important tool used to highlight the normal pressures that all states experience, but also identify when those pressures are pushing a state towards the brink of failure.³¹ Overall, it is “an assessment of 178 countries based on 12 cohesion, economic, social and political indicators, resulting in a score that indicates their susceptibility to instability.”³² According to the 2017 Fragile States Index, 15 countries were considered to be on “very high alert” or “high alert” of being a fragile state.³³ The 15 states recognized by the Fragile States Index were: South Sudan, Somalia, Central African Republic,

²⁷ “Maternal Health,” United Nations Population Fund, Accessed June 27, 2021. <https://www.unfpa.org/maternal-health>.

²⁸ Ibid.

²⁹ Mukhtar, Zoreed, “Maternal Mortality: A Bigger Problem than You May Think,” American Medical Student Association (AMSA), December 4, 2019. <https://www.amsa.org/2019/12/03/maternal-mortality-a-bigger-problem-than-you-may-think/>.

³⁰ “Maternal Mortality,” World Health Organization, Accessed June 26, 2021. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

³¹ Fiertz, Natalie, Nate Haken, Patricia Taft, Emily Sample, Wendy Wilson, Sarah Cockey, Daniel Woodburn, et al. “Fragile States Index 2021 – Annual Report,” Fragile States Index. Accessed June 26, 2021. <https://fragilestatesindex.org/2021/05/20/fragile-states-index-2021-annual-report/>.

³² “Maternal Mortality,” World Health Organization, Accessed June 26, 2021. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

³³ Ibid.

Yemen, Sudan, the Democratic Republic of the Congo, Chad, Afghanistan, Iraq, Haiti, Guinea, Zimbabwe, Nigeria and Ethiopia.³⁴ And “these countries had MMRs ranging from 31 (Syria) to 1150 (South Sudan) in 2017”.³⁵

However, the high mortality rates are not just increasing in these countries. Despite spending more money per capita on maternal health than any other country in the world, the United States ranks 55th in maternal deaths.³⁶ It is the only industrialized nation with a consistently rising maternal death rate, while disparities go rampant.³⁷ Although there are groups and nonprofit organizations throughout the U.S. lending a hand in investing and amplifying maternal care models and ensuring equal health protection and rights, the U.S. is having a maternal health crisis. Today, a woman in the U.S. is more likely to die from complications of pregnancy and childbirth than their mother was generations ago.³⁸ Moreover, Indigenous and Black women are 2-3 times more likely to die from complications of pregnancy and childbirth than a white women in the United States.³⁹

Death from pregnancy and childbirth is “highest for adolescent girls under the age of 15 years old”.⁴⁰ Moreover, complications in pregnancy and childbirth are higher for adolescent girls ranging from the “ages of 10-19 compared to women aged 20-24.”⁴¹ In underdeveloped countries, women on average have more pregnancies compared to women in developed countries, increasing the lifetime risk of death due to pregnancy”. A **woman’s lifetime risk of maternal death** is the probability that a 15-year-old woman will eventually die of a maternal cause.⁴² In countries with high income, this probability is 1 in 5,4000 while in low-income countries it is 1 in 45.

³⁴ Ibid.

³⁵ Ibid.

³⁶ “The United States: Every Mother Counts (EMC): Improving Maternal Health,” Every Mother Counts (EMC) | Improving Maternal Health, June 22, 2021. <https://everymothercounts.org/unitedstates/>.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ “Maternal Mortality,” World Health Organization, Accessed June 26, 2021. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

⁴¹ Ibid.

⁴² Ibid.

Why are women dying after pregnancy and childbirth?

As aforementioned, maternal mortality occurs due to complications during and following pregnancy and childbirth. Usually, these complications are during the pregnancy and are preventable, if not treatable. However, there are other complications that exist before pregnancy, and worsen during pregnancy if not managed properly. More than 1 out of 5 maternal deaths are due to hemorrhaging (bleeding).⁴³ The major complications that account for nearly 75% of all maternal deaths are:⁴⁴

- Severe bleeding (usually bleeding that occurs after childbirth)
- Infections (usually after childbirth)
- High blood pressure during pregnancy (pre-eclampsia and eclampsia)
- Complications from delivery
- Unsafe abortion⁴⁵

There are also other complications caused by infections such as malaria, chronic related conditions like cardiac diseases and diabetes.⁴⁶

How can we save mothers and reduce mortality?

Women need access to quality healthcare before, during, and after a pregnancy as both maternal and newborn health are closely related. It is crucial that there is a highly trained professional present during childbirth as experience, time management, and treatment can result in a difference between life or death for the mother and their baby. According to the World Health Organization (WHO), severe bleeding that occurs after birth can kill a healthy woman within a matter of minutes if she is

⁴³ "Maternal Health," PAHO/WHO | Pan American Health Organization, Accessed June 26, 2021. <https://www.paho.org/en/topics/maternal-health>.

⁴⁴ "Maternal Mortality," World Health Organization, Accessed June 26, 2021. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

⁴⁵ Ibid

⁴⁶ Ibid.

not attended to.⁴⁷ Injecting “oxytocics immediately after childbirth effectively reduces the risk of bleeding”.⁴⁸ In the case of infection, “infections after childbirth can be easily eliminated if good hygiene is practiced and if the infection is recognized and treated early on and in a timely manner”.⁴⁹ Lastly, “pre-eclampsia should be detected and appropriately managed before the onset of convulsions (eclampsia) and other life-threatening complications. By administering drugs such as magnesium sulfate for pre-eclampsia, this can lower a woman’s risk of developing eclampsia”.⁵⁰ These drugs are especially ideal and suitable for low income countries as they are safe, inexpensive, and easily accessible.

In regards to unwanted pregnancy, research shows that it is imperative that women, including adolescents, have access to contraceptives, safe abortion services protected under law, and post-abortion care in order avoid maternal deaths.

Why are women not being cared for?

Unequal access to healthcare is the main reason why women are not getting cared for and why maternal mortality is still prevalent today. Women in poor and rural areas are the least likely to receive adequate healthcare, especially in regions with low numbers of skilled healthcare workers, like sub-Saharan Africa and South Asia.⁵¹ In the highest income and upper middle-income countries, more than 90% of all births benefit from the presence of a trained midwife, doctor or nurse.⁵² However, in low-income and lower-middle-income countries fewer than half of all births are assisted with skilled health personnel present. The main factors that prevent women from seeking care during pregnancy and childbirth are:⁵³

- “Poverty;

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

- Distance to facilities;
- Lack of information;
- Inadequate and poor quality services;
- Cultural beliefs and practices” such as the preference for traditional birth attendants, the influence of traditional or spiritual healers, and deeply entrenched cultural values such as early marriages and lack of family planning.⁵⁴

In order to improve maternal health, decrease maternal mortality, and ensure mother’s safety, the barriers that hinder the access to safe health services must be addressed and identified on a social and medical level.

Current Situation

The rate of maternal mortality is decreasing globally, yet still thousands of women are dying every day. As a result, countries all over the world and the United Nations are stepping in and trying to improve this issue on a national, political and societal level.

Currently in the United States there is a bill called the Reach Every Mother and Child Act (S.1776,H.R.4022), on the House and Senate floor.⁵⁵ The bill was brought forth “by Susan Collins (R-ME) in the Senate and by Dave Reichert (R-WA) in the house”.⁵⁶ “It is co-sponsored by 15 Democrats and 14 Republicans in the Senate, as well as 143 Democrats and 69 Republicans in the House.”⁵⁷ This bi-partisan legislation, the **Reach Every Mother and Child Act**, is focused on “implementing policies and providing foreign assistance to end preventable newborn, child, and maternal deaths globally.”⁵⁸

⁵⁴ Sonia Omer et al., “The Influence of Social and Cultural Practices on Maternal Mortality: A Qualitative Study from South Punjab, Pakistan,” *Reproductive Health* (BioMed Central, May 18, 2021), <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01151-6>.

⁵⁵ Mukhtar, Zoreed, “Maternal Mortality: A Bigger Problem than You May Think,” *American Medical Student Association (AMSA)*, December 4, 2019. <https://www.amsa.org/2019/12/03/maternal-mortality-a-bigger-problem-than-you-may-think/>.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid.

The bill would commit the U.S. government to scaling, organizing, and correlating healthcare solutions such as routine immunizations, checkups, and breastfeeding.⁵⁹ Maternal mortality not only impacts a woman's life, but also their child and their chance of survival. Breastfeeding is crucial for newborns, so by improving breastfeeding practices more than 800,000 child lives globally could be saved.⁶⁰ In all, “the Reach Every Mother and Child Act would result in a coordinated US government strategy, establish conscientious, diligent reporting requirements, and guarantee that the U.S. Agency for International Development designs the most highly effective programs.”⁶¹

In the context of the United Nations, the Sustainable Development Goals (SDG) were adopted by all UN Member States in 2015.⁶² They are “a set of goals that serve as a blueprint to achieve a better and more sustainable future for all.”⁶³ SDGs are “a call to action by all countries – both developing and developed – to partner together to achieve peace and prosperity for people and the planet.”⁶⁴ In terms of SDGs and maternal mortality, countries around the world have banded together behind a new target that would accelerate the decline of maternal mortality by 2030.⁶⁵ SDG 3 targets include “reducing the global MMR to less than 70 per 100 000 births, with no country having a maternal mortality rate of more than twice the global average”.⁶⁶ Nonprofit Organizations (NGOs) and, particularly the Latin American Center for Perinatology / Women's Health and Reproductive Health (CLAP/WR) of the Pan American Health Organization (PAHO) have also jumped on SDG 3 in combating maternal mortality.

Lastly, the World Health Organization (WHO) has also made improving maternal health one of their current priorities. The WHO continues to “contribute to the reduction of maternal mortality by increasing research evidence, providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States in developing and implementing effective policy and programs.”⁶⁷ The WHO is also continuing to work with Member

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² UN Sustainable Development Goals. <https://sdgs.un.org/goals>

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

States and partners in supporting countries that have signed on to the Ending Preventable Maternal Mortality Strategy, which was discussed in Geneva at the World Health Organization meeting in 2015.⁶⁸ The Ending Preventable Maternal Mortality Strategy addresses, ensures and strengths:

- Inequalities in access to and quality of reproductive, maternal, and newborn health care services;
- Universal health coverage for comprehensive reproductive, maternal, and newborn health care;
- All causes of maternal mortality, reproductive and maternal morbidities, and related disabilities;
- Health systems to collect high quality data in order to respond to the needs and priorities of women and girls; and
- Accountability in order to improve quality of care and equity.⁶⁹

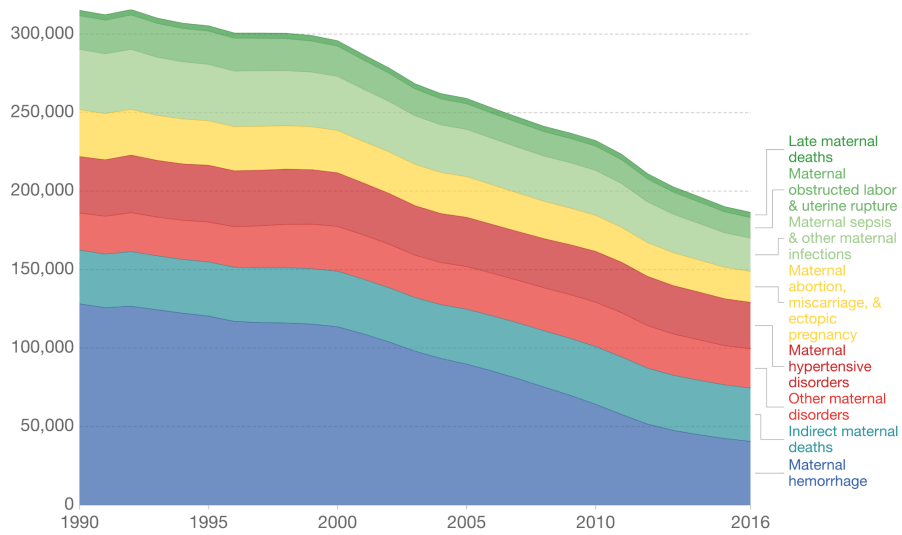
In all, maternal mortality is a salient issue that needs to be addressed and reduced. While global agencies and the United Nations have drafted guidelines and have conducted research into reducing maternal mortality, it is critical that women and children all around the world, despite geographical location, race and socioeconomic status are not left behind.

⁶⁸ Ibid.

⁶⁹ Ibid.

Maternal deaths by cause, World, 1990 to 2016

Our World in Data



Source: Institute for Health Metrics & Evaluation (IHME)

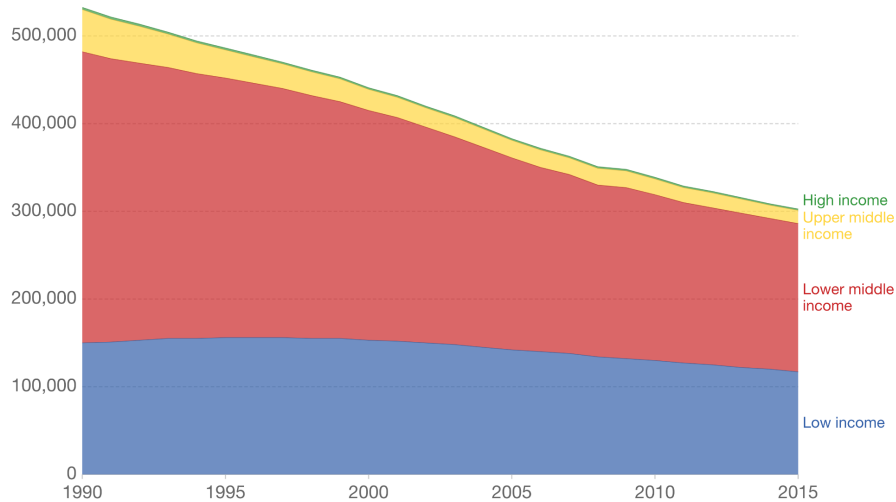
CC BY 70

Image 1. Medical Factors Resulting in Maternal Mortality

Maternal deaths by income group, 1990 to 2015

Our World in Data

A maternal death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.



Source: World Bank

OurWorldInData.org/maternal-mortality • CC BY 71

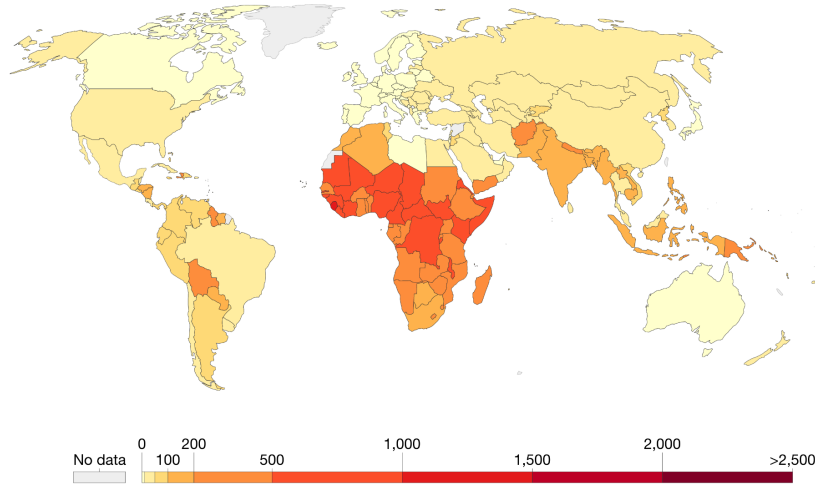
Image 2. Maternal Deaths by Income, 1990 to 2015

⁷⁰ Roser, Max, and Hannah Ritchie, "Maternal Mortality," Our World in Data, November 12, 2013. <https://ourworldindata.org/maternal-mortality>.

⁷¹ Ibid.

Maternal mortality ratio

The number of women who die from pregnancy-related causes per 100,000 live births.



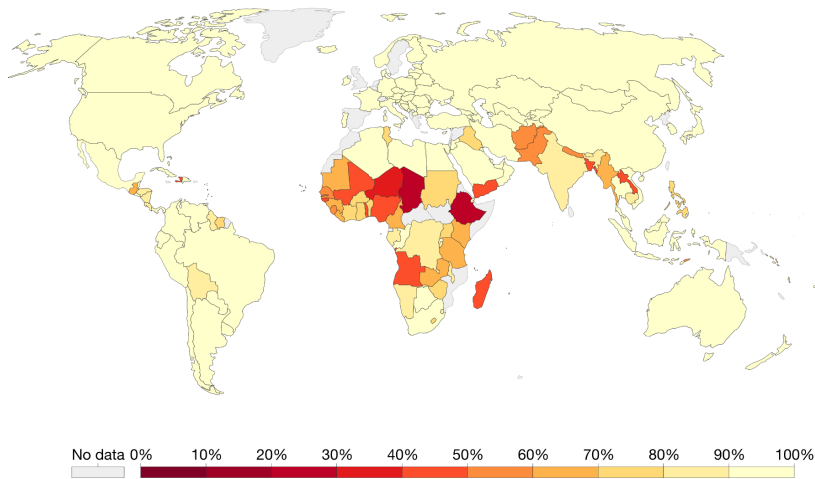
Source: World Health Organization (WHO) / UNICEF OurWorldInData.org/maternal-mortality/ • CC BY
 Note: A maternal death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy. Included are deaths from any cause related to or aggravated by the pregnancy but not from accidental or incidental causes.

72

Image 3. Maternal Mortality Ratio

Share of births attended by skilled health staff

The share of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labor, and the postpartum period; to conduct deliveries on their own; and to care for newborns.



Source: UNICEF

OurWorldInData.org/maternal-mortality/ • CC BY 73

Image 4. Births Where Skilled Health Staff Were Located

⁷² Ibid.

⁷³ Ibid.

History of the Problem

For most of history, pregnancy, and childbirth have been dangerous for both the mother and the child, and the long-term trend suggests that every 100th to 200th birth led to the death of the woman. Society is no stranger to the crippling effects of maternal mortality and while improvements in healthcare, sanitation, nutrition, and hygiene have developed over time, women all around the world are still commonly dying from pregnancy-related causes.

Up until the twentieth century, there were four main reasons why so many women died during childbirth and shortly after:

1. Maternal Care

Historically, giving birth was a home-centered rite of passage, often overseen by a midwife⁷⁴. Midwives would advise on prenatal care and nutrition and prepare the woman for the role of motherhood, yet these individuals did not receive any training and were not under governmental regulation. They lacked a foundational understanding of the birthing process, and their intervention typically caused more problems than it was their job to solve.

In addition, there was little access to prenatal care, and many cultures even adopted unsafe and unhealthy practices such as fasting diets and bloodletting⁷⁵. It was believed that these tendencies would result in smaller children and easier births, but at the end of the day, it left the women extremely weak leading up to the time of labor. Then, if the labor turned out to be a long event, where the woman was under extreme stress, she did not have the strength or medicine to recover if she experienced any complications, severe exhaustion, infection, or blood loss.

2. Childbed Fever

If a woman was fortunate enough to survive labor, she would sometimes be struck down a few days later with extreme stomach pain, fever, and weakness, a condition that progressed very quickly

⁷⁴ Dip, Sam McCulloch, "Why So Many Women Used To Die During Childbirth," BellyBelly, February 17, 2021. <https://www.bellybelly.com.au/birth/why-women-used-to-die-during-childbirth/>.

⁷⁵ Ibid.

referred to as childbed fever⁷⁶. There were many theories as to why the condition arose, with people claiming the problem was brought about by the bad air, cold temperature, poor ventilation, etc., yet the cause was not nearly as important as the disastrous outcome: the biggest cause of mortality amongst childbearing women around the world for many generations⁷⁷.

It was soon discovered in 1847 by Hungarian doctor Ignaz Semmelweis that when doctors performed autopsies and then forgot to wash their hands or clean their equipment before delivering a child, they were transferring some of the chemicals and germs from the rotting corpses to the mothers, which went on to cause infection⁷⁸.

3. *Obstructed Labor*

During the seventeenth century, there was a large-scale migration from the country to the city, which caused an increase in the amount of time that people spent indoors. Due to the lack of sunlight that people were receiving, women suffered from vitamin D deficiency and deformities in the pelvic areas crucial in the childbearing process⁷⁹. In an attempt to better protect the women struggling with these issues and to provide greater ease and access for the doctors, women were often advised to spend entire days leading up to their labor lying down, and they were instructed only to eat and drink minimal amounts⁸⁰, proving unhealthy for not only the pregnant individual, but the growing life inside her body as well.

Then, prior to the invention of forceps, the tools and procedures implemented to get the child out of the women would be considered barbaric if put under modern day scrutiny. Midwives would sometimes crack the baby's skull, gadgets would pull the babies out in parts, the pelvic bones of the women would be broken, and more⁸¹. C-sections were rarely performed, and if women survived the birth, they would likely die of blood loss or infection shortly afterward.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ Ibid.

4. *Postpartum Haemorrhage (PPH)*

Feared by midwives and doctors alike, excessive bleeding after childbirth was one of the leading causes of maternal death. Women would successfully give birth to healthy children, but sadly died of massive bleeding and shock in the hours that followed. People tried to stop the bleeding with methods including but not limited to linen rags, heated compresses, herbal tonics, etc. Yet, little could be done to minimize the problem once the blood heavily started to flow⁸².

One of the most famous examples of this atrocity is the 1817 incident, where Princess Charlotte of Wales died of Postpartum Haemorrhage after over 50 hours of extensive labor⁸³. The public outcry after this tragedy is exactly what society needed to motivate extensive movements calling for better treatment of women before, during, and after childbirth.

Society has come a long way from the days where every woman needed to rightfully fear for her life during childbirth; but yet in 2015 the World Health Organization estimated that more than 300,000 women died from pregnancy-related causes that year. However, the rates of maternal mortality that allow for approximately $\frac{2}{3}$ of the 300,000 deaths to occur in sub-saharan Africa and $\frac{1}{4}$ to occur in South Asia stem from deeper-rooted historical issues related to lack of resources and widespread poverty.⁸⁴

Geography and Maternal Mortality

For reference, the five countries with the highest number of maternal deaths are Nigeria, India, Democratic Republic of Congo, Ethiopia, and Pakistan.

Sub-Saharan Africa

The underdevelopment of Sub-Saharan Africa goes back to even prior to the age of slavery and colonialism, yet these time periods only exacerbated many of the issues that the region was already

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Roser, Max, and Hannah Ritchie, "Maternal Mortality," Our World in Data, November 12, 2013. <https://ourworldindata.org/maternal-mortality>.

facing. This then made it that much more difficult for nations to achieve economic, social, and political growth. Despite large amounts of arable land throughout the territory, the land is subject to tribal ownership and very few individuals have personal land for use. Corruption in the government, both at the local and national levels, is prominent, and the lack of safe drinking water and a consistent food supply has caused enormous cases of disease and impoverishment. Other problems such as poor infrastructure and ongoing war conflicts contribute to the poverty in this region, and when individuals come from low-income areas, they are less likely to be able to afford high quality health-care for their women and have access to experienced, well-trained doctors.

Of course, the chances that a woman dies from pregnancy is not only dependent on the risk per pregnancy, but also the number of pregnancies she has⁸⁵. In a low-income region such as Sub-Saharan Africa, women have more children to have a greater chance that some of them will survive past their early years and to receive better financial support, so the maternal mortality rates tend to be higher.

Western and Central Europe

The European region is home to some of the healthiest and wealthiest countries in the world, and due to the influx of adequate maternal care, safe deliveries, good nutrition, and proper hygiene and sanitation, the rates of maternal deaths have decreased significantly over time. However, as especially seen through the medieval period, childbirth during the middle ages was a dangerous time for women. And the horror did not discriminate as young mothers, older mothers, rich mothers, poor mothers, all could die during childbirth or due to postpartum complications.

During the Tudor medieval period, there were no available pregnancy tests or routine trips to the doctor, so many women did not even realize that they were with child until months into their pregnancy. Also, women often lacked a regular menstrual cycle due to several factors including illness, poor diet, and excessive fasting⁸⁶. Women were therefore severely weakened throughout the entire period leading up to the actual birthing event, and since birth was predominantly seen as a

⁸⁵ Ibid.

⁸⁶ Ridgway, Claire, "Childbirth in Medieval and Tudor Times by Sarah Bryson," The Tudor Society, July 16, 2018. <https://www.tudorsociety.com/childbirth-in-medieval-and-tudor-times-by-sarah-bryson/>.

“women’s” problem, so male physicians and doctors only intervened under the most extreme circumstances. And due to the devout religious nature of many of the European nations at the time, there was a widespread belief that reliance on faith and prayer was the only action a women needed to have a healthy and easy birth⁸⁷. Childbirth during this period was a very dangerous time for women, although it was simply just expected of them to bear children as their “primary responsibility” as a wife. But despite the dangers many women faced, these individuals gave birth multiple times and had large families with enough healthy children that could grow into the next generation and see the advances in healthcare and hygiene.

In time, individuals learned of the immense danger associated with childbirth, and they dedicated the time, energy, and money to improve the conditions for women. In more recent years, the European Union has seen a massive decline in maternal mortality rates, as there was increased scientific understanding of the cause of maternal mortality and the adoption of practices catered to protecting the woman at all stages of her pregnancy. Family planning and sexual and reproductive health services became more common, which allowed maternal mortality to be reduced by half in this region,⁸⁸ yet every day, thousands of women still die needlessly giving birth. Women who are poor, young, migrants, refugees and those living in remote rural areas do not still have sufficient access to much-needed reproductive health⁸⁹, and despite the progress Europe has made in regards to maternal health. Overall, there is still more to be done to promote equality and reduce the number of lives lost.

South Asia

The South Asian region experiences many of the same problems as in Sub-Saharan Africa, and the main causes of maternal mortality are haemorrhage, obstructed labor, and a relatively high burden of infectious diseases⁹⁰. Although large scale food shortages⁹⁰ are not as common as in Africa, the

⁸⁷ Ibid.

⁸⁸ “Maternal Mortality Halved in Eastern Europe and Central Asia, but Too Many Women Still Die Giving Life,” United Nations Population Fund, November 12, 2009. <https://www.unfpa.org/press/maternal-mortality-halved-eastern-europe-and-central-asia-too-many-women-still-die-giving-life>.

⁸⁹ Ibid.

⁹⁰ Bhutta, Zulfiqar A, Indu Gupta, Harendra de'Silva, Dharma Manandhar, Shally Awasthi, S M Moazzem Hossain, and M A Salam, “Maternal and Child Health: Is South Asia Ready for Change?” The BMJ, British Medical Journal Publishing Group, April 1, 2004. <https://www.bmj.com/content/328/7443/816>.

South Asian rates of maternal malnutrition are some of the highest in the world. Maternal malnutrition refers to when a woman is undernourished and is often associated with fetal malnutrition and low birth weight, in addition to further contributing to a large number of dangerous diseases and illnesses for the pregnant woman.

When the immune system of a woman is already stressed due to the growing life inside of her body, she is at greater risk for contracting the burden of diseases such as diphtheria, whooping cough, polio, Haemophilus influenzae type B, Streptococcus pneumoniae, and hepatitis B virus⁹¹. Many South Asian countries struggle to deliver vaccines for these diseases at an efficient rate, and so the widespread nature of these diseases reflects the poor state of basic public health services. Not only is there poor access to clean water and hygiene, but many of the nations in this region suffer from extreme overcrowding, leading to high rates of pollution and poor infrastructure. Substantial efforts have been made to re-focus resources to low-income areas and to invest in primary care strategies, yet these basic socio economic issues still persist. There are also many underlying determinants that have existed for generations that serve as major barriers to improvement by constantly putting women in positions of lower authority and power -- female illiteracy, poverty, and lack of female empowerment. When women are unable to gain status in society and are left without a voice, they are then unable to judge for themselves and make educated decisions on whether or not the care they are receiving is adequate or not⁹².

Latin America

Latin America is abundant with natural resources, arable land, and vibrant culture, yet the region remains much poorer than its neighbors to the North. There are four main reasons as to why experts believe that Latin America is underdeveloped, contributing to high rates of maternal mortality throughout the region:

⁹¹ Ibid.

⁹² Ibid.

1. Geography - over 70% of the region is located in the tropics, which makes the area more susceptible to diseases such as malaria, yellow fever, dengue, and cholera⁹³;
2. Civil law - after independence, Latin America adopted civil law as opposed to common law, which did not allow judges to have an active role in the government and/or decision making⁹⁴;
3. Large scale agricultural plantations - in the North, countries had mixed farming and smaller units, which was more conducive to democratic institutions, yet most Latin American nations implemented large plantations, limiting economic growth and development;
4. Cultural fragmentation - dating back to the colonial periods (still less important than in Sub-Saharan Africa), the large differences in beliefs, practices, and values has limited the region and held it back from experiencing economic industrialization.

There have been many economic success stories in Latin America, such as when Argentina had one of the highest per capita incomes in the world at the end of the 19th century⁹⁵, but unfortunately, this growth could not be sustained. And, over time, Latin America has struggled to grow and keep up with the Asian or European nations. The region is in desperate need of changes, for if they cannot properly address the concerns regarding poverty, insufficient institutions and regulations, and a weak financial market⁹⁶, there will never be enough money or resources to support women in the crucial periods of pregnancy and childbirth. Healthcare and nutrition are essential in combating the pervasive nature of maternal mortality, and it has been demonstrated that there is a strong correlation between countries with a higher income and a decreased maternal mortality rate.

Regardless of the region in which a woman lives, she is often prevented/obstructed from receiving appropriate maternal care due to a delay in seeking care, a delay in reaching care, and a delay in receiving adequate and appropriate care. The global trend is that as especially seen in the twentieth

⁹³ "Missed Opportunities: The Economic History of Latin America," International Monetary Fund (IMF), October 5, 2017. <https://www.imf.org/en/News/Articles/2017/10/05/NA100517-Missed-Opportunities-The-Economic-History-of-Latin-America>.

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ Ibid.

century, the death rate for women giving birth plummeted, and there were widespread efforts to support education and training for midwives, increase access to emergency services in health care networks, and to provide essential drugs and family planning options to pregnant women.

However, despite the preventative methods and increased treatment for pregnant women, maternal mortality is still a major issue plaguing regions around the world, and the trends are often reflective of a much-larger developmental barrier. According to the 2010 United Nations Population Fund report, “developing nations account for ninety-nine percent of maternal deaths with the majority of those deaths occurring in Sub-Saharan Africa and Southern Asia, and high and middle income countries typically experience lower maternal deaths than low income nations”.⁹⁷ All nations are receiving better medical technologies and increased access to healthcare, but how quickly? And to what extent? Nations and regions that have been systematically tossed to the side throughout history and plagued with underdevelopment suffer the greatest burden of maternal mortality. Progress has been made in all regions of the world, but it is imperative that the committee addresses each nation’s access to healthcare infrastructure, medical and healthcare personnel, technologies⁹⁸, and more, to better understand how the pervasive issue of maternal mortality can be improved.

⁹⁷ Ibid.

⁹⁸ Ibid.

Past Actions

The scale of maternal mortality reflects a widespread situation of inequality and discrimination suffered by women around the world perpetuated by the unfair laws and policies of governmental institutions in addition to outdated and sexist societal norms and expectations. According to the Second Article of the Universal Declaration of Human Rights, “Everyone is entitled to all the rights and freedoms... without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”⁹⁹ In the case of women, to guarantee that their basic rights as humans are upheld, it is necessary for governments to refrain from implementing any discriminatory practices, to take proactive measures to guarantee equality for all individuals, and to be able to recognize when certain laws have become outdated.

It is often assumed that the obvious answer to reduce maternal mortality is to make all countries rich, as there is evidence that higher-income countries have lower rates of maternal mortality. However, this solution is not feasible, for there is extreme difficulty in making a poor country wealthy, and strong economic growth can be slow to sustain. While income matters, there is definitely more to the story and a large spread in rates of maternal mortality at all income levels. One opportunity to reduce maternal deaths is to learn from countries who have performed well. Identifying them is the first step and then adopting a similar approach is next.¹⁰⁰

- Low Income: Nepal, Rwanda, Ethiopia
- Middle Income: Egypt, Ukraine, Moldova and Tajikistan
- High Income: Poland, Belarus, Greece

Countries that are devoted to the reduction of maternal mortality have best been able to see results when they focus on 4 major factors: “(1) broad, free access to a strong healthcare system, (2) the professionalization and broad use of midwives/trained doctors, (3) gathering of health information

⁹⁹ “Universal Declaration of Human Rights.” United Nations. United Nations. Accessed June 26, 2021. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.

¹⁰⁰ Ritchie, Hannah. “Which Countries Are Exemplars in Preventing Maternal Deaths?” Our World In Data. Global Change Data Lab. Accessed June 26, 2021. <https://ourworldindata.org/hannahexemplar>.

and use of this information for policy making, and (4) targeted quality improvements to vulnerable populations.”¹⁰¹

For nations, there is evidence that the following specific interventions have proven successful and can potentially be applied in other places:

1. *Training birth attendants*

For many low-income nations, the birthing process is very sacred and intimate due to cultural beliefs, so it is often assisted by a birth attendant or midwife as opposed to a skilled doctor or nurse. Solutions in the past have attempted to shift away from this traditional setup and influence more people to go through labor with the help of someone who has received formal education in the management of pregnancy and childbirth.¹⁰² If this is not feasible in certain areas, the next best idea is implementing training programs to teach individuals how to recognize and respond to minor complications.

2. *Antenatal Care*

Antenatal care consists of a number of administrations administered to women during pregnancy. Many times this process fails for there is lack of communication between antenatal and delivery care and poor quality. To address these issues, nations with effective reductions in maternal mortality rates have increased the number of screening tests, immunizations, and treatment for women, and implemented better programs to protect infants such as antibiotic treatment for syphilis and immunization against tetanus.¹⁰³

3. *Community Mobilization*

A large reason why maternal mortality rates have been dropped is due to the effect of proper intervention. One specific study, conducted in Nepal, found that the lives of women, but also their

¹⁰¹ “Reducing Maternal Mortality in Developing Countries.” Give Well. The Clear Fund, 2009. <https://www.givewell.org/international/technical/programs/maternal-mortality>.

¹⁰² Ibid.

¹⁰³ Ibid.

infants, were drastically saved to the effect of facilitator-led women's groups.¹⁰⁴ In these sessions, women would meet periodically to discuss their pregnancies, treatment methods, appropriate medications to take, etc. Additionally, these were just an excellent opportunity to get women on their feet and out of the house and to empower them by being connected with other individuals in similar financial and social situations.

4. *Clean delivery kits*

According to the World Health Organization, 15% of maternal deaths are due to infection.¹⁰⁵ Countries have started programs that provide clean delivery kits to women in the hope to reduce infections. These kits include items such as soap for washing, clean razors and cord ties, plastic sheets for creating a clean delivery service, and a clear instruction sheet to direct mothers and their birth attendants on how to properly use all of the tools included¹⁰⁶. While these kits might not necessarily be the key to reducing maternal mortality, it teaches valuable hygiene lessons and allows people to start prioritizing their health on a daily basis.

If nations can adopt some of these measures, there is the potential to save millions of mothers in the years to come. These are basic past actions that nations have tried, but on top of that, it can be beneficial to explore two exemplary country examples:

Zambia: "pivotal in Zambia's progress was the prioritization of maternal health through the introduction of dedicated national programs including, but not limited to: a program to strengthen Emergency Obstetric and Neonatal Care; the introduction of in-depth reviews of the causes of maternal deaths in all districts; increased funding and specialized budgets for maternal healthcare and training of nurses and midwives; and the compulsory inclusion of maternal healthcare plans in every district."¹⁰⁷

Maldives: pivotal in Maldives' progress were the investments and policies geared towards maternal and child health. The number of nurses and midwives has rapidly increased, the health ministry

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Ritchie, "Preventing Maternal Deaths."

introduced an in-depth review document that assesses the specific cause of maternal deaths, and there is an increased emphasis on nutrition, for all pregnant women are now required to receive the appropriate medical supplementation at all antenatal appointments.¹⁰⁸

Application of International Human Rights Law to Maternal Mortality

“International law can be used as a tool to reduce maternal mortality, as many of the countries with the highest maternal mortality rates have ratified international treaties that provide a legal basis for the argument that there is a human right to survive pregnancy.”¹⁰⁹

The UN’S Right to Life

The United Nations recognizes that there is “an affirmative duty to protect women’s lives in pregnancy and childbirth. The Committee on the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) has recognized maternal mortality as a violation against a women’s right to life”.¹¹⁰ The International Covenant on Civil and Political Rights, Art. 6(1), states, “Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”¹¹¹ The Human Rights Committee “states that parties should take all possible measures to increase life expectancy, including increasing access to reproductive health services”.¹¹² Finally, the Convention on the Rights of the Child requires that parties ensure the survival and development of the child and states that parties should “take measures to reduce maternal morbidity and mortality in adolescent girls” due to early pregnancy and unsafe abortion.¹¹³

¹⁰⁸ Ibid.

¹⁰⁹ Burnett, Madison. “The Role of International Law in Reducing Maternal Mortality.” IMPOWR. American Bar Association. Accessed June 26, 2021. <https://www.robinskaplan.com/-/media/pdfs/the-role-of-international-law-in-reducing-maternal-mortality.pdf>.

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ Ibid.

The Right to Health

Article 16 of CEDAW specifically recognizes the right of women to determine the number and spacing of their children and the right to the information and means to do so.¹¹⁴ Additionally, Article 12 of the International Covenant on Economic, Social, and Cultural Rights protects the right to the highest attainable standard of physical and mental health, and includes a provision that parties take necessary steps to reduce the stillbirth rate and infant mortality rate and provide for healthy child development.¹¹⁵

The Right to Equality and Nondiscrimination

Article 12(2) of CEDAW explicitly prohibits discrimination against women in health care. CEDAW requires states to provide appropriate prenatal and obstetric care to women that should include free services where necessary and access to adequate nutrition during pregnancy and lactation.¹¹⁶ The CEDAW also acknowledges vulnerable populations, such as sex workers, the young, the poor, and women from marginalized communities, who require extra support and must be protected in terms of life, health, and nondiscrimination.

International Conferences / Meetings

First International Safe Motherhood Conference

In 1987, WHO, UNFPA, and the World Bank hosted a conference for the international community to bring together individuals in an attempt to find solutions to the high rates of maternal mortality. The conference opened up with a series of addresses by prominent leaders in the field, and it led to the launch of the safe motherhood initiative¹¹⁷. Also, it is widely credited with finally putting maternal health on the global agenda. Once the safe motherhood agenda was introduced, other organizations

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Ibid.

¹¹⁷ "Maternal Mortality: Looking Back and Moving Forward." World Health Organization. World Health Organization, February 10, 2017. https://www.who.int/reproductivehealth/topics/maternal_perinatal/maternal-mortality-looking-back/en/.

were inspired to jumpstart their own initiatives, bringing about the UNDP, UNICEF, IPPF, the Population Council, and Family Care International.¹¹⁸

Millennium Summit

At the Millennium Summit in September 2000, the then 189 members of the United Nations adopted the United Nations Millennium Declaration, where they focused on development and poverty eradication. In addressing these issues, eight developmental goals were established and 2/8 focused on reproductive and sexual health and rights¹¹⁹. The two main targets:

- a. To reduce the maternal mortality ratio by $\frac{3}{4}$ between 1990 and 2015;
- b. To achieve universal access to reproductive health by 2015:
 - i. Contraceptive prevalence rate,
 - ii. Adolescent birth rate,
 - iii. Antenatal care coverage,
 - iv. Unmet need for family planning.

Global Newborn Health Conference

This meeting celebrated the achievements of the millennium development goals that made efforts to address maternal mortality worldwide. This was the first time prominent leaders in the healthcare industry gathered in a major global meeting since the 1987 International Motherhood Conference. The innovating education in reproductive health team prepared a workshop that demonstrated how to “teach crucial lifesaving clinical procedures such as first-trimester abortion, post-abortion care,

¹¹⁸ Ibid.

¹¹⁹ “Reproductive Rights Are Human Rights.” Office of the High Commissioner. The Danish Institute for Human Rights, 2014. <https://www.ohchr.org/documents/publications/nhrihandbook.pdf>.

and early pregnancy loss management.”¹²⁰ Researchers, advocates, and healthcare providers presented panel sessions that discussed initiatives to address some of the most pressing needs in maternal and newborn health highlighting: the use of misoprostol to soften and dilate the cervix and to prevent stomach ulcers, the impact of family planning on maternal and newborn health, ways to strengthen midwifery and midwifery education, and innovative approaches to improved health systems¹²¹. Finally, the conference addressed the stigma toward women and offered ways to ensure healthy lives and promote well-being for all people regardless of gender.

Human Rights Council - Technical Guidance on Human Rights

At the Human Rights Council in 2012, The United Nations acknowledged that maternal mortality and morbidity reflect direct challenges to country development, so they issued a series of statements to issue a more integral response in the case of human rights atrocities towards women. For example, the adoption of legal barriers preventing women from accessing family planning services is a violence of their basic human right to freely decide the number and spacing/timing of their children, as well as a violation of the right to “be free from harmful practices and the right to make decisions concerning their reproduction.”¹²²

2021 HIMSS Global Maternal Health Tech Challenge

Innovative way to take advantage of the technological age to address a long-lasting issue

The Global Health Equity Network and Accelerated Health organizations partnered together to create a series of virtual competitions/conferences hosted around the globe, where individuals all meet and “compete” on who can come up with the best strategy that explores maternal health challenges and pose interesting new solutions to ameliorate the issues. This brought together innovators, patient advocates, governments, providers, and the overall community to crowdsource

¹²⁰ “Global Maternal Newborn Health Conference.” Innovation Education. Bixby Center for Global Reproductive Health, 2015. <https://www.innovating-education.org/2015/10/global-maternal-newborn-health-conference/>.

¹²¹ Ibid.

¹²² Office of the High Commissioner, “Reproductive Rights.”

solutions a the crisis¹²³ and serve as a vehicle to improve health and healthcare for women on the global scale.

Specific Organizations

World Health Organization

The World Health Organization, founded in 1948, is a United Nations agency dedicated to promoting health, keeping the world safe, and protecting the vulnerable. They lead global efforts to expand universal health coverage, and one of their main priorities is improving maternal health. They work to “contribute to the reduction of maternal mortality by increasing research evidence, providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States on developing and implementing effective policy and programmes.”¹²⁴

According to the World Health Organization, for places that experience high levels of maternal mortality and infection, it is imperative to confront the disparity in sexual and reproductive health services, and their accessibility and quality. The WHO recognizes that the following are essential interventions to improve maternal health: family planning, prevention and managements of STIs, management of unintended pregnancies, detection of domestic violence, management of pre-labor rupture of membranes, inductor of labor for prolonged pregnancies, prevention and management of postpartum hemorrhage, and appropriate postpartum care.¹²⁵

Finally, WHO issued a massive statement defined as the “Ending Preventable Maternal Mortality Strategy” in which they work with partners in low-income countries to address inequalities in access

¹²³ “Launching the 2021 HIMSS Global Maternal Health Tech Challenge.” HIMSS. Healthcare Information and Management Systems Society, October 14, 2020. <https://www.himss.org/news/launching-2021-himss-global-maternal-health-tech-challenge>.

¹²⁴ “Maternal Mortality.” World Health Organization. World Health Organization, September 19, 2019. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

¹²⁵ Office of the High Commissioner, “Reproductive Rights.”

to and quality of reproductive services and strengthen health systems to prioritize and respond to the needs of young girls and women.¹²⁶

United Nations Population Fund

The UNPF's mission is "to deliver a world where every pregnancy is wanted, every birth is safe and every young person's potential is fulfilled."¹²⁷ Its agenda is to "achieve universal access to sexual and reproductive health, secure reproductive rights, and reduce maternal mortality."¹²⁸ To achieve these plans, the UNFPA focuses on mainstreaming human rights in sexual and reproductive health programming services and collaborates with governments to improve their national protection systems that promote non-discrimination and address gender based violence.¹²⁹

The Committee on the Elimination of Discrimination Against Women

The Committee on the Elimination of Discrimination against Women (CEDAW) is "the body of independent experts that monitors implementation of the Convention on the Elimination of All Forms of Discrimination against Women."¹³⁰ The committee consists of 23 experts on women's rights from around the world, and they hold international events and forums to discuss the issue of maternal rights. One of their major initiatives is calling upon "states and parties to implement sexuality education programmes and has recommended the expansion of sexual and reproductive health programs as a necessary means for preventing high abortion and maternal mortality rates."¹³¹

Maternal Health Task Force

The maternal health task force is at the forefront of maternal mortality research by ensuring that health workers, policy makers, researchers and educators around the world have access to the most current and accurate data in the field. In order to reach sustainable development goal #3, which

¹²⁶ World Health Organization, "Maternal Mortality."

¹²⁷ Office of the High Commissioner, "Reproductive Rights."

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ "Committee on the Elimination of Discrimination Against Women." Office of the High Commissioner. United Nations. Accessed June 26, 2021. <https://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>.

¹³¹ Office of the High Commissioner, "Reproductive Rights."

strives to reduce the maternal mortality ratio to less than 70 per 100,000 births, it is necessary to invest heavily in research and prioritize the right methods and interventions. Some of their resources¹³²:

- The Maternal Health Buzz - bimonthly email newsletter that shares top 5 articles with the maternal health community
- MHTF resources - searchable collection of maternal health research, and a collection of toolkits, courses, and other resources for maternal health practitioners
- MHTF blog - space to highlight interesting work, maternal health visionaries, important events, and current debates in the field

Overall, the concept of maternal mortality is incompatible with human rights and the Universal Declaration of Human Rights (UDHR). Human rights violations against women and their health occur every second, no matter how much international humanitarian law tries to limit, prevent and prosecute them. There are on average about 250 babies born per minute, more than 130 million every year, so it is of the utmost importance that governments and international organizations find ways to better protect women throughout their pregnancy, during labor, and in the weeks/months that follow.

The conventions, declarations, non-governmental bodies, and past nation actions outlined above are remarkable and undoubtedly have made progress in reducing the maternal mortality ratios on a global scale, and the protection of women has definitely become one of the main priorities of politicians, leaders, and international legislators. There is no justification for a woman losing her life giving birth, yet there are certainly explanations. Once the causes are addressed, both at national and international levels, enormous strides and progress will be made in terms of improving the state of maternal health and well-being.

¹³² Maternal Health Task Force. Health Resources and Services Administration. Accessed June 26, 2021. <https://www.mhtf.org/about-mhtf/>.

Possible Solutions

The inclusion of women of girls is key in the process of coming up with strategies and solutions to mitigate and reduce maternal mortality. In order for there to be societal and medical change, women and girls need to be able to define and demand their needs. Thus, possible solutions and strategies must value women's and girls' contributions to society, their rights to healthy lives, as well as their right to make their own decisions. Consequently, plans must focus on eliminating inequalities in access to medical care, improving the quality of health care and assuring that there is a comprehensive counseling program by providers. This would allow women and girls to make decisions freely with full and informed choices and not coercion.¹³³

Taking a Rights-Based Approach to Women's Health

Women's sexual and reproductive rights are grounded in fundamental human rights, which are guaranteed and protected in regional, international, and domestic legal instruments.¹³⁴ But despite these protections, violations in women's reproductive and sexual health rights are still prevalent and widespread. Over a women's and girls' lifetime, they are vulnerable to direct, structural, and cultural violence. Direct violence is violence that is specifically targeted and directed at an individual based on gender identity or biological sex. Structural violence is existing inequalities in society based on gender; which consequently results in gender being a determinant for socioeconomic opportunities and prospects for men and women. Cultural violence is aspects of a culture that can be used to justify, condone and even legitimize direct or structural violence. These violences are subcategories underneath the general umbrella of human rights abuse. Some examples are female genital cutting, early and forced marriage, sexual and gender-based violence.¹³⁵ Moreover, these violations, as well as the way women and girls are typically perceived, usually as second class or lower status, have a direct health and maternal health impact.¹³⁶ This can be seen through increased risk of unwanted or

¹³³ Barnes, Sarah B., Geeta Lal, and Elizabeth Wang. "Six Steps Towards Ending Preventable Maternal Mortality," Wilson Center, Accessed July 7, 2021.

https://www.wilsoncenter.org/sites/default/files/media/documents/publication/six_steps_toward_ending_preventable_maternal_mortality_a_discussion_piece.pdf.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Ibid.

unintended pregnancies, abortions, increased incidences of fistulas, depressions, HIV/AIDS, and other sexually transmitted infections.¹³⁷

Social gender norms, the unequal power relationship between men and women, discriminatory social and cultural practices, and national law repress the autonomy of women of all ages and are responsible for most, if not all, of women's inequities.¹³⁸ Gender bias plays a role in the quality of healthcare that individuals receive, making it difficult for women to access sexual and reproductive health services.¹³⁹ Moreover, the position that society places them in often puts them at even more risk. Traditional responsibilities like cooking, agricultural work, sanitation, and water retrieval, place women at greater risk of morbidities.¹⁴⁰ Therefore, addressing health disparities, improving coverage and care standards and maximizing the use of physician-led teams is imperative in the reduction of maternal mortality rates.

According to the international human rights law, "women have a right to respectful maternity care, defined as "care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth.""¹⁴¹ Women, especially ethnic minorities and those considered in the lower socioeconomic status, are extremely vulnerable to disrespectful and abusive treatments during childbirth in facilities around the world.¹⁴²

Therefore, women must be able to exercise their right to choose how many children they want, when they want children, and whom they want to have children with. Delaying pregnancy and birth spacing, through techniques such as abstinence and contraceptives, have been proven strategies that significantly reduce the number of maternal deaths and risk of childbirth complications.¹⁴³ In fact, between 2017 and 2018, safe, modern contraceptive use prevented 20 million unsafe abortions and 137 thousand maternal deaths.¹⁴⁴ Therefore, ensuring that women have control surrounding

¹³⁷ Ibid.

¹³⁸ Ibid.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

¹⁴¹ Ibid.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

their decisions about their reproductive health and access to family planning is key to reducing and preventing maternal death. If all women and girls, who have no access to family planning, used contraceptives, about 29% of maternal deaths would be averted.¹⁴⁵

Improving Access to Healthcare

If the UN, different societies, and countries around the world want a reduction of maternal mortality, then there must be “high-functioning maternity care plans capable of recognizing and handling obstetrical emergencies. Promoting non-medical clinicians at the expense of highly functional trained teams is counterproductive.”¹⁴⁶ There must be patient-centered medical homes and team-based care models. This would provide women with access to licensed physicians (MD/DO) and “other health care personnel that can help manage the care of individual patients and the population through a multidisciplinary, collaborative health care approach.”¹⁴⁷ This can also help enhance communication and processes that empower non-physician staff in surrounding areas to effectively utilize the skills, training, and abilities of each team member to the extent of their professional capacity.¹⁴⁸ Countries can also look to the Strong Start for Mothers and Newborns Initiative, “a discontinued US federal program, which aimed to reduce preterm births and improve outcomes for newborns and pregnant women, as a basis to start from.”¹⁴⁹ Creating mobile clinics and partnering with nonprofit organizations like Women's Global Network for Reproductive Rights (WGNRR), Women Help Women, Women on Waves, and Every Mother Counts. These nonprofit organizations range in utility such as supporting women in the right to access safe, legal abortions, obtaining contraceptives, preventing unwanted pregnancies and unsafe abortions, and access to free healthcare services and sexual education with advocacy.¹⁵⁰

In order to improve coverage and care standards around the world, the barriers surrounding health care must fall down. “Patients with a usual source of care, which is fundamental among primary care

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ “Team-Based Care,” AAFP Home, Accessed July 7, 2021. <https://www.aafp.org/about/policies/all/team-based-care.html>.

¹⁴⁸ Ibid.

¹⁴⁹ “Strong Start for Mothers and Newborns Initiative: General Information: CMS Innovation Center.” Innovation Center. Accessed July 7, 2021. <https://innovation.cms.gov/innovation-models/strong-start>.

¹⁵⁰ “Who Are We?” Women on Waves, Accessed July 7, 2021. <https://www.womenonwaves.org/en/page/650/who-are-we>.

physicians, have fewer expensive emergency room visits and unnecessary procedures than those without it.”¹⁵¹ Primary care must be the baseline; countries must invest in quality-improvement initiatives such as the Alliance for Innovation on Maternal Health Program. Establishing a standardized system for evaluating hospital obstetric care can be extremely helpful, too. The stabilization of hospitals should focus “particularly among facilities that have higher risk-adjusted morbidity rates and also care for a disproportionate number of women of color.”¹⁵² Lastly, countries that promote accessible healthcare must increase their medical primary care reimbursement and expand postpartum coverage.¹⁵³ This will not only help women and girls have the opportunity for healthcare, but also a good life.

Lastly, addressing health disparities is crucial in reducing maternal mortality. Five million American women live in obstetric deserts.¹⁵⁴ However, this statistic is not only prevalent in the U.S. but also worldwide. The “majority of women facing pregnancy complications are women of color and diversity - a fact that stems from unequal access to healthcare, decades of structural, systemwide inequities, institutionalized racism, and unconscious bias of healthcare professionals.”¹⁵⁵ By increasing primary care access and supporting programs that discuss the social factors that severely impact individuals’ health and lives, health disparities can be addressed. Physicians need to be educated about implicit bias and strategies to support culturally appropriate, patient-centered care. This training is critical across the healthcare workforce as it sensitizes individuals to the role in which implicit bias plays in their interactions with patients.¹⁵⁶ There needs to be an increase in the number of diverse family medicine physicians who provide obstetric care in rural and underserved areas through the reduction of one's liability insurance premiums, in order to ensure that healthcare can not be denied based on racism; this can also be confronted by retaining primary care physicians

¹⁵¹ “AAFP Delivers Strong Advice to Reduce Maternal Morbidity,” AAFP Home, Accessed July 7, 2021. <https://www.aafp.org/news/government-medicine/20200420maternalrfi.html>.

¹⁵² Collier, Ai-Ris Y, and Rose L Molina. “Maternal Mortality in the United States: Updates on Trends, Causes, and Solutions,” NeoReviews, U.S. National Library of Medicine, October 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7377107/>.

¹⁵³ Ibid.

¹⁵⁴ “AAFP Delivers Strong Advice to Reduce Maternal Morbidity,” AAFP Home, Accessed July 7, 2021. <https://www.aafp.org/news/government-medicine/20200420maternalrfi.html>.

¹⁵⁵ Ibid.

¹⁵⁶ Collier, Ai-Ris Y, and Rose L Molina. “Maternal Mortality in the United States: Updates on Trends, Causes, and Solutions,” NeoReviews, U.S. National Library of Medicine, October 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7377107/>.

through loan repayment and other incentives.¹⁵⁷ These incentives can include enhancing the primary care workforce with initiatives that are free, or significantly reduced, health center graduate medical education programs.¹⁵⁸ In all, combating healthcare disparities can occur through educating, enhancing, retaining and increasing physicians and the primary care workforce.

Enhancing Education

Women-centered care prioritizes “women’s individual needs, encourages women to define those needs for themselves, and ensures women are valued decision-makers in their own care.”¹⁵⁹ When discussing this life cycle approach, healthcare services must adapt to women’s evolving health needs and address issues varying from vaccinations, puberty, pregnancy, and childbirth to non-communicable diseases, menopause, and old age.¹⁶⁰ While healthcare is extremely significant in reducing the rate of maternal mortality, education is an important factor to consider. The important life stages discussed are critical for adolescents and their health when it comes to preventing and reducing maternal mortality. Maternal mortality risk “is highest for adolescent girls under 15 years old;”¹⁶¹ moreover, complications in pregnancy and childbirth are a leading cause of death among adolescent girls in developing countries.¹⁶² Therefore, the earlier adolescents and young people receive comprehensive sexuality education and understand the risks associated with unprotected sex, the better prepared they will be to delay sex and pregnancy.

There are two education programs that are essential factors in reducing maternal mortality: comprehensive sexuality education (CSE) and non-communicable diseases (NCDs). These are emerging issues that need attention. Comprehensive sexuality education is an “a rights-based and gender-focused approach to sexuality education.”¹⁶³ This education can be utilized in and/or out of school. It includes scientifically accurate information surrounding topics such as human

¹⁵⁷ AAFP, “AAFP Delivers Strong Advice.”

¹⁵⁸ Ibid.

¹⁵⁹ Barnes, Sarah B., Geeta Lal, and Elizabeth Wang. “Six Steps Towards Ending Preventable Maternal Mortality,” Wilson Center, Accessed July 7, 2021.

https://www.wilsoncenter.org/sites/default/files/media/documents/publication/six_steps_toward_ending_preventable_maternal_mortality_a_discussion_piece.pdf.

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ Ibid.

development, anatomy, reproductive health, contraception, childbirth, and sexually transmitted infections (STIs).¹⁶⁴ CSE can help young adolescents explore and nurture positive values surrounding their sexual and reproductive health, relationships, culture and gender roles, human rights, gender equity, discrimination and sexual abuse.¹⁶⁵

Non-communicable diseases (NCDs) are extremely detrimental to pregnancy and childbirth. Maternal mortality has transitioned from mostly “direct causes” to “indirect causes,” which means that addressing and educating the effects of NCDs is more crucial than ever.¹⁶⁶ A holistic approach to maternal health needs to be brought to attention as well as the underlying risk factors that these “indirect causes” can cause. NCDs can include hypertension, anemia, cardiovascular diseases, reproductive cancers, diabetes, and obesity - high risk factors that need to be discussed to reduce preventable maternal mortality.¹⁶⁷ In all, evidence shows that when adolescents, more specifically girls, have the opportunity to delay marriage and childbearing and advance in school, maternal mortality drops with each additional year of study they complete.¹⁶⁸

Strengthening Accountability

While healthcare and education are important solutions to reducing maternal mortality, reinforcing these systems depends on strengthening accountability processes at all levels. Which is why, there needs to be transparent and publicly available information regarding maternal health budgets, policies, and outcomes that promote openness rather than corruption.¹⁶⁹ Weak and opaque government structures significantly affect maternal health and morality.¹⁷⁰ Disaggregated, population-specific data are crucial to understanding the various subgroups with a country.¹⁷¹ Therefore, every maternal death must be documented to fully understand both the immediate and underlying problems that have caused these deaths. Reliable data is imperative to inform research and develop highly effective evidence-based interventions.¹⁷² Only one third of countries have the

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

¹⁷⁰ Ibid.

¹⁷¹ Ibid.

¹⁷² Ibid.

capacity to register and take count of maternal deaths.¹⁷³ Unfortunately, maternal mortality is highest among countries that lack strong health surveillance and tracking systems.¹⁷⁴

Currently, the Maternal and Perinatal Deaths Surveillance and Response (MPDSR) systems are being promoted globally by various countries and international stakeholders.¹⁷⁵ These systems will strengthen the monitoring mechanisms behind the causes of maternal death.¹⁷⁶ They will help enhance accountability and improve quality of life and healthcare. In addition, collecting country-specific data with a continuous feedback loop ensures that stakeholders stay accountable by accurately depicting the progress occurring and evaluating needed interventions to reduce preventable mortality.¹⁷⁷

¹⁷³ Ibid.

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

¹⁷⁶ Ibid.

¹⁷⁷ Ibid.

Bloc Positions

Asian-Pacific States

The APAC region comprises a collection of countries located in or near the western Pacific Ocean, and while the region varies by context and there is no clear definition, the general term is used to describe countries throughout East and South Asia, Southeast Asia, and Oceania. The area is not only home to some of the world's largest countries, such as China with over 3.7 million mi², but it also contains some of the most populous countries, including China, India, and Indonesia. With so many people contributing to these countries' economies and the wide array of success stories circulating in the media, it can be difficult to believe that throughout this region as a whole, hundreds of thousands of women die needlessly through pregnancy and childbirth every year.

What is "worse is that up to 90 per cent of these deaths could have been prevented through quality antenatal, obstetric and perinatal care – including care given by midwives and skilled birth attendants. In the absence of such care, the average maternal mortality rate in Asia-Pacific is extremely high, at 127 per 100,000 live births, compared to the developed-country average of just 12 per 100,000."¹⁷⁸ Conflict, poverty, weak infrastructure, and inadequate health systems all contribute to the persistent problem of maternal mortality and limit the growth of many of these up-and-coming nations. To combat the issue, the UNFPA (focused in Asia-Pacific) advocates for greater international cooperation, while also looking internally by supporting family planning through counseling and a greater range of contraceptive services, discouraging harmful practices such as early marriage, and expanding healthcare coverage to marginalized populations.¹⁷⁹

African States

There are 54 sovereign states in Africa, yet the separate regions allow for drastically different political, social, and economic structures. North Africa refers to the northern part of the African continent. Sub-Saharan Africa is a term to describe the area of Africa that lies south of the Sahara.

¹⁷⁸ Taylor, Matthew, "Maternal Mortality in Asia-Pacific - 5 Key Facts," Asia and the Pacific, UNFPA, May 4, 2018. <https://asiapacific.unfpa.org/en/news/maternal-mortality-asia-pacific-5-key-facts>.

¹⁷⁹ "Maternal Health." Asia and the Pacific. UNFPA, n.d. <https://asiapacific.unfpa.org/en/maternal-health>.

West Africa is the westernmost portion of Africa. Central Africa is a region in the center of Africa that stretches across the equator and partly along the Atlantic Ocean. East Africa is the term used to describe the eastern part of the continent, including the islands in the Indian Ocean, and the southern part of the African continent is called Southern Africa.

Although drastic reductions in maternal morbidity have occurred in the last decade, Africa accounts for a large portion of global maternal deaths, and in 2013, while about 289,000 women worldwide died during pregnancy or childbirth, 62% occurred in sub-Saharan Africa.¹⁸⁰ For this region, poverty fuels maternal mortality, for thousands of women die during birth or shortly after, and most individuals do not receive proper antenatal care in the weeks prior to labor. Not to mention, due to distance, poverty, and a lack of information, women in remote parts of Africa do not even have access to any kind of health care.¹⁸¹ The coalition of African states has joined forces to try and combat the threat of maternal mortality, dedicating themselves to upholding the UN Millennium Development Goals. In order to achieve this goal, nations must strengthen their health care systems and implement health financing structures. Some potential solutions include pooling financial resources, improving the capacity and availability of the healthcare workforce to deliver high quality services to people through integrated care, involving rural and disadvantaged communities in programming and delivery of interventions to improve health outcomes, and keeping an open conversation about the topic¹⁸².

Eastern European States

Eastern Europe is the region of the European continent between Western Europe and Asia. There is no consistent definition as to the precise area this region covers, as there is a wide range of geopolitical, geographical, ethnic, and socioeconomic conditions, yet all of the nations are somewhat connected through their historical and cultural backgrounds. Russia, is both the largest

¹⁸⁰ Ighobor, Kingsley, "Improving Maternal Health in Africa," Africa Renewal, United Nations Africa Renewal, December 2014. <https://www.un.org/africarenewal/magazine/december-2014/improving-maternal-health-africa>.

¹⁸¹ Ibid.

¹⁸² Doctor, Henry V, Sangwani Nkhana-Salimu, and Maryam Abdulsalam-Anibilow. "Health Facility Delivery in Sub-Saharan Africa: Successes, Challenges, and Implications for the 2030 Development Agenda." BMC Public Health. Springer Nature, June 19, 2018. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5695-z>.

and most populous in Europe, spanning roughly 40% of the continent's landmass with over 15% of its total population.¹⁸³

The degree of maternal health varies greatly across the region, and substantial progress has been achieved in the region over the past two decades due to increased access to antenatal care and skilled birth attendants, yet there is still more work to be done. Despite “the positive signs, data from the region conceal significant disparities within countries and show greater maternal health risks exist among particular groups in the community.”¹⁸⁴ Socially excluded populations “including the poor, rural residents, migrants, refugees and ethnic minorities continue to experience lower access to maternal health services, and health inequality in national policies still hinders access to quality maternal health services for all.”¹⁸⁵ There is more work to be done, but so far, the Eastern European region has dedicated itself to preventing maternal mortality by developing a holistic life-cycle approach to woman-centered care, prioritizing comprehensive sexuality education, and ensuring accountability by focusing on data collection and reporting.¹⁸⁶

Western European States

Western Europe consists of Austria, Belgium, Czech Republic, France, Germany, Ireland, Liechtenstein, Luxembourg, Monaco, Netherlands, Switzerland, and the United Kingdom. In terms of maternal mortality, the degree of maternal health varies greatly across the region; however, there has been significant progress achieved in this region for over two decades. The maternal mortality rate has decreased by almost half within the European Region between 2000 to 2015, from 33 to 16 deaths per 100,000 live births respectively.¹⁸⁷ Despite this progress, there are still several countries within the European Region that conceal their data and disparities, which causes there to be questions when it comes to maternal health and the risks that exist among these countries.¹⁸⁸

¹⁸³ “The Balkans.” Imagery for Citizens. Wheeling Jesuit University/Center for Educational Technologies. Accessed July 21, 2021. <http://www.cotf.edu/earthinfo/balkans/BKdef.html>.

¹⁸⁴ “Maternal Health.” Eastern Europe and Central Asia. UNFPA, 2021. <https://eeca.unfpa.org/en/node/9633>.

¹⁸⁵ Ibid.

¹⁸⁶ Barnes, Sarah B, Geeta Lal, and Elizabeth Wang. “Six Steps Towards Ending Preventable Maternal Mortality.” Wilson Center. The Wilson Quarterly. Accessed August 15, 2021. <https://www.wilsoncenter.org/publication/six-steps-towards-ending-preventable-maternal-mortality>.

¹⁸⁷ “Data and Statistics,” World Health Organization, World Health Organization, July 10, 2021.

<https://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/data-and-statistics>.

¹⁸⁸ Ibid.

Maternal deaths are generally underestimated in countries of the European Union, with up to 40–60% inaccurate records of the causes of death.¹⁸⁹ Moreover, the disparities of maternal health may occur due to the significant differences in the public health infrastructure of each Western European region in terms of economic expenditure and level of provision of health services, which has been exacerbated since the 2008 crisis.¹⁹⁰ This crisis has also resulted in the diminished quality of care in the most disadvantaged areas of Western Europe, jeopardizing the equity between territories.¹⁹¹

Significant reductions in maternal mortality have been occurring in Northwestern Europe since the mid- to late- 19th century.¹⁹² In the mid-18th century, policy-makers in Sweden concluded that maternal mortality could be greatly reduced if all births were attended by trained, qualified midwives.¹⁹³ The country actively recruited these qualified midwives, and over the course a century, “developed a cadre of largely autonomous midwives who worked under the supervision of local physicians.”¹⁹⁴ Consequently, maternal mortality reduced in Sweden between 1970-1900 due to the effectiveness of skilled attendance at childbirth. Moreover, by increasing government spending on healthcare as means of financing health services, this has become an important contributor to health outcomes.¹⁹⁵ This has increased for most European Union (EU) Member States over the last decade.¹⁹⁶

¹⁸⁹ Atanasova, V Blagoeva, J Arevalo-Serrano, E Antolin Alvarado, and Santiago García-Tizón Larroca, “Maternal Mortality in Spain and Its Association with Country of Origin: Cross-Sectional Study during the Period 1999–2015,” *BMC Public Health*, BioMed Central, October 11, 2018. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-6091-4>.

¹⁹⁰ *Ibid.*

¹⁹¹ *Ibid.*

¹⁹² Institute of Medicine (US) Committee on Improving Birth Outcomes, “Reducing Maternal Mortality and Morbidity.” *Improving Birth Outcomes: Meeting the Challenge in the Developing World*. U.S. National Library of Medicine, January 1, 1970, <https://www.ncbi.nlm.nih.gov/books/NBK222105/>.

¹⁹³ *Ibid.*

¹⁹⁴ *Ibid.*

¹⁹⁵ Maruthappu, M, KYB Ng, C Williams, R Atun, P Agrawal, and T Zeltner, “The Association between Government Healthcare Spending and Maternal Mortality in the European Union, 1981–2010: a Retrospective Study,” *Obstetrics and Gynecology*, December 10, 2014. <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.13205>.

¹⁹⁶ *Ibid.*

Latin America and Caribbean States

In Latin America and the Caribbean (LAC), “around 7,600 maternal deaths occurred in 2015, most of them preventable.”¹⁹⁷ The main causes of maternal death were due to hemorrhage after birth and gestational hypertension.¹⁹⁸ These causes of death were concentrated in countries with higher fertility rates, more poverty, and less access to high-quality health care services. Despite a reduction of 26% in maternal mortality achieved in this region between 2000 and 2017, this was below the reduction in OECD countries of -40% in the same period.¹⁹⁹ Countries like Belize, Chile, Bolivia and Ecuador decreased MMR by 50%.²⁰⁰ Nevertheless, during that same period of time, MMR increased in five countries: St. Lucia (36%), Dominican Republic (19%), Haiti (10%), Venezuela (5%), and Jamaica (4%).²⁰¹ In Latin American countries and the Caribbean, maternal mortality is inversely related to the coverage of skilled births attendance, births attended by a skilled health professional, as well as antenatal care and quality care, in general.²⁰² Moreover, many LAC countries are known to be strongly Catholic and/or Christian and thus are extremely against abortion and open sex ed programs.²⁰³ Some countries are even against abortion in the most extreme life threatening cases for the mother and child or conception via rape or incest.²⁰⁴ Consequently, one of the biggest causes of maternal mortality in LAC is the practice of clandestine abortions and preventable complicated pregnancies.²⁰⁵ Therefore, it was revolutionary when Argentina became the first country to decriminalize abortions.

In terms of maternal mortality, there have been many measures in reducing these deaths. The Pan American Health Organization (PAHO) addresses these challenges through a regional approach, the

¹⁹⁷ “Maternal Mortality: Health at a Glance: Latin America and the Caribbean 2020,” OECD iLibrary, Accessed July 10, 2021. <https://www.oecd-ilibrary.org/sites/a9304593-en/index.html?itemId=%2Fcontent%2Fcomponent%2Fa9304593-en>.

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

²⁰⁰ Ibid.

²⁰¹ Ibid.

²⁰² Ibid.

²⁰³ “International Human Rights Law and Abortion in Latin America,” Human Rights Watch, Accessed August 15, 2021, https://www.hrw.org/legacy/background/wrd/wrdo106/index_old2384523.htm.

²⁰⁴ Ibid.

²⁰⁵ Ibid.

Integrated Health Systems in Latin America and the Caribbean Project (IHSLAC).²⁰⁶ This collaboration focuses on maternal, newborn child, and adolescent health in 11 countries: Bolivia, Colombia, Ecuador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, Peru and Suriname.²⁰⁷ This partnership aims to improve the health of vulnerable children, girls, and women based on implementing shared priorities from PAHO's Strategic Plan 2014-2019 and WHO's 12th General Programme of Work 2014-2019.²⁰⁸

North American States

North America consists of Bermuda, Canada, Greenland, Saint Pierre and Miquelon, and the United States of America. While maternal health around the globe is improving, in North American States it varies. The United States is "the only developed country in which maternal mortality continues to steadily increase."²⁰⁹ Over 700 women a year die of complications related to pregnancy each year in the United States.²¹⁰ Two-thirds of those deaths are preventable.²¹¹ Much of this increase is because of massive disparities. The majority of women facing maternal mortality are colored, due to unequal access to healthcare, unconscious bias, and institutional racism.²¹² Black women are "three to four times more likely to die in childbirth are three to four times more likely to die in childbirth than white women - regardless of education, income, or any other socio-economic factors."²¹³ While the U.S. is the only developed country with a high maternal mortality rate, there has also been an increase in maternal mortality in Canada. When it comes to care providers, Canada, as well as the U.S., "have the lowest overall supply of midwives and obstetrician-gynecologists (OB-GYNs) — 12 and 15 providers per 1000 live births, respectively," compared to other countries that have a supply between

²⁰⁶ "A Results-Based Approach to Improving Health in Latin America and the Caribbean," World Health Organization (WHO), Accessed August 15, 2021, https://www.who.int/docs/default-source/un-high-level-meeting-on-tb/2-paho-results-based-approach.pdf?sfvrsn=af5aceag_2.

²⁰⁷ Ibid.

²⁰⁸ Ibid.

²⁰⁹ Delbanco, Suzanne, Maclaine Lehan, Thi Montalvo, and Jeffrey Levin-Scherz, "The Rising U.S. Maternal Mortality Rate Demands Action from Employers," Harvard Business Review, June 28, 2019. <https://hbr.org/2019/06/the-rising-u-s-maternal-mortality-rate-demands-action-from-employers>.

²¹⁰ Ibid.

²¹¹ Ibid.

²¹² Ibid.

²¹³ Ibid.

2 to 6 times greater.²¹⁴ It is unclear as to define an actual number of maternal deaths occurring in Canada, since they are known for being under-reported.²¹⁵

In North America, significant initiatives have been put in place to reduce maternal mortality. In the United States, the Department of Health and Human Services (HHS) released an Action Plan, “which provides a roadmap for addressing factors being and during a pregnancy, improving the quality and access to maternity and postpartum care, and supporting research surrounding this topic.”²¹⁶ The Plan “outlines three specific targets to improve the nation’s maternal outcomes by 2025 1) reducing maternal mortality by 50%, 2) reducing the low-risk cesarean deliveries by 25%, and 3) achieving blood pressure control in 80% of women of reproductive age with hypertension.”²¹⁷ Canada is also committing to the reduction of maternal health through allocating \$3.5 billion to improve the health and rights of women and children around the world.²¹⁸ Canada’s efforts focus on promoting sexual and reproductive health and rights, improving nutrition to promote survival, health, and well-being of women and children, and strengthening the health system.²¹⁹

²¹⁴ Melillo, Gianna, “US Ranks Worst in Maternal Care, Mortality Compared With 10 Other Developed Nations,” AJMC, December 3, 2020. <https://www.ajmc.com/view/us-ranks-worst-in-maternal-care-mortality-compared-with-10-other-developed-nations>.

²¹⁵ Turner, Linda A, Maureen Heaman, Martha Fair, Michael S Kramer, Robert Liston, Robert A H Kinch, and Margaret Cyr. “Under-Reporting of Maternal Mortality in Canada: a Question of Definition,” U.S. National Library of Medicine. Accessed July 10, 2021. <https://pubmed.ncbi.nlm.nih.gov/11876833/#:~:text=The%20officially%20reported%20maternal%20mortality,deaths%20per%20100%2000%20live%20births>.

²¹⁶ U.S. Department of Health and Human Services, “HHS Outlines New Plans and a Partnership to Reduce U.S. Pregnancy-Related Deaths,” US Department of Health and Human Services, January 21, 2021, <https://www.hhs.gov/about/news/2020/12/03/hhs-outlines-new-plans-to-reduce-us-pregnancy-related-deaths.html>.

²¹⁷ Ibid.

²¹⁸ Canada, Global Affairs, “Improving the Health and Rights of Women and Children,” GAC, August 18, 2020, https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/global_health-sante_mondiale/improving_health-ameliorer_sante.aspx?lang=eng.

²¹⁹ Ibid.

Glossary

Antenatal care: The care from healthcare professionals to ensure one has a healthy pregnancy, including regular appointments with a midwife, ultrasound scans and screening tests for the woman and the baby

Direct obstetric deaths: Those resulting from obstetric complications of the pregnant state (pregnancy, labour and puerperium), from interventions, omissions, incorrect treatment, or from a chain of events resulting from any of the above.

Indirect obstetric deaths: Those resulting from previous existing disease or disease that developed during pregnancy and which was not due to direct obstetric causes, but which was aggravated by physiologic effects of pregnancy.

Maternal Mortality: The death of a woman from direct or indirect obstetric causes, more than 42 days but less than one year after termination of pregnancy

Maternal death: A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Midwife: An individual who helps women during labor, delivery, and after the birth of their babies

Maternal Mortality Rate (MMR): The number of maternal deaths during a given time period per 100,000 live births during the same time period

Maternal Obstetric: A branch of medicine that specializes in the care of women during pregnancy and childbirth and in the diagnosis and treatment of diseases of the female reproductive organs

Pregnancy-associated death: Death while pregnant or within one year of the end of the pregnancy, irrespective of cause

Pregnancy-related death: Death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy

Prenatal care: The health care one receives while she is pregnant, including checkups and prenatal testing

Woman's lifetime risk of maternal death: The probability that a 15-year-old woman will eventually die of a maternal cause

Bibliography

"AAFP Delivers Strong Advice to Reduce Maternal Morbidity," AAFP Home, Accessed July 7, 2021. <https://www.aafp.org/news/government-medicine/20200420maternalrfi.html>.

"A Brief History of the Commission on the Status of Women (CSW)," UN Women, accessed August 15, 2021, <https://www.unwomen.org/en/csw/brief-history>.

Atanasova, V Blagoeva, J Arevalo-Serrano, E Antolin Alvarado, and Santiago García-Tizón Larroca, "Maternal Mortality in Spain and Its Association with Country of Origin: Cross-Sectional Study during the Period 1999–2015," BMC Public Health, BioMed Central, October 11, 2018, <https://bmcpublikehealth.biomedcentral.com/articles/10.1186/s12889-018-6091-4>.

Barnes, Sarah B, Geeta Lal, and Elizabeth Wang. "Six Steps Towards Ending Preventable Maternal Mortality." Wilson Center. The Wilson Quarterly. Accessed August 15, 2021. <https://www.wilsoncenter.org/publication/six-steps-towards-ending-preventable-maternal-mortality>.

Bhutta, Zulfiqar A, Indu Gupta, Harendra de'Silva, Dharma Manandhar, Shally Awasthi, S M Moazzem Hossain, and M A Salam, "Maternal and Child Health: Is South Asia Ready for Change?" The BMJ, British Medical Journal Publishing Group, April 1, 2004. <https://www.bmj.com/content/328/7443/816>.

Burnett, Madison. "The Role of International Law in Reducing Maternal Mortality." IMPOWR. American Bar Association. Accessed June 26, 2021. <https://www.robinskaplan.com/-/media/pdfs/the-role-of-international-law-in-reducing-maternal-mortality.pdf>.

Canada, Global Affairs, "Improving the Health and Rights of Women and Children," GAC, August 18, 2020, https://www.international.gc.ca/world-monde/issues_developpement-enjeux_developpement/global_health-sante_mondiale/improving_health-ameliorer_sante.aspx?lang=eng.

Collier, Ai-Ris Y, and Rose L Molina. "Maternal Mortality in the United States: Updates on Trends, Causes, and Solutions," NeoReviews, U.S. National Library of Medicine, October 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7377107/>.

"Commission on the Status of Women," UN Women, accessed August 15, 2021, <https://www.unwomen.org/en/csw>.

- "Data and Statistics," World Health Organization, World Health Organization, July 10, 2021. <https://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/data-and-statistics>.
- Delbanco, Suzanne, Maclaine Lehan, Thi Montalvo, and Jeffrey Levin-Scherz, "The Rising U.S. Maternal Mortality Rate Demands Action from Employers," *Harvard Business Review*, June 28, 2019. <https://hbr.org/2019/06/the-rising-u-s-maternal-mortality-rate-demands-action-from-employers>.
- Dip, Sam McCulloch, "Why So Many Women Used To Die During Childbirth," *BellyBelly*, February 17, 2021. <https://www.bellybelly.com.au/birth/why-women-used-to-die-during-childbirth/>.
- Doctor, Henry V, Sangwani Nkhana-Salimu, and Maryam Abdulsalam-Anibilow. "Health Facility Delivery in Sub-Saharan Africa: Successes, Challenges, and Implications for the 2030 Development Agenda." *BMC Public Health*. Springer Nature, June 19, 2018, <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5695-z>.
- "Global Maternal Newborn Health Conference." *Innovation Education*. Bixby Center for Global Reproductive Health, 2015. <https://www.innovating-education.org/2015/10/global-maternal-newborn-health-conference/>.
- Ighobor, Kingsley, "Improving Maternal Health in Africa," *Africa Renewal*, United Nations Africa Renewal, December 2014. <https://www.un.org/africarenewal/magazine/december-2014/improving-maternal-health-africa>.
- Institute of Medicine (US) Committee on Improving Birth Outcomes, "Reducing Maternal Mortality and Morbidity." *Improving Birth Outcomes: Meeting the Challenge in the Developing World*. U.S. National Library of Medicine, January 1, 1970, <https://www.ncbi.nlm.nih.gov/books/NBK222105/>.
- "International Human Rights Law and Abortion in Latin America," *Human Rights Watch*, Accessed August 15, 2021, https://www.hrw.org/legacy/backgrounder/wrd/wrdo106/index_old2384523.htm.
- "Launching the 2021 HIMSS Global Maternal Health Tech Challenge." *HIMSS*. Healthcare Information and Management Systems Society, October 14, 2020, <https://www.himss.org/news/launching-2021-himss-global-maternal-health-tech-challenge>.
- Macon, Brindles Lee, "Eclampsia: Causes, Symptoms, and Diagnosis," *Healthline Media*, September 12, 2018. <https://www.healthline.com/health/eclampsia>.
- Maruthappu, M, KYB Ng, C Williams, R Atun, P Agrawal, and T Zeltner, "The Association between Government Healthcare Spending and Maternal Mortality in the European Union, 1981–2010:

a Retrospective Study," *Obstetrics and Gynecology*, December 10, 2014, <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.13205>.

"Maternal Health." Asia and the Pacific. UNFPA, n.d. <https://asiapacific.unfpa.org/en/maternal-health>.

"Maternal Health." Eastern Europe and Central Asia. UNFPA, 2021. <https://eeca.unfpa.org/en/node/9633>.

"Maternal Health," PAHO/WHO | Pan American Health Organization, Accessed June 26, 2021, <https://www.paho.org/en/topics/maternal-health>.

Maternal Health Task Force. Health Resources and Services Administration. Accessed June 26, 2021. <https://www.mhtf.org/about-mhtf/>.

"Maternal Mortality Halved in Eastern Europe and Central Asia, but Too Many Women Still Die Giving Life," United Nations Population Fund, November 12, 2009.

"Maternal Mortality: Health at a Glance: Latin America and the Caribbean 2020," OECD iLibrary, Accessed July 10, 2021, <https://www.oecd-ilibrary.org/sites/a9304593-en/index.html?itemId=%2Fcontent%2Fcomponent%2Fag304593-en>.

"Maternal Mortality: Looking Back and Moving Forward." World Health Organization. World Health Organization, February 10, 2017, https://www.who.int/reproductivehealth/topics/maternal_perinatal/maternal-mortality-looking-back/en/.

"Maternal Health," United Nations Population Fund, Accessed June 27, 2021. <https://www.unfpa.org/maternal-health>.

"Maternal Mortality." World Health Organization. World Health Organization, September 19, 2019. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

Melillo, Gianna, "US Ranks Worst in Maternal Care, Mortality Compared With 10 Other Developed Nations," *AJMC*, December 3, 2020, <https://www.ajmc.com/view/us-ranks-worst-in-maternal-care-mortality-compared-with-10-other-developed-nations>.

"Member States: Commission on the Status of Women," UN Women, accessed August 15, 2021, <https://www.unwomen.org/en/csw/member-states>.

Mukhtar, Zoreed, "Maternal Mortality: A Bigger Problem than You May Think," *American Medical Student Association (AMSA)*, December 4, 2019.

<https://www.amsa.org/2019/12/03/maternal-mortality-a-bigger-problem-than-you-may-think/>.

"Preeclampsia - What Is Preeclampsia," Preeclampsia Foundation - Helping Save Mothers and Babies from Illness and Death Due to Preeclampsia, Accessed June 26, 2021. <https://www.preeclampsia.org/what-is-preeclampsia>.

"Preventing Pregnancy-Related Deaths," Centers for Disease Control and Prevention, September 4, 2019, <https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html>.

"Reducing Maternal Mortality in Developing Countries." Give Well. The Clear Fund, 2009. <https://www.givewell.org/international/technical/programs/maternal-mortality>.

"Reproductive Rights Are Human Rights." Office of the High Commissioner. The Danish Institute for Human Rights, 2014. <https://www.ohchr.org/documents/publications/nhrihandbook.pdf>.

"A Results-Based Approach to Improving Health in Latin America and the Caribbean," World Health Organization (WHO), Accessed August 15, 2021, https://www.who.int/docs/default-source/un-high-level-meeting-on-tb/2-paho-results-based-approach.pdf?sfvrsn=af5aceag_2.

Ridgway, Claire, "Childbirth in Medieval and Tudor Times by Sarah Bryson," The Tudor Society, July 16, 2018. <https://www.tudorsociety.com/childbirth-in-medieval-and-tudor-times-by-sarah-bryson/>.

Ritchie, Hannah. "Which Countries Are Exemplars in Preventing Maternal Deaths?" Our World In Data. Global Change Data Lab. Accessed June 26, 2021. <https://ourworldindata.org/hannahexemplar>.

Roser, Max, and Hannah Ritchie, "Maternal Mortality," Our World in Data, November 12, 2013. <https://ourworldindata.org/maternal-mortality>.

Sonia Omer et al., "The Influence of Social and Cultural Practices on Maternal Mortality: A Qualitative Study from South Punjab, Pakistan," Reproductive Health (BioMed Central, May 18, 2021), <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01151-6>.

Taylor, Matthew, "Maternal Mortality in Asia-Pacific - 5 Key Facts," Asia and the Pacific, UNFPA, May 4, 2018. <https://asiapacific.unfpa.org/en/news/maternal-mortality-asia-pacific-5-key-facts>.

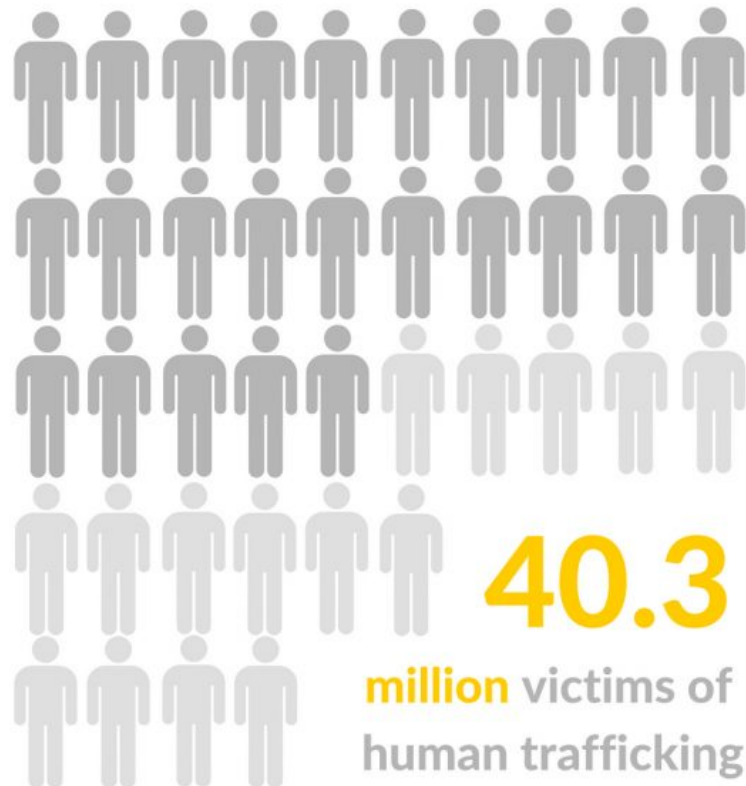
"Team-Based Care," AAFP Home, Accessed July 7, 2021, <https://www.aafp.org/about/policies/all/team-based-care.html>.

- "Under-Reporting of Maternal Mortality in Canada: a Question of Definition," U.S. National Library of Medicine. Accessed July 10, 2021.
<https://pubmed.ncbi.nlm.nih.gov/11876833/#:~:text=The%20officially%20reported%20maternal%20mortality,deaths%20per%20100%2C000%20live%20births.>
- "The United States: Every Mother Counts (EMC): Improving Maternal Health," Every Mother Counts (EMC) | Improving Maternal Health, June 22, 2021.
[https://everymothercounts.org/unitedstates/.](https://everymothercounts.org/unitedstates/)
- "Universal Declaration of Human Rights." United Nations. United Nations. Accessed June 26, 2021.
<https://www.un.org/en/about-us/universal-declaration-of-human-rights.>
- U.S. Department of Health and Human Services, "HHS Outlines New Plans and a Partnership to Reduce U.S. Pregnancy-Related Deaths," US Department of Health and Human Services, January 21, 2021, <https://www.hhs.gov/about/news/2020/12/03/hhs-outlines-new-plans-to-reduce-us-pregnancy-related-deaths.html>.
- "Who Are We?" Women on Waves, Accessed July 7, 2021,
<https://www.womenonwaves.org/en/page/650/who-are-we.>

TOPIC B: FEMALE TRAFFICKING

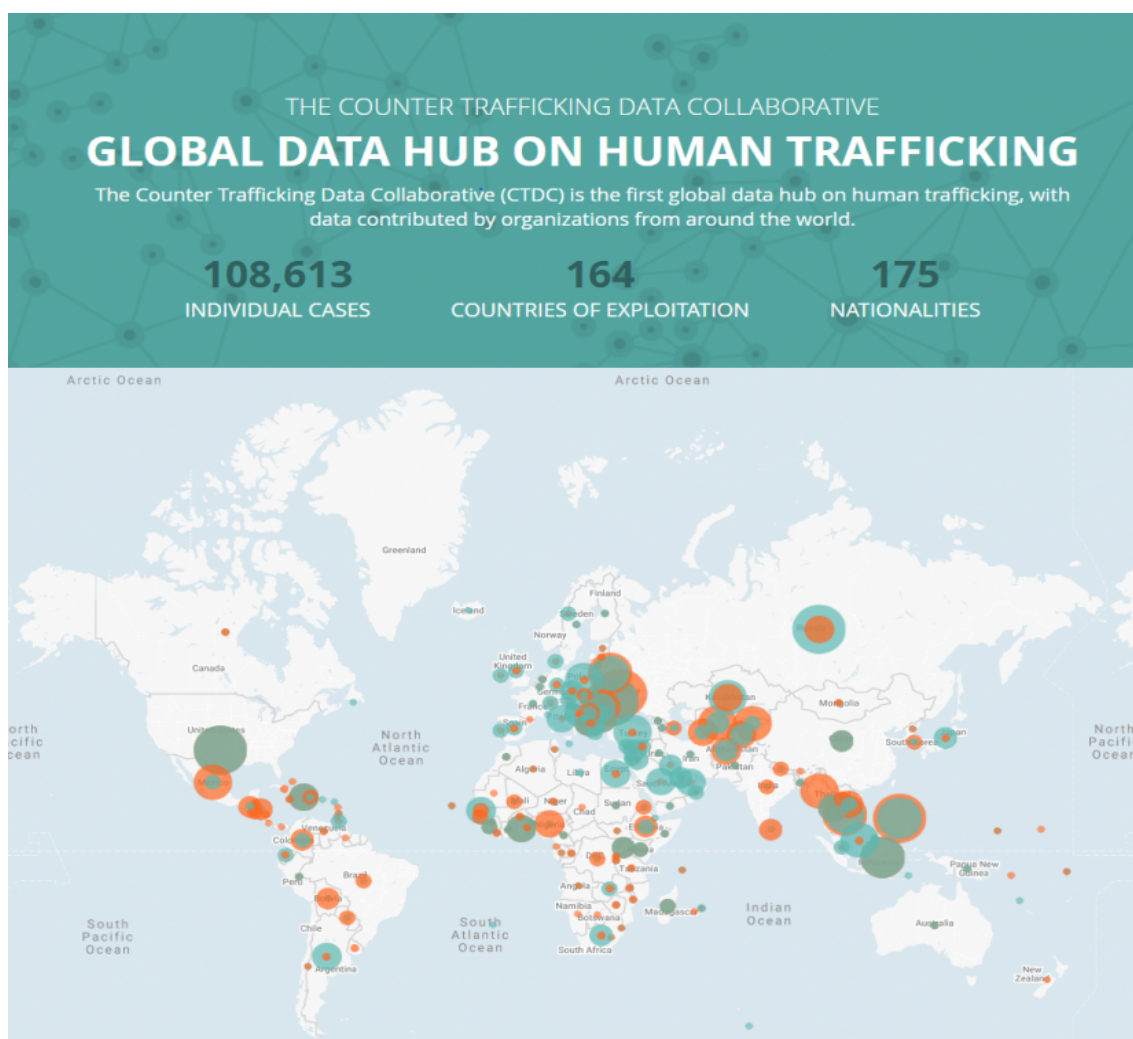
Statement of the Problem

Human trafficking is the trade of humans from the purpose of forced labor, sexual slavery, or commercial sexual exploitation. Most people could never imagine that something as terrible as this could happen to them, but in reality, the “international labor organization estimates that there are approximately 40.3 million victims of human trafficking globally,”²²⁰ and this problem is not exclusive to underdeveloped or developing nations, as hundreds of thousands of the victims are from the United States.



²²⁰ “The Victims.” National Human Trafficking Hotline. Polaris. Accessed July 12, 2021. <https://humantraffickinghotline.org/what-human-trafficking/human-trafficking/victims>.

Image 1. Global Data on Human Trafficking



Source: CTDC Global Dataset: Counter Trafficking Data Collaborative, 2020.

Note: The data in this chart are from the Counter Trafficking Data Collaborative (CTDC); the global data hub on human trafficking featuring the largest case level datasets on human trafficking from different organizations around the world. For more information, go to www.ctdatacollaborative.org.

Human trafficking can occur at local and domestic levels, but it also has international implications, for it is one of the world's most shameful crimes and affects the lives of millions of people. According to the United Nations, **human trafficking** is defined as:

- a. "The recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation;

- b. The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used;
- c. The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set forth in sub-paragraph (a) of this article;
- d. "Child" shall mean any person under eighteen years of age.²²¹

Although boys and men suffer from being victims of human trafficking too, the majority of individuals who are trafficked are women and girls. However, there is no single profile for those trafficked, as the incidents occur in rural, suburban, and urban communities, and the victims tend to have diverse socio-economic backgrounds and varied levels of education. In general, trafficked individuals can be divided into three populations²²²:

1. Children under the age of 18 induced into commercial sex;
2. Adults (age 18 or over) induced into commercial sex through force, fraud, or coercion;
3. Children and adults induced to perform labor or services through force, fraud, or coercion.²²³

Traffickers lure, manipulate, and control vulnerable individuals using a variety of coercive means, leaving behind a plethora of visible and invisible scars.

As aforementioned, human trafficking spans all demographics. Yet, there are some circumstances or vulnerabilities that lead to a higher susceptibility to victimization and human trafficking. The following highlights some of the risk factors for victims of human trafficking²²⁴:

²²¹ Ibid.

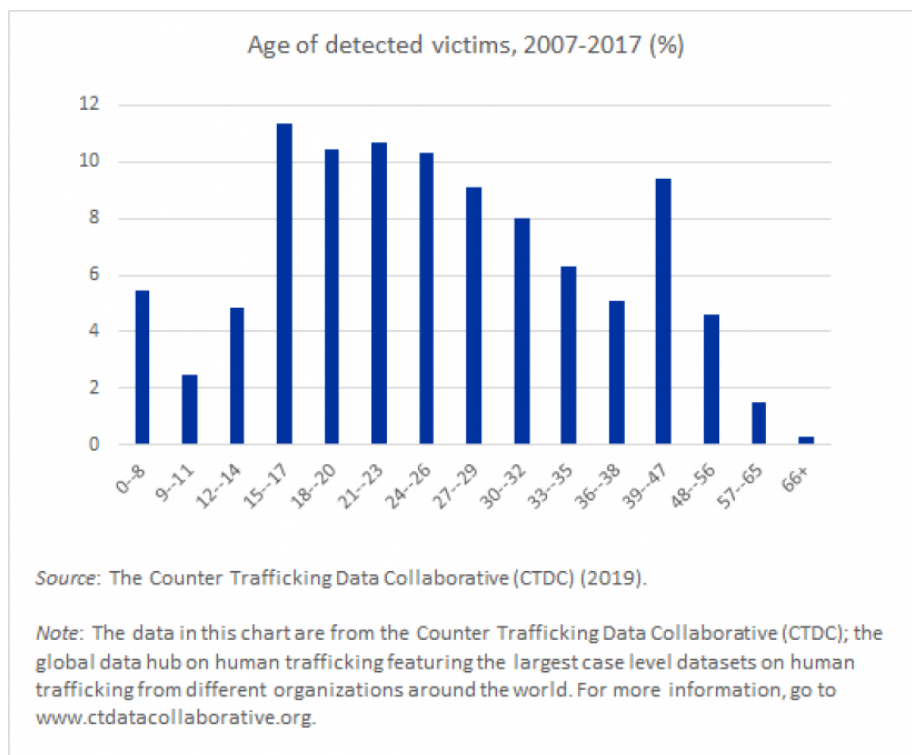
²²² National Human Trafficking Hotline, "The Victims."

²²³ Ibid.

²²⁴ "Facts About Trafficking of Women and Girls." American Psychological Association. Task Force on Trafficking of Women and Girls, 2014. <https://www.apa.org/advocacy/interpersonal-violence/trafficking-women-girls>.

- Membership in a marginalized group;
- Prior victimization and trauma;
- Disabilities;
- Immigrant or refugee status;
- Suffering from poverty, political instability, war;
- Runaway, homeless youth, prostitutes.

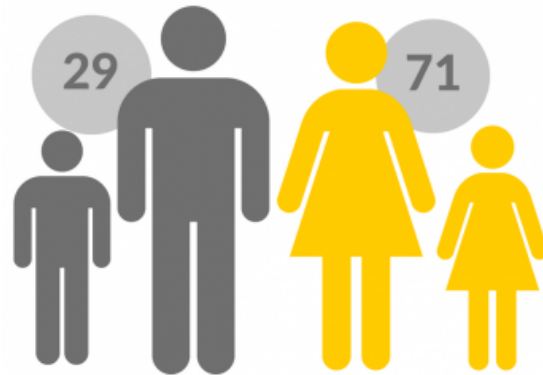
Image 2. Age of detected victims²²⁵



²²⁵ "Human Trafficking." Migration Data Portal. IOM Member States, May 6, 2021. <https://migrationdataportal.org/themes/human-trafficking>.

Half of the victims identified by CTDC partners are under 26. Nearly a quarter of them are children. In fact, the largest age group in the whole distribution is 15 to 17 years old.

Image 3. Gender Distribution of Trafficked Individuals²²⁶

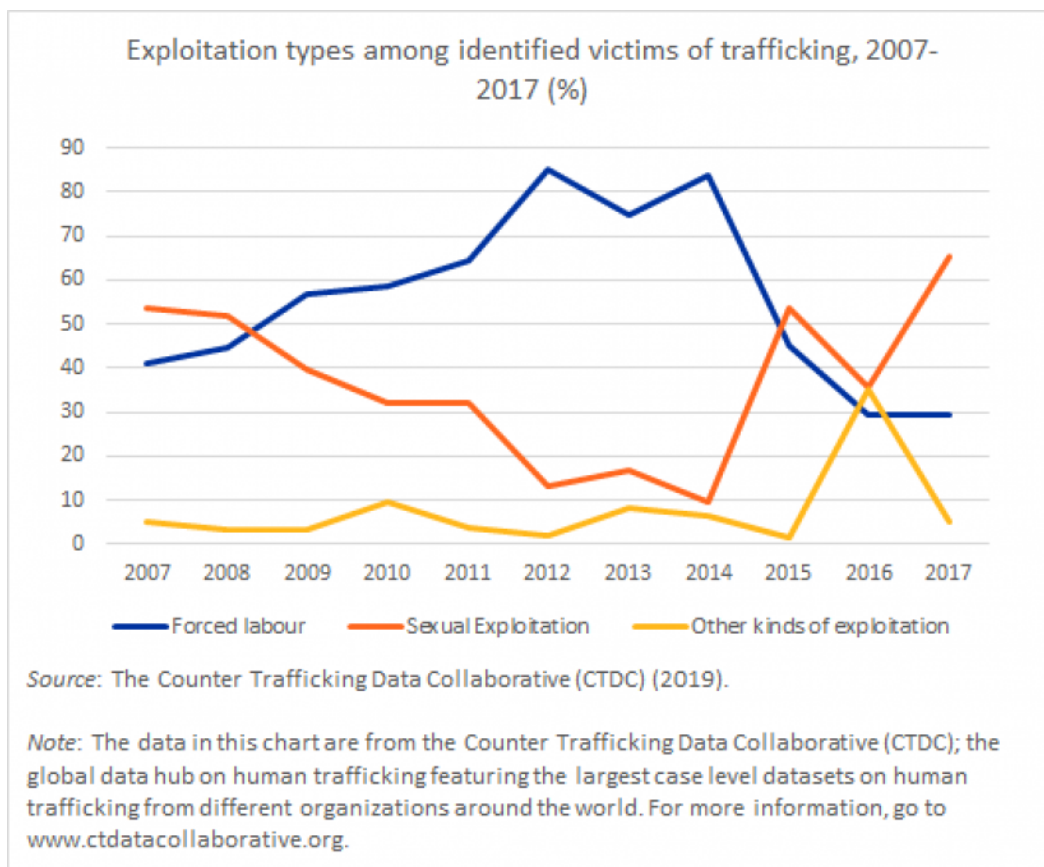


71% of trafficking victims around the world are women and girls and 29% are men and boys.

Trafficked people are held against their will through acts of coercion, and forced to work for or provide services to the trafficker or others. The work or services may include anything from bonded or forced labour to commercial sexual exploitation.

²²⁶ "Scale of the Issue." Stop the Traffik. Stop the Traffik, 2021. <https://www.stopthetraffik.org/about-human-trafficking/the-scale-of-human-trafficking/>.

Image 4. Recent Trends in Exploitation Types²²⁷



Since the early 2000s, “the proportion of identified cases of trafficking for sexual exploitation has declined overall, while the share of identified cases of trafficking for forced labour has generally increased, as identification of such cases has improved. However, “there are regional differences in the rates of both trafficking for sexual exploitation and forced labour.”²²⁸ For example, data from UNODC and CTDC show that “trafficking for forced labour has a higher rate in Africa and the Middle East than trafficking for sexual exploitation, while the opposite is true for regions such as Europe and Northern America”.²²⁹

²²⁷ Migration Data Portal, “Human Trafficking.”

²²⁸ Ibid.

²²⁹ Ibid.

Types of Human Trafficking:

Forced Labor²³⁰: Form of modern-day slavery in which individuals perform labor or services against their will under the threat of violence or punishment.

Sex Trafficking: The action or practice of illegally transporting people from one country or area to another for the purpose of sexual exploitation.

Organ Trafficking²³¹: The removal of human organs from living or deceased donors where the removal is performed without the free, informed and specific consent of the living or deceased donor.

Child Soldier²³²: A child soldier is a human being less than 18 years old, recruited by an army or simply participating in an armed conflict, often used as instruments in war machines.

Child Marriage²³³: Any marriage where at least one of the parties is under 18 years of age.

- **Forced Marriage**: marriage in which one and/or both parties have not personally expressed their full and free consent to the union.

Debt Bondage: Victims become "bonded" when their labour, the labour which they themselves hired and the tangible goods they have bought are demanded as a means of repayment for a loan or service whose terms and conditions have not been defined.

Where is female trafficking occurring?

No country in the world is free of human trafficking, but women that are victims of human trafficking tend to come from poorer countries and communities. Internal trafficking is much more difficult to

²³⁰ "Labor Trafficking." National Human Trafficking Hotline. Polaris. Accessed July 12, 2021. <https://humantraffickinghotline.org/type-trafficking/labor-trafficking>.

²³¹ "Organ Trafficking." Hott Project. Prevention of and Fight against Crime Programme European Commission, 2021. <http://hottproject.com/about-the-crime/other-crimes/trafficking-in-organs.html>.

²³² "Child Soldiers." Humanium. Humanium, October 5, 2011. <https://www.humanium.org/en/child-soldier/>.

²³³ "Child and Forced Marriage, Including in Humanitarian Settings." OHCHR. United Nations, 2021. <https://www.ohchr.org/en/issues/women/wrgs/pages/childmarriage.aspx>.

detect, yet the highest rates typically come from Asia and Africa.²³⁴ In addition, trafficking does not necessarily mean movement, as many individuals are forced into sweatshops, the illegal drug trade, sexual solitude, etc. However, thousands of individuals are transported across borders into different countries every year. Traffickers use elaborate international networks, and the primary countries in which they target individuals from include Nigeria, Thailand, China, Bulgaria, Lithuania, Romania, Belarus, Moldova, Russia, the Ukraine, and Albania, whereas “very high” destination countries are the United States, Japan, Greece, Turkey, Israel, Italy, and Germany.²³⁵

Eastern Europe has especially become a center for human trafficking since the collapse of the Soviet Union. After that time period in history, many countries were granted with new, unwarranted freedoms, yet with newfound independence came new responsibilities, and several nations were unprepared to deal with the high rates of recession, inflation, poverty, unemployment, and crime.²³⁶

Consequences

Despite the increased emphasis on protection for girls and women, the business of human trafficking is flourishing more than ever. Due to heightened demand as promoted through the media and global tourism, high profits and earnings from the industry, and the ongoing, widespread nature of war and conflict²³⁷ (therefore increasing individuals’ vulnerability) around the world, women are forced into situations that leave both extreme short term and immense long-term consequences on their health and well-being:

Short-Term

- High amounts of psychological stress induced by threats, fear, and physical and emotional violence;

²³⁴ “The Global Sex Trade.” World Vision. World Vision. Accessed July 12, 2021.

https://www.worldvision.org.nz/getmedia/3b8dbd60-bb77-4c61-9754-2b1824da7c35/topic-sheet-the_global_sex_trade/.

²³⁵ Ibid.

²³⁶ Ibid.

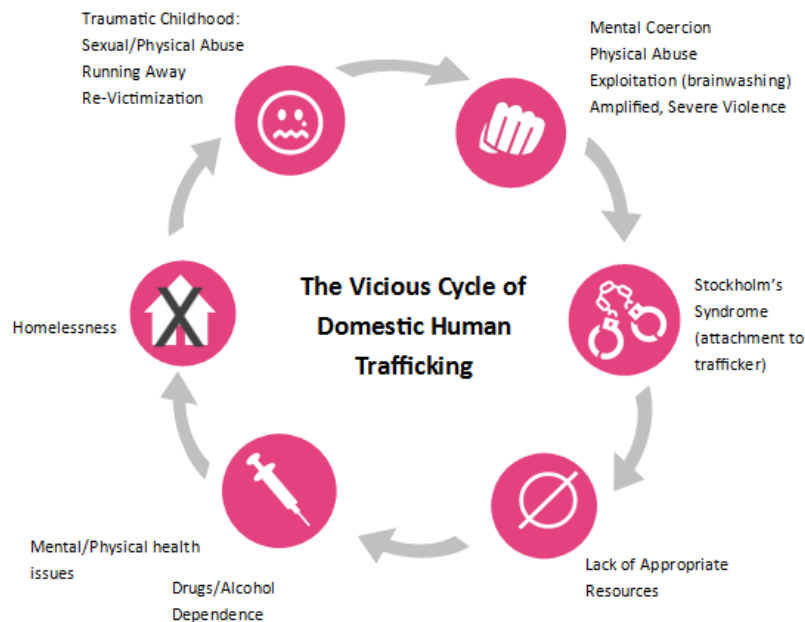
²³⁷ Ibid.

- **Stockholm syndrome** (“trauma bond”): manipulation creates an environment where the victim becomes completely dependent upon the authority of the trafficker;
- **Learned helplessness**: victims sense that they no longer have any autonomy or control over their lives;
- Depression, guilt and self-blame, anger and rage, and sleep disturbances, PTSD, numbing, and extreme stress;
- Practices of sexual abuse, torture, brainwashing, repeated rape and physical assault until the victim submits to his or her fate as a sexual slave.

Long-Term

- Complex trauma involves multifaceted conditions of depression, anxiety, self-hatred, dissociation, substance abuse, self-destructive behaviors, and despair;
- “**Brandings**”: tattoos that are painful reminders of their past and result in emotional distress;
- Chronic stress experienced by many victims of human trafficking can compromise the immune system -- suppressed cellular and humoral immunity, victims may develop STDs and HIV/AIDS;
- Victims experience severe trauma on a daily basis that devastates the healthy development of self-concept, self-worth, biological integrity, and cognitive functioning.

Image 5. Consequences of Human Trafficking²³⁸



What can be done?

Human trafficking is being tackled through a variety of national and international means, but there is still more work to be done to protect the lives of young girls and women around the globe. An optimal, multi-step and multi-factorial solution is the three P's - Prevention, Protection, and Prosecution.

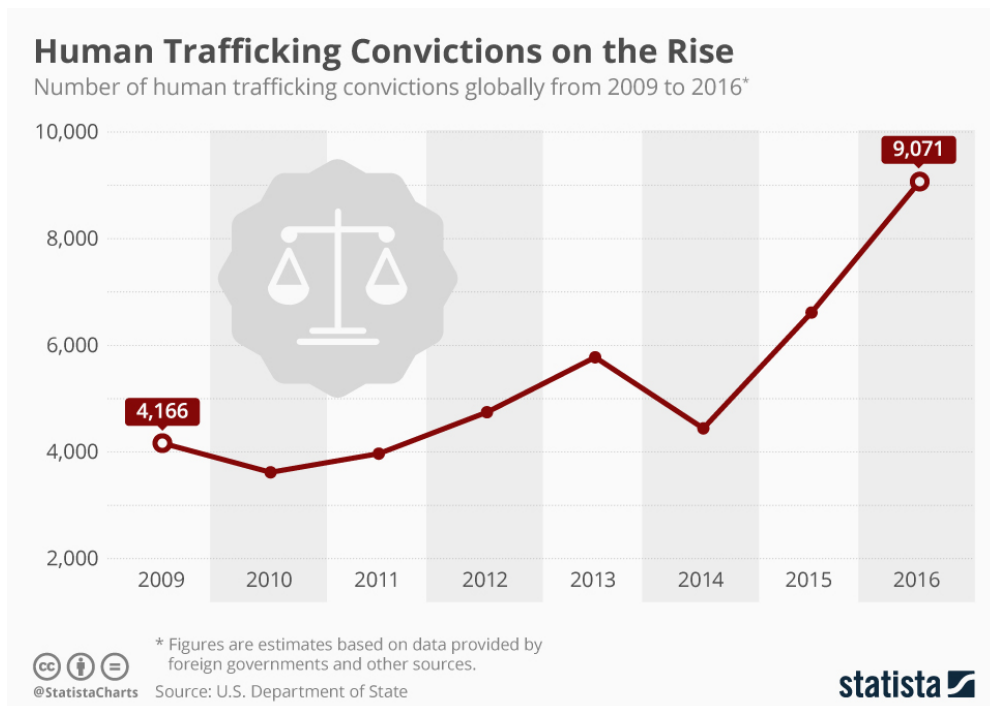
The United Nations has implemented a protocol to prevent and combat human trafficking and to protect and assist victims,²³⁹ yet one of the greatest strides was the announcement that data will be collected from member states and shared amongst one another. These reports will provide a basis for how trends have changed over the years and allow different nations to come together, collaborate, and strategize on how they can implement the best measures and practices to improve the issue.

²³⁸ "Off the Streets." Cincinnati Union Bethel . United Way of Greater Cincinnati, 2021. <https://cubcincy.org/how-we-help-2/off-the-streets/>.

²³⁹ "Human Trafficking: People for Sale." UNODC. United Nations Office on Drugs and Crime, 2021. <https://www.unodc.org/toc/en/crimes/human-trafficking.html>.

At the national level, countries continue to follow the UN protocol and also organize their own domestic laws of anti-human trafficking legislation. Also, the authorities have taken a more active approach and are cracking down on those engaged in illegal behavior -- this is especially important, as traffickers are often involved in highly organized crime organizations and are effective at continuously adapting to evade the police force.²⁴⁰

Table 5. Convictions for Human Trafficking



Also, ordinary people must stay alert and be informed enough to recognize the warning signs of human trafficking, for fighting human trafficking should not just be seen as the responsibility of the authorities: be aware, be involved, be supportive, be responsible²⁴¹.

²⁴⁰ World Vision, "The Global Sex Trade."

²⁴¹ UNODC, "Human Trafficking: People for Sale."

Red flags of suspicious behavior - if someone is...²⁴²:

- “Unable to come and go as they wish;
- Under 18 years old and performing commercial sex acts;
- Unpaid or paid very little for employment;
- In large debt to employer and is unable to pay it off;
- Not allowed to speak for themselves;
- Not in control of their money or bank account;
- Not in control of their personal identification (passport, driver’s license, ID);
- Other indicators include appearing fearful, anxious, submissive, tense, paranoid, etc. or avoiding all eye contact.”

²⁴² “Human Trafficking 101: Who Are the Victims?” Engage Together. Engage Together, 2020. <https://engagetgether.com/2018/02/22/human-trafficking-101-victims/>.

History of the Problem

Trafficking of women is an “international commercial activity in which force, coercion, and fraud are used against women and children to transport them across the world and international boundaries as means for economic gain.”²⁴³ Known for its complex organized criminal activity, human trafficking, especially female trafficking, is an issue that has been occurring throughout history and is sadly still present. According to the United Nations Office on Drugs and Crime (UNODC), human trafficking is “the act of gathering, moving, receiving, or keeping human beings by threat, force, coercion, or deception, for exploitative purposes.”²⁴⁴ This includes “the exploitation of prostitution of other or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.”²⁴⁵ If any person, regardless of their gender or age, is brought to somewhere or someplace against their own will, or without information as to what they are getting into, this is already considered human trafficking.²⁴⁶

Human trafficking is comparable to the trafficking of drugs and weapons. However, it is more profitable and less risky due to many practices of this trading “appearing” to look legitimate.²⁴⁷ From a global practice perspective, 70% of victims of human trafficking are women and 50% are children under the age of 18.²⁴⁸ It is estimated that the number of women and children trafficked each year ranges from 700,000 to four million, and the annual profits from this practice range to about \$7 billion.²⁴⁹ Demand for human trafficking and female trafficking is driven by the need for cheap labor in agricultural industries, factories, households, and the sex industry.²⁵⁰ Due to recent protocols, human trafficking even extends to illegal labor migration.²⁵¹ Because this practice has significantly

²⁴³ Ibid.

²⁴⁴ “Human-Trafficking,” United Nations: Office on Drugs and Crime, Accessed July 25, 2021. <https://www.unodc.org/unodc/en/human-trafficking/human-trafficking.html>.

²⁴⁵ Ibid.

²⁴⁶ Oster, Grant, Esther Elizabeth Suson, James Donaldson, Guest Post, and James, “The History of Human Trafficking,” *Hankering for History*, July 29, 2020. <https://hankeringforhistory.com/the-history-of-human-trafficking/>.

²⁴⁷ Veenstra, Michelle, “Trafficking of Women,” *Encyclopedia.com*, July 25, 2021. <https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/trafficking-women>.

²⁴⁸ Ibid.

²⁴⁹ Ibid.

²⁵⁰ Ibid.

²⁵¹ Oster, Grant, Esther Elizabeth Suson, James Donaldson, Guest Post, and James, “The History of Human Trafficking,” *Hankering for History*, July 29, 2020. <https://hankeringforhistory.com/the-history-of-human-trafficking/>.

become globalized, it has allowed the business to be facilitated between traders and consumers of trafficked humans.²⁵²

The African Slave Trade

Human trafficking has been occurring for centuries. An early form of global, intercontinental human trafficking began with the African slave trade.²⁵³ American and European continents were known as the buyers, and the different African groups were both the middlemen and the trade.²⁵⁴ This interaction of trade is known as the first international flow of human trafficking. Before laws against slavery were established in Britain in 1807 and the United States in 1820, this trade was both legal and government-tolerated. At that time, there were also no international organizations that could make decisions and protect slaves.

White Slavery

After the cessation of the African slave trade, “white slavery” was adopted. White slavery was known as the “procurement—by use of force, deceit, or drugs—of a white woman or girl against her will for prostitution.”²⁵⁵ As white slavery increased in popularity, governments began to fight for women’s protection. In 1899, and then in 1902, international conferences against white slavery were organized in Paris.²⁵⁶ In 1902, the *International Agreement for the Suppression of White Slave Traffic* was drafted.²⁵⁷ The purpose of this agreement was to “prevent the procurement of women and girls for immoral purposes abroad.”²⁵⁸ In other words, the focus of the agreement was to ensure the protection and safe return of victims to their home country.²⁵⁹

²⁵² Veenstra, Michelle, “Trafficking of Women,” Encyclopedia.com, July 25, 2021. <https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/trafficking-women>.

²⁵³ Oster, Grant, Esther Elizabeth Suson, James Donaldson, Guest Post, and James, “The History of Human Trafficking,” Hankering for History, July 29, 2020. <https://hankeringforhistory.com/the-history-of-human-trafficking/>.

²⁵⁴ Ibid.

²⁵⁵ Ibid.

²⁵⁶ Ibid.

²⁵⁷ “Sex Trafficking,” Women and Global Human Rights, Accessed July 25, 2021. <http://faculty.webster.edu/woolfm/trafficking.html>.

²⁵⁸ Ibid.

²⁵⁹ Oster, Grant, Esther Elizabeth Suson, James Donaldson, Guest Post, and James, “The History of Human Trafficking,” Hankering for History, July 29, 2020. <https://hankeringforhistory.com/the-history-of-human-trafficking/>.

However, it wasn't until 1904, that this first international agreement on human trafficking was signed.²⁶⁰ It was ratified by twelve countries around the world.²⁶¹ This eventually led to the signing and adoption of the *International Convention for the Suppression of the White Slave Trade*, which criminalized white slavery, in 1910.²⁶² Moreover, this also led to the United States passing the Mann Act of 1910, which "forbid transporting a person across state or international lines for prostitution or other immoral purposes".²⁶³ Unfortunately, these actions still did not end trafficking against women and children.

World War I and Trafficking of Women and Children

The crisis of World War I drew more attention to the efforts against white slavery, especially as the war continued, ended and rebuilding of Europe occurred. Yet, while thousands of people across the world died in The Great War, the first international organization of nations, the League of Nations, was formed (the precursor to the United Nations).²⁶⁴ The League of Nations was the first place where agreements could be made within an organization, with more pressure to comply.²⁶⁵ These mandates "given to the various Allied Powers over nations in Africa and the Middle East brought light to the international trafficking of women, not just white women, as well as children."²⁶⁶ In 1921, 33 countries of the League of Nations international conference signed the International Convention for the Suppression of Traffic in Women and Children.²⁶⁷ In this period of history, human trafficking was only identified as trafficking used for sexual exploitation and prostitution.²⁶⁸

²⁶⁰ Ibid.

²⁶¹ "Sex Trafficking," Women and Global Human Rights, Accessed July 25, 2021. <http://faculty.webster.edu/woolfm/trafficking.html>.

²⁶² Oster, Grant, Esther Elizabeth Suson, James Donaldson, Guest Post, and James, "The History of Human Trafficking," Hanking for History, July 29, 2020. <https://hankingforhistory.com/the-history-of-human-trafficking/>.

²⁶³ "Sex Trafficking," Women and Global Human Rights, Accessed July 25, 2021. <http://faculty.webster.edu/woolfm/trafficking.html>.

²⁶⁴ Oster, Grant, Esther Elizabeth Suson, James Donaldson, Guest Post, and James, "The History of Human Trafficking," Hanking for History, July 29, 2020. <https://hankingforhistory.com/the-history-of-human-trafficking/>.

²⁶⁵ Ibid.

²⁶⁶ Ibid.

²⁶⁷ Ibid.

²⁶⁸ Ibid.

The United Nations

After World War II and the problem of human trafficking still growing, the United Nations felt it necessary to step in and address this problem. The member-nations of the United Nations adopted the United Nations Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others in 1949, which was ratified by 49 countries around the world.²⁶⁹ The convention proclaims that “the traffic in persons for the purpose of prostitution is incompatible with the dignity and worth of the human person.”²⁷⁰ The convention prescribed procedures for combating international trafficking for prostitution, including the expulsion of offenders, as well as the prohibition of running brothels and/or renting accommodations for prostitution purposes.²⁷¹ Moreover, this convention was the first legally binding international agreement on human trafficking.

In the next 51 years, “other forms of human trafficking and exploitation, such as organ harvesting and labor trafficking, have been identified.”²⁷² Eventually, in 2000, “the United Nations adopted the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children.”²⁷³ This agreement established the first common international definition of “trafficking in persons.”²⁷⁴ It was also the first agreement that acknowledged the possibility of men being victims of human trafficking.²⁷⁵ Since then, the definition has continued to expand to organ harvesting, slavery, and forced labor migration.²⁷⁶

²⁶⁹“Sex Trafficking,” Women and Global Human Rights, Accessed July 25, 2021. <http://faculty.webster.edu/woolfm/trafficking.html>.

²⁷⁰ “Convention for the Suppression of Traffic in Persons and Exploitation Prostitution Others - Together Against Trafficking Human Beings European Commission,” European Commission, September 11, 2014. https://ec.europa.eu/anti-trafficking/legislation-and-case-law-international-legislation-united-nations/convention-suppression-traffic_en.

²⁷¹ Ibid.

²⁷² Oster, Grant, Esther Elizabeth Suson, James Donaldson, Guest Post, and James, “The History of Human Trafficking,” *Hankering for History*, July 29, 2020. <https://hankeringforhistory.com/the-history-of-human-trafficking/>.

²⁷³ Ibid.

²⁷⁴ “United Nations Convention against Transnational Organized Crime,” https://www.unodc.org/documents/treaties/Special/2000_Protocol_to_Prevent_2C_Suppress_and_Punish_Trafficking_in_Persons.pdf.

²⁷⁵ Oster, Grant, Esther Elizabeth Suson, James Donaldson, Guest Post, and James, “The History of Human Trafficking,” *Hankering for History*, July 29, 2020. <https://hankeringforhistory.com/the-history-of-human-trafficking/>.

²⁷⁶ Ibid.

Modern Human Trafficking

Human trafficking continues to increase, in terms of geographic spread and volume, that the United Nations criminalized it under the Transnational Organized Crime protocols in 2000.²⁷⁷ History has shown that human trafficking has taken a long time to become recognized in various forms. Therefore, there are at least 510 unknown trafficking flows across the globe.²⁷⁸ While it is hard enough to fight the human trafficking rings, 15% of countries known for their ranges of involvement had no convictions of human trafficking from 2010 to 2012.²⁷⁹ 26% of these countries had less than 10 convictions per year, while the same percentage had, less than a third, had 10 to 50 convictions per year.²⁸⁰ In addition, as of 2012, 40,177 cases of trafficking were reported in the 2010-2012 period, and these numbers are only increasing.²⁸¹ When broken down, 13,392 people are trafficked a year, 36 people are trafficked every day, and on average one person is trafficked every hour.²⁸² 152 nationalities have been trafficked from 124 nations.²⁸³ These victims are mostly women and children.

In recent years, "forced labor migration has increased, resulting in the decrease of trafficking for sexual exploitation. In 2007, 32% of trafficked people were forced labor migrants, and four years later, the numbers increased to 40%."²⁸⁴ At the same time, trafficking of women has been steadily decreasing, from 74% of female victims in 2004 to 49% in 2011.²⁸⁵ However, this has resulted in an increase of trafficked girls, from 10% to 21% in 2011.²⁸⁶

Female Trafficking

This form of "widespread organized crime is both extremely profitable and low-risk as there is usually not enough time or personnel for governments to investigate each illegally transported group."²⁸⁷ Moreover, some governments have not criminalized any form of human trafficking,

²⁷⁷ Ibid.

²⁷⁸ Ibid.

²⁷⁹ Ibid.

²⁸⁰ Ibid.

²⁸¹ Ibid.

²⁸² Ibid.

²⁸³ Ibid.

²⁸⁴ Ibid.

²⁸⁵ Ibid.

²⁸⁶ Ibid.

²⁸⁷ Ibid.

leaving more than 2 billion humans around the world unprotected.²⁸⁸ For many women being trafficked, they come from less wealthy countries in parts of Asia, Africa, Eastern Europe, Latin America, the Middle East, and the Caribbean.²⁸⁹ For instance, in Asia, countries like the Philippines and Thailand, have had “an increase in the demand of women for sex tourism, thus increasing the amount of trafficking needed to meet the wants of men who travel from Europe, North America, and Australia.”²⁹⁰ In the United States, “an estimated 50,000 women are trafficked each year, mostly coming from the former Soviet Union and Southeast Asia.”²⁹¹ Many women from Ukraine leave because of socioeconomic conditions and difficulties that predominantly affect women.²⁹² Ukrainian women make up 75% of the unemployed in Ukraine.²⁹³ In Asia, Japan is the largest market for female trafficking.²⁹⁴ In China, the widely known one-child rule has resulted in a preference for wanting male children, creating an imbalance ratio of males to females. As of 2000, in China, males outnumbered females born between 198- and 2000 by 8.5 million.²⁹⁵ These men have “created a demand for wives and an increase in sex industry workers that are generally filled by national and international trafficking of women from nearby countries like Vietnam.”²⁹⁶

Oftentimes, “women are lured from countries that are impoverished, war-torn, strongly patriarchal or lack inadequate police forms.”²⁹⁷ Most are disadvantaged in their home countries and face severe social and economic disadvantages. If they can find work, there is an enormous gender wage gap. For instance, in Russia, women’s pay is 50% of men’s.²⁹⁸ Consequently, they are easily lured into trafficking in promises of high-paying jobs in other countries.²⁹⁹ Moreover, because some nation’s societies value sons over daughters, families tend to sell their daughters to traffickers or brothels to receive quick money and eliminate the need to pay a marriage dowry for their daughters.³⁰⁰ In India,

²⁸⁸ Ibid.

²⁸⁹ Veenstra, Michelle, “Trafficking of Women,” Encyclopedia.com, July 25, 2021. <https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/trafficking-women>.

²⁹⁰ Ibid.

²⁹¹ Ibid.

²⁹² Ibid.

²⁹³ Ibid.

²⁹⁴ Ibid.

²⁹⁵ Ibid.

²⁹⁶ Ibid.

²⁹⁷ Ibid.

²⁹⁸ Ibid.

²⁹⁹ Ibid.

³⁰⁰ Ibid.

dowries are extremely valued and thus problematic. In the 1990s, campaigns in India were created to inform citizens of the problems that can arise, such as trafficking, from the tradition of dowry giving.³⁰¹

Due to the “desperation many impoverished women face, they can be easily swayed to leave their countries in hopes of a better life. Some women believe they are hiring agencies to provide passports and cross international borders that have become increasingly restrictive.”³⁰² However, once they have crossed into the new country, their passports and documentation are taken away and they are forced into work, oftentimes forced to repay the high costs of transportation, lodging, and more.³⁰³ Other women are recruited in bars, cafes, and clubs, by men who offer them “legitimate” jobs in other countries.³⁰⁴ In addition, women who are actively seeking employment in foreign countries may also answer false job advertisements in newspapers or magazines for nannies or factory workers. They may also “visit agencies where recruiters marry or become engaged to them in a protective gesture to transport them out of the country more easily.”³⁰⁵

Some women are “sold by friends, family, or acquaintances, and sometimes kidnapped.”³⁰⁶ Others are victims of wartime violence and abduction by soldiers.³⁰⁷ In countries like Africa and Mexico, recruiters negotiate with lower-class families to provide jobs and education for their daughters but are later transported to forced labor outside of their home country.³⁰⁸ There is also the business of mail-order brides, which forces willing and unwilling women and girls to foreign countries, where they may be forced into unpaid domestic labor, prostitution, pornography, or other work by their husbands. Many brides come from countries such as the Philippines, Africa, China, Russia, Ukraine, and Latvia. They are advertised as women who are “unlike Western women” - not difficult to please

³⁰¹ Ibid.

³⁰² Ibid.

³⁰³ Ibid.

³⁰⁴ Ibid.

³⁰⁵ Ibid.

³⁰⁶ Ibid.

³⁰⁷ Ibid.

³⁰⁸ Ibid.

and will occupy a subservient position in the household.³⁰⁹ As of 1999, approximately 6,000 mail-order brides arrived in the U.S. each year, predominantly coming from the Philippines and Russia.³¹⁰

Laws Governing Trafficking of Women

Trafficking women is an “international business, so individual countries are forced and challenged to create legislation that will deter and punish that trade. In 2000, the United States passed the Victims of Trafficking and Violence Protection Act.”³¹¹ This act specified the actions taken to punish traffickers and assist victims within the United States as well as urge foreign countries to eliminate trafficking, address the economic conditions that have resulted in trafficking in their country, and assist victims who are sent back to their home countries.³¹² The United Nations (UN) has “taken several steps and protocols to halt human trafficking. For instance, the UN Convention on the Rights of the Child of 1989 focused on guaranteeing the human rights of children, and the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons of 2000 defined what trafficking is, the punishment for traffickers, and required states to ratify the protection and assistance of trafficked persons.”³¹³ In 2002, the United States implemented a special “T” visa, which allowed victims to remain in the country if they testified against their traffickers, resulting in likely danger in their home countries.

Even though the history of human trafficking, specifically female trafficking, is constantly evolving, changing, and hopefully improving, many countries have no laws against trafficking. South Africa is a popular destination and source for trafficked persons from at least 10 other countries, like Mozambique, Thailand, and China.³¹⁴ And inaction is not an option. There are both legal actions from governmental and non-governmental organizations that have launched educational campaigns to inform women about the dangers of trafficking and the popular source countries for trafficking.³¹⁵ These campaigns have also encouraged citizens of destination countries to be watchful for

³⁰⁹ Ibid.

³¹⁰ Ibid.

³¹¹ Ibid.

³¹² Ibid.

³¹³ Ibid.

³¹⁴ Ibid.

³¹⁵ Ibid.

immigrants and victims of trafficking.³¹⁶ Altogether, female trafficking and human trafficking have a long history that has yet to end. To decrease and eventually stop this trafficking legislative and non-legislative actions and measures must be taken. Accountability and awareness needs to be raised in order to mitigate the issue of female trafficking.

³¹⁶ Ibid.

Past Actions

The scale of female trafficking reflects the widespread situation of inequality, discrimination, and lack of action and protection against violence women face around the world. This is perpetuated by unfair governmental institutions, laws and policies as well as outdated and sexist societal norms and expectations that center around the way women should be perceived. Due to COVID-19's economic recession, victims are being targeted, resulting in more people at risk of trafficking. Female victims continue to be affected by trafficking in persons. In 2018, for "every 10 victims detected globally, about five were adult women and two were girls."³¹⁷ Traffickers target victims who are marginalized and in difficult circumstances as well as undocumented migrants and people in desperate need of unemployment.³¹⁸ As with previous historical economic crises, "the sharp increase in unemployment rates caused by the pandemic is likely to increase the trafficking of persons, especially women, in countries experiencing the fastest and most persistent drops in employment."³¹⁹ Job seekers from these countries are more likely to take high risks in the hope of improving their opportunities. Moreover, most of these vulnerable groups, even in wealthy nations, are those experiencing the most suffering during the Pandemic Recession.³²⁰

Despite the existence of comprehensive international legal frameworks that are in place to reduce and end trafficking, millions of women, children and men continue to be trafficked each year, in all regions and in most countries of the world. Victims "are trafficked within a country or across a border for various purposes, such as forced marriage, forced labor in farms, factories, and private households, sexual exploitation, and more."³²¹ Consequently, this constant moving nature has made it difficult to quantify how many females are trafficked. According to the Walk Free Foundation and ILO Global Estimates, 25 million people were subjected to forced labor and sexual exploitation in 2016 worldwide.³²² UNODC's 2016 Global Report identified victims shows that 51% of victims are

³¹⁷ "Global Report on Trafficking in Persons - 2020," ReliefWeb, February 2, 2021, <https://reliefweb.int/report/world/global-report-trafficking-persons-2020>.

³¹⁸ Ibid.

³¹⁹ Ibid.

³²⁰ Ibid.

³²¹ "Human Rights and Trafficking in Persons," United Nations Human Rights Office Of The High Commissioner (OHCHR), Accessed August 3, 2021, <https://www.ohchr.org/EN/Issues/Trafficking/TiP/Pages/Index.aspx>.

³²² Ibid.

women, 21% men, 20% girls and 8% boys.³²³ Among those victims, 45% have been sex trafficked and 38% have been placed into forced labor.³²⁴ In recent years trafficking has thrived among populations living in or fleeing conflict situations.

Typically “discrimination in the denial of economic and social rights are critical factors in rendering certain persons more vulnerable than others to trafficking.”³²⁵ Discrimination and poverty result in fewer and poor life choices, leading certain individuals to take risks and make decisions that would have never been made if their basic needs and rights were being met.³²⁶ In addition to economic deprivation and inequalities, gender and race-based discrimination are important factors that may affect a person’s life choices making them and communities faced with the same issues vulnerable to trafficking.³²⁷ In order to yield change, Member States must look into the past actions from conventions, treaties, conferences, and bodies as well as specific organizations and non-profits formed and created to reduce female trafficking and human trafficking around the world.

International Conferences / Meetings

Convention on the Elimination of All Forms of Discrimination against Women

On December 18, 1979, the Convention on the Elimination of All Forms of Discrimination against Women was adopted by the United Nations General Assembly.³²⁸ It was entered into force as an international treaty on September 3rd, 1981 after twenty countries ratified it.³²⁹ The Convention defines discrimination against women as “any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of

³²³ Ibid.

³²⁴ Ibid.

³²⁵ Ibid.

³²⁶ Ibid.

³²⁷ Ibid.

³²⁸ “Convention on the Elimination of All Forms of Discrimination against Women,” United Nations Human Rights Office Of The High Commissioner (OHCHR), Accessed August 3, 2021, <https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>.

³²⁹ Ibid.

human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.”³³⁰

The Convention “provided the basis for realizing equality between women and men through ensuring women’s equal access and opportunities in political and public life such as the right to vote and stand for election as well as education, health and employment.”³³¹ By accepting the Convention, States agreed to commit themselves to undertaking a series of measures to end discriminations against women in all forms, such as:

- Incorporating the principle of equality of men and women in their legal system, abolishing all discriminatory laws and adopting appropriate ones prohibiting discrimination against women;³³²
- Establishing tribunals and other public institutions to ensure the effective protection of women against discrimination; and³³³
- Ensuring the elimination of all acts of discrimination against women by persons, organizations or enterprises.³³⁴

Also, States that agree to this Convention must take on all appropriate measures such as legislation and temporary special measures to ensure that women can enjoy all their human rights and fundamental freedoms.³³⁵

In regards to female trafficking, “the Convention takes appropriate measures to suppress all forms of trafficking in women and exploitation of prostitutes of women.”³³⁶ General recommendation No. 19

³³⁰ “Convention on the Elimination of All Forms of Discrimination against Women,” United Nations. United Nations, Accessed August 3, 2021, <https://www.un.org/womenwatch/daw/cedaw/>.

³³¹ Ibid.

³³² Ibid.

³³³ Ibid.

³³⁴ Ibid.

³³⁵ Ibid.

³³⁶ “International Instruments Concerning Trafficking in Persons,” United Nations Human Rights Office Of The High Commissioner (OHCHR), August 2014, https://www.ohchr.org/Documents/Issues/Women/WRGS/OnePagers/IntInstrumentsconcerningTraffickingpersons_Aug2014.pdf.

identifies that trafficking is a form of violence against women since it puts women at a special risk of violence and abuse.³³⁷ Moreover, this trafficking is incompatible with the human rights, fundamental freedoms that women are ensured.³³⁸

Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children

In 2000, the United Nations (UN) launched the Protocol to Prevent, Suppress and Punish Trafficking in Persons. This was a milestone that provided the first internationally agreed definitions of “trafficking in persons”: “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”³³⁹

This protocol established a victim-centered approach that was intended to prevent and combat crimes and facilitate international cooperation against female and human trafficking.³⁴⁰ The Protocol also highlighted the problems associated with trafficking that often lead to inhumane, degrading and dangerous exploitation of persons.³⁴¹ The Protocol standardized terminology, laws, and practices of countries in this area of law.

As of now, the Protocol has been signed by 177 countries. And “more than 90% of countries for which data was available, criminalize trafficking in line with the UN Trafficking in Persons

³³⁷ Ibid.

³³⁸ Ibid.

³³⁹ “Human Rights and Trafficking in Persons,” United Nations Human Rights Office Of The High Commissioner (OHCHR), Accessed August 3, 2021, <https://www.ohchr.org/EN/Issues/Trafficking/TiP/Pages/Index.aspx>.

³⁴⁰ “Global Report on Trafficking in Persons - 2020,” ReliefWeb, February 2, 2021, <https://reliefweb.int/report/world/global-report-trafficking-persons-2020>.

³⁴¹ “Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime,” United Nations Office on Drugs and Crime (UNODC), Accessed August 3, 2021, https://www.unodc.org/documents/treaties/Special/2000_Protocol_to_Prevent_2C_Suppress_and_Punish_Trafficking_in_Persons.pdf.

Protocol.³⁴² Globally, the number of people convicted per 100,000 population has almost tripled since 2003.³⁴³ In addition, countries that had introduced anti-trafficking legislation before the 2003 Protocol still record the highest rates of conviction, but rates have also been rising for countries that adopted these legal measures after the Protocol was adopted.³⁴⁴ European countries have recorded much higher conviction rates compared to other parts of the world.³⁴⁵ Nevertheless, this number has been decreasing over the last few years. Countries in America, Asia, and the Middle East have recorded increasing numbers since the UN Protocol entered into force.

Council of Europe Convention on Action against Trafficking in Human Beings (2005)

In 2005, “the Council of Europe Convention on Action against Trafficking in Human Beings was adopted by the Minister of Council of Europe.”³⁴⁶ This Convention followed after a series of other initiatives regarding combating trafficking in human beings were created by the Council. This Convention went beyond building on the existing international instruments and minimum standards agreed upon in them, but rather fights and strengthens the protection victims need and afford.³⁴⁷ Following a “comprehensive scope of application, the Convention encompassed all forms of trafficking, national/transnational or linked/not linked to organized crime, taking in all persons who are victims of trafficking: women, men and children.”³⁴⁸ The forms of exploitation discussed by the Convention are, but do not include all, sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude, and organ removal.³⁴⁹

This convention was built off of the 2000’s Protocol to Prevent, Suppress and Punish Trafficking in Persons, marking greater steps toward greater cooperation and dedication “for the protection of victims and ending of human trafficking within Europe.”³⁵⁰ The main and new value of this

³⁴² “Global Report on Trafficking in Persons - 2020,” ReliefWeb, February 2, 2021, <https://reliefweb.int/report/world/global-report-trafficking-persons-2020>.

³⁴³ Ibid.

³⁴⁴ Ibid.

³⁴⁵ Ibid.

³⁴⁶ “About the Convention,” Action against Trafficking in Human Beings, Accessed August 3, 2021, <https://www.coe.int/en/web/anti-human-trafficking/about-the-convention>.

³⁴⁷ Ibid.

³⁴⁸ Ibid.

³⁴⁹ Ibid.

³⁵⁰ Dearnley, Ruth, “Prevention, Prosecution and Protection - Human Trafficking,” United Nations, Accessed August 3, 2021, <https://www.un.org/en/chronicle/article/prevention-prosecution-and-protection-human-trafficking>.

Convention was the discussion and addition of a “human rights perspective approach and focus on victim protection.”³⁵¹ In the Preamble, it defines trafficking in human beings as “a violation of human rights and an offense to the dignity and integrity of the human being.”³⁵² Moreover, the convention provides a series of rights for victims of trafficking, “particularly the right to be identified as a victim, but also to be protected and assisted, given recovery and a reflection period of at least 30 days, granted a renewable residence permit, and receive compensation for the damages suffered.”³⁵³

In addition, another important value added to the Convention is a monitoring system that was created to supervise the implementation of the obligations discussed above. The monitoring system will be run by two pillars in the fight against human trafficking: the Group of Experts on Action against Trafficking Human Beings (GRETA) and the Committee of the Parties.³⁵⁴

United Nations Global Initiative to Fight Human

The United Nations Global Initiative to Fight Human Trafficking (UN.GIFT) was launched in March 2007, marking 200 years since the abolition of the trans-Atlantic slave trade.³⁵⁵ UN.GIFT was created to promote the global fight against human trafficking, based on the international agreements reached at the UN as discussed in previous Conventions and Protocols above. UN.GIFT was created by “the International Labor Organization (ILO), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Children’s Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the International Organization for Migration (IOM), and the Organization for Security and Cooperation in Europe (OSCE).”³⁵⁶

The Global Initiative is based solely on one principle - “human trafficking is a crime of such magnitude and atrocity that it cannot be dealt with successfully by any government alone.”³⁵⁷

³⁵¹ “About the Convention,” Action against Trafficking in Human Beings, Accessed August 3, 2021, <https://www.coe.int/en/web/anti-human-trafficking/about-the-convention>.

³⁵² Ibid.

³⁵³ Ibid.

³⁵⁴ Ibid.

³⁵⁵ “United Nations Global Initiative To Right Human Trafficking (UN.GIFT),” United Nations Office on Drugs and Crime (UNODC), Accessed August 3, 2021, <https://www.unodc.org/documents/overview.pdf>.

³⁵⁶ “UN.GIFT,” About Page, Accessed August 3, 2021, <https://www.ungift.org/about/>.

³⁵⁷ Ibid.

Consequently, this global problem requires a multifaceted approach with a global, multi-stakeholder strategy that continues to build on the national efforts throughout the world.³⁵⁸

UN.GIFT stakeholders include government, businesses, academic, civil society and the media as means to support each other's work, create new partnerships as well as develop effective tools to help combat the human trafficking.³⁵⁹ UN.GIFT's mission aims to mobilize member states and non-state members to eradicate human trafficking by:³⁶⁰

- Reducing the vulnerability potential victims face;
- Ensuring adequate protection and support for victims and respect the fundamental human rights of all persons;
- Support the prosecution of criminals involved; and
- Reducing the demand for exploitation in all its forms.

In order to carry out this mission, UN.GIFT aims to increase knowledge and awareness of human trafficking as well as foster partnerships for joint action against human trafficking.³⁶¹ Moreover, stakeholders must coordinate efforts - existent and/or non-existent - and provide technical assistance.³⁶² By encouraging and facilitating cooperation and coordination, UN.GIFT aims to create relations among anti-trafficking NGOs and agencies and develop efficient and cost-effective tools and good practices.³⁶³ In all, UN.GIFT's goal is to ensure that everybody takes responsibility for this fight and makes change happen.

³⁵⁸ Ibid.

³⁵⁹ Ibid.

³⁶⁰ "United Nations Global Initiative To Right Human Trafficking (UN.GIFT)," United Nations Office on Drugs and Crime (UNODC), Accessed August 3, 2021, <https://www.unodc.org/documents/overview.pdf>.

³⁶¹ Ibid.

³⁶² "UN.GIFT," About Page, Accessed August 3, 2021, <https://www.ungift.org/about/>.

³⁶³ Ibid.

Specific Organizations

Office of the High Commissioner for Human Rights

The Office of the High Commissioner for Human Rights (OHCHR), founded in 1993, is a United Nations Agency dedicated to representing the “world’s commitment to the protection and promotion of human rights and freedoms discussed in the Universal Declaration of Human Rights.”³⁶⁴ OHCHR is the leading UN entity on human rights.³⁶⁵ They work to “promote and protect all human rights by speaking out against human rights violations, both chronic and acute, that put those affected in imminent peril.”³⁶⁶ In addition, OHCHR helps “empower people through research, education, and advocacy activities that contribute to increased awareness and engagement by the international community and the public on human rights issues in all regions of the world.”³⁶⁷

The link between human rights and human trafficking is evident, even though this issue will not necessarily mean that human rights will be the center of approach to trafficking. According to the Office of the High Commissioner for Human Rights, the human rights-based effort places victims “at the center of any effective and credible action by extending the focus to the root causes that underlie trafficking, maintain impunity for traffickers, and deny justice to victims, such as discrimination, unjust distribution of power, demand for goods and services through exploitation, and complicity of the public sector.”³⁶⁸ Moreover, “the human rights approach acknowledges that governments are also responsible for protecting and promoting the rights of all people within their jurisdiction, even those who are non-citizens.”³⁶⁹ Consequently, these governments have a legal obligation to work towards eliminating trafficking and exploitation of people.³⁷⁰

³⁶⁴ “Who We Are,” United Nations Human Rights Office Of The High Commissioner (OHCHR), Accessed August 3, 2021, <https://www.ohchr.org/en/aboutus/pages/whoweare.aspx>.

³⁶⁵ Ibid.

³⁶⁶ Ibid.

³⁶⁷ Ibid.

³⁶⁸ “Human Rights and Trafficking in Persons,” United Nations Human Rights Office Of The High Commissioner (OHCHR), Accessed August 3, 2021, <https://www.ohchr.org/EN/Issues/Trafficking/TiP/Pages/Index.aspx>.

³⁶⁹ Ibid.

³⁷⁰ Ibid.

United Nations Office on Drugs and Crime

The United Nations Office on Drugs and Crime (UNODC), founded in 1997, is the global leader dedicated to combating illicit drugs, transnational organized crimes, and terrorism.³⁷¹ UNODC works to promote and inform the world about the dangers of drug abuse and strengthen interaction against drug production, trafficking, and drug-related crime.³⁷² UNODC also works to improve crime prevention and assist with criminal justice reform around the world.³⁷³ According to the United Nations Office on Drugs and Crime, UNODC “bases its work on the three pillars of research and analytical work, normative work to assist States in the ratification and implementation of international treaties, and the development of domestic legislation on drugs, crime and terrorism, and field-based technical cooperation projects.”³⁷⁴

In regards to trafficking, UNODC assists countries in ratifying and implementing the UN Protocol on Trafficking in Persons.³⁷⁵ UNODC delivers expertise by helping countries draft, develop, and review laws, policies, and action plans that effectively combat human trafficking.³⁷⁶ They also invest in people by training and mentoring people to use instruments that apprehend, prosecute, convict traffickers and protect and support victims.³⁷⁷ They provide tools such as studies, toolkits, and model laws for training research and policy reform that provide countries and people with up-to-date and evidence-based knowledge.³⁷⁸ Lastly, they build networks by forming partnerships with international, governmental aid and non-governmental organizations to support joint investigations into trafficking crimes.³⁷⁹ In all, UNODC works worldwide to contribute effective national, regional, and international anti-trafficking responses.

³⁷¹ “United Nations Office on Drugs and Crime,” World Health Organization, February 8, 2018. <https://www.who.int/violenceprevention/about/participants/unodc/en/>.

³⁷² Ibid.

³⁷³ Ibid.

³⁷⁴ Ibid.

³⁷⁵ “Our Response,” United Nations: Office on Drugs and Crime, Accessed August 3, 2021, <https://www.unodc.org/unodc/en/human-trafficking/our-response.html>.

³⁷⁶ Ibid.

³⁷⁷ Ibid.

³⁷⁸ Ibid.

³⁷⁹ Ibid.

Special Rapporteur on trafficking in persons, especially women and children

The Special Rapporteur on trafficking in persons, especially women and children was established by the United Nations Commission on Human Rights in 2004. The Special Rapporteur is one of thematic special procedures overseen by “the United Nations Human Rights Council (UNHRC) and is charged with monitoring human rights violations committed against trafficked people and the efforts that contribute to combating trafficking.”³⁸⁰ The main function of the Special Rapporteur is to communicate with governments concerning allegations and information received regarding alleged right violations.³⁸¹ The Special Rapporteur also conducts country visits to better understand the trafficking situation, and submits reports on its activities to the UN General Assembly and Human Rights Council.³⁸²

The concept of female trafficking and human trafficking is directly incompatible with human rights and the Universal Declaration of Human Rights (UDHR). There are approximately 800,000 people trafficked across international borders annually.³⁸³ 80% of those people are women or girls, and 50% are minors.³⁸⁴ Although the degree of trafficking differs among countries and continents, global trafficking is a growing problem that must be combated. Consequently, it is of utmost importance that governments and international organizations find ways to better protect all people of trafficking, especially women and girls.

Altogether, the conventions, declarations and special organizations outlined above signify the remarkable and undoubtedly progress that has been made to reduce female and human trafficking. There is no just reason for any person, especially women and girls, to be discriminated against and vulnerable to human trafficking. However, once the causes of this global issue are addressed on both

³⁸⁰ “Special Rapporteur On Trafficking In Persons, Especially Women And Children,” International Justice Resource Center, July 26, 2018, <https://ijrcenter.org/un-special-procedures/special-rapporteur-in-trafficking-in-persons-especially-women-and-children/>.

³⁸¹ Ibid.

³⁸² Ibid.

³⁸³ Deshpande, Neha A, and Nawal M Nour, “Sex Trafficking of Women and Girls,” US National Library of Medicine National Institutes of Health, *Rev Obstet Gynecol*, 2013 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3651545/>.

³⁸⁴ Ibid.

a national and international level, huge strides can be made in terms of reducing human and female trafficking and improving the state of victims' well-being.

Possible Solutions

By this time, all countries have recognized slavery as a crime, and for many nations, the periods in which individuals were unfairly exploited for their labor are now recognized as disgraceful and shameful points in their history. However, today we find that human slavery is still a sickening reality, as every year, men, women, and children are being trafficked and exploited all over the world. They are trafficked into forced labor, potentially taken across borders, and widely mistreated as they are used for labor, sex, and more. Due to the underground nature of the crime, it is nearly impossible to ever reach a consensus on the true scale of the problem, but it is obvious that the situation is increasing, and with every year that individuals, organizations, and nations fail to appropriately address the horror of human trafficking, more and more human lives are destroyed. It is happening in every continent and every country, and whether a place is the source, destination, or transit point, no one is immune to the problem, and no one can claim to be unaffected by this crime.

To end human trafficking, specifically focusing on women who are most vulnerable to the effects, there must be a multi-dimensional approach that includes prevention, prosecution, and protection.

Prevention

Increasing Female Education

Nelson Mandela once said, “education is the most powerful weapon which you can use to change the world.” Education can be a crucial catalyst for change because once individuals learn the indicators of the crime, the warning signs, and how to respond when someone is a victim, people can take preventative actions to safeguard themselves and their loved ones in the community.

1. Job Skills Training³⁸⁵ -- many individuals who are exploited by traffickers find themselves in bad situations due to an inability to differentiate between a legitimate work experience and an exploitative one. By providing youth with the opportunities for technical training, they will help build skills and gain better job opportunities. They will then better understand their

³⁸⁵ “Trafficking Prevention.” ACF. Family & Youth Services Bureau, November 2020. https://www.acf.hhs.gov/sites/default/files/fysb/acf_issuebrief_htprevention_10202020_final_508.pdf.

rights as an employee and be able to enter the workplace safely, not led astray by false job advertisements or sketchy supervisors.

2. Healthy and Unhealthy Relationship Training³⁸⁶ -- for many young women, they are forced into exploitative situations, as they do not recognize the warning signs of a toxic relationship and fail to accept the value of their self-worth. They may have experienced trauma or adversity in their childhoods, so it is important to address these triggering situations through individual or group therapy/support, and then, it is imperative that women acquire a clear understanding of what constitutes exploitative behavior, coercion or force, grooming, or outright abuse, and the concept of consent. This will help build resilience against potential trafficking situations and may also prevent youth from becoming a victim or a perpetrator.

3. Safety Planning and Harm Reduction Training³⁸⁷ -- Individuals need a practical set of skills and strategies that they can use to prevent harm when engaging in the formal and informal sectors of society. Women are most often the victims of human trafficking, especially those that live in marginalized and vulnerable communities, yet many incidents of trafficking can be prevented if people are properly trained on how to protect themselves and avoid harmful situations:
 - a. Identify potential red flags of sex trafficking and labor trafficking;

 - b. Tips for when exploring “too good to be true” employment offers;

 - c. Tips for when traveling out of state;

 - d. Ways to escape traffickers who use physical violence or coercion;

 - e. Develop places to call for assistance (i.e., hotlines);

³⁸⁶ Ibid.

³⁸⁷ Ibid.

- f. Identifying available resources for emergency shelter and basic needs.

Collaborating with Stakeholders on Prevention

Building cooperation is more easily conceptualized than implemented, yet it is essential, as effective cross national teams are the greatest strength in fighting against crime. To help achieve the highest forms of protection, countries must first define shared goals and responsibilities and utilize all resources to combat the problem. Partnerships will differ, but it is best to get wide arrange of sources, including but not limited to: Local, state, tribal and federal law enforcement, Child welfare systems, Domestic violence shelters and service providers, Civil legal service providers, Immigrant-serving agencies, Courts, Human trafficking service programs, and more³⁸⁸.

However, all stakeholders must understand that³⁸⁹:

- Poverty and a lack of education and opportunities are often associated with an individual's vulnerability to trafficking;
- There may be a connection between childhood sexual abuse and trafficking;
- Programs should be tailored to reflect local recruitment trends;
- A needs assessment should be conducted prior to developing short- and long-term prevention strategies.

Then, once the proper partnerships are established and everyone is on the same page, coalitions can do extraordinary work with everyone bringing the little they have together to create change, and aligning the things we do well to make a difference.

³⁸⁸ "Building Effective Collaborations To Address Human Trafficking ." Office of Justice Programs. U.S. Department of Justice, December 2015.

https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/HT_Building_Effective_Collab_fact_sheet-508.pdf.

³⁸⁹ Roberts, Liz, Griselda Vega Samuel, and Andrea Hughes, eds. "Global Collaboration Against Human Trafficking Report." Global Learning Collaborative. Safe Horizon Anti-trafficking Program. Accessed July 28, 2021.

https://d3n8a8pro7vhmx.cloudfront.net/projectrespect/pages/15/attachments/original/1518392444/Global_Learning_Collaborative_Final_Report.pdf?1518392444.

1. Technology³⁹⁰ – One of the best strategies is for organizations to use technology as a tool for education and prevention. Through the anonymity and widespread accessibility of the Internet, traffickers can anonymously reach many populations, and quickly take advantage of new applications, yet this same technology that traffickers utilize provides unparalleled opportunity to combat trafficking and support survivors. Service providers and law enforcement must begin strategizing how to use technology and social media such as Snapchat, Facebook and WhatsApp to aid in prevention efforts. In addition, the media can be used to share stories and statistics to educate the public on identifying human trafficking and potentially even prevent trafficking before it happens.³⁹¹
2. Research and Evaluation³⁹² – while most organizations recognize that most victims are women, there is little else that has been done to provide systematic and reliable data on the scale of this crime. In order to best be able to pool resources and provide plans for the future, countries need to share all of their trafficking data, tactics that have proved successful on the national level, characteristics of the victims, trafficking trajectories, and any other pieces of information that could allow legislators to craft effective policies to protect individuals
3. Prioritize Monitoring – when building relationships between people and organizations from all different backgrounds, there are going to be clashes of opinions and differing strategies, yet the programs that are established need to be constantly monitored and updated to fit the current climate. Every program has to be evaluated based on its effectiveness and impact. If something is missing or it is not properly addressing the needs of the vulnerable and/or victims, alternate training opportunities and initiatives must be enacted to improve upon the problem.

³⁹⁰ Roberts, Samuel, and Hughes, eds., "Global Collaboration."

³⁹¹ Ibid.

³⁹² Goździak, Elżbieta M, and Micah N Bump. "Data and Research on Human Trafficking: Bibliography of Research-Based Literature." Institute for the Study of International Migration. Georgetown University, September 2008. <https://www.ojp.gov/pdffiles1/nij/grants/224392.pdf>.

Human trafficking, as constantly stated, cannot be solved by one individual or one nation. It requires profound international cooperation, in which countries can agree to implement better training programs and preventative measures at young ages, especially to vulnerable communities. Countries also need to agree to participate in corporations combining government leaders, support groups, victims, etc. to pool resources, facilitate discussions about the issue, and maintain an open conversation on how to best respond to the intensifying problem and provide the best actions to stop the crime before it even occurs.

Prosecution

If a woman is fortunate enough to escape a situation of trafficking, and she is brave enough to come forward with her experiences, she must be heard and her statements must be taken seriously. The situation cannot be swept under the rug, for if nations want to set a precedent that human trafficking in any form will not be tolerated, and if the overall problem wants to be combatted, the perpetrators must be prosecuted.

International Standards

International law is a powerful tool in combatting human trafficking. The most recent instruments that have set the criteria for how to prosecute human trafficking are the United Nations Convention against Transnational Organized Crime and its two related protocols: "the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, and the United Nations Protocol against the Smuggling of Migrants by Land, Sea, and Air."³⁹³ These efforts laid the foundation for prosecuting individuals guilty of exploiting individuals, and they have allowed the number of international prosecutions to increase substantially over the past decade.

National Standards

The UN recognizes that human trafficking is a grave human rights violation, yet due to the nature of the crime, it is often better handled at a national level. Most countries have adopted measures to

³⁹³ King, Lindsey. "International Law and Human Trafficking." TOPICAL RESEARCH DIGEST. University of Denver. Accessed July 28, 2021. <https://www.du.edu/korbel/hrhw/researchdigest/trafficking/InternationalLaw.pdf>.

prevent trafficking and prostitution and to assist trafficked victims, but they have also taken firm stances to maximize trafficking arrests and prosecutions.

These are some potential ideas for domestic standards:³⁹⁴

- Must work to clearly define what constitutes trafficking;
- State and local law enforcement must be authorized to investigate and prosecute human trafficking as a crime:
- Victims must be treated as VICTIMS and not criminals -- if they are children, must be treated as minors;
- Database to track the whereabouts of prosecuted traffickers;
- Prosecutors should be aware of the differences between human trafficking laws in their state, and how they differ from federal laws;
- First responders and investigating officers should be familiar with the elements of human trafficking in their jurisdiction, as well as the elements of related crimes, such as pimping and pandering, false imprisonment, criminal threats, etc.;
- “Keep up with changes in the law of human trafficking, both statutory and case law, in order to ensure all steps in the investigation and prosecution of such cases are up to date;
- Train first responders to document details of the conditions in which victims were found (locked in a room, lacking personal belongings”³⁹⁵;

³⁹⁴ Summer, Stephan, and Wendy Patrick. “NATIONAL HUMAN TRAFFICKING PROSECUTION BEST PRACTICES GUIDE.” NDAA. National District Attorneys Association, January 2020. <https://ndaa.org/wp-content/uploads/Human-Trafficking-White-Paper-Jan-2020.pdf>.

³⁹⁵ Ibid.

- Educate first responders and follow up detectives about the types of questions that are most likely to reveal evidence of trafficking;
- Enlist other human trafficking survivors to join the victim advocacy team to provide victim support;
- PROSECUTE.

Protection

There are many initiatives that can be taken to prevent human trafficking and collaboratively work towards effective solutions, yet cases are inevitable, so it is important to also have standards in place to care for trafficking survivors. According to the global learning collaborative report, there are four main principles that are critical in a survivor's recovery³⁹⁶:

Utilize client-centered practice

After experiencing a highly traumatic and dehumanizing situation, many victims will be reluctant to share their experiences and will often become more reserved, regardless of what their usual personality was prior to the incident. Client centered practices address these concerns by giving survivors a voice again and allowing individuals to make their own decisions about their lives again, clearly state what their needs and wants require and receive the best care possible that is individualized to each person, providing them with the best services, legal options, and overall care.³⁹⁷

Implement trauma-informed care

Trauma is usually inevitable in these fragile situations, and while every survivor has a different experience, their stories often coincide in the fact that they all end with individuals suffering from a myriad of trauma symptoms. In trauma-informed care, all officials and health officers will be

³⁹⁶ Roberts, Samuel, and Hughes, eds., "Global Collaboration."

³⁹⁷ Ibid.

appropriately trained to understand the impact of trauma and how it manifests in the clients, and they will consistently review and assess each patient to better grasp their situation and hopefully display evidence of improvement. They will offer both individual and group supervision, and hopefully work towards mitigating the pain felt by survivors.³⁹⁸

Utilize inclusive practices and non-stigmatizing language

If an individual reaches out for help, then they deserve to receive that help in an orderly and efficient manner. Every survivor should have access to a needs-basis assessment to determine the kind of support that is necessary and how to appropriately connect them with the proper resources and support groups that are conducive to a healthy treatment path and that will equip them with the proper amount of comfort to be able to openly and honestly express themselves. There is also often stigma and discrimination against trafficked women, so inclusive practices will aim to connect individuals from similar backgrounds, ethnicities, races, etc. to empower individuals to self-identify and reflect on their experiences.³⁹⁹

Provide services that are informed by survivors' experiences

Every survivor's experience is a powerful resource, for no individual can ever truly know what another person has gone through (even if he/she is a survivor), as every story is different. That is why survivors are one of the best tools to provide good strategies moving forward and can actually be used as an asset. Surveys can be offered to survivors to evaluate the success of the services provided, clients can consistently be asked what worked well and what did not work well, and perhaps even compensation can be offered to survivors to thank them for their time and incentivize them to continue working in the trafficking sector and to continue to be a voice and inspiration.⁴⁰⁰

Human trafficking victims are often physical and emotionally abused, threatened, lied to, and tricked, and it can be challenging to provide the highest quality care to these vulnerable individuals, but organizations and nations must try their best. One must not accuse or judge their choices, the

³⁹⁸ Ibid.

³⁹⁹ Ibid.

⁴⁰⁰ Ibid.

stigma around trafficked individuals must be destroyed, and nations should avoid prosecuting the victims, despite their past professions and/or behavior. Instead, victims should be offered assistance at local, state, and national levels, and everyone looking to help must appear sensitive, empathetic, and aware to form a relationship with the individuals and allow them to disclose their journey, at their own pace, and become survivors.⁴⁰¹

⁴⁰¹ Sheridan, Trisha. "Human Trafficking: Identification and Assessment of Victims Essential." Nurse. Relias, December 2019. <https://resources.nurse.com/learn-how-help-victims-human-trafficking-nnw>.

Bloc Positions

Asian-Pacific States

Asian-Pacific states are some of the most vulnerable nations to the threat of human trafficking, as the high number of dangers such as climate change, natural disasters, and infectious diseases, have displaced individuals and refugees who are extremely vulnerable and at great risk of being abused and mistreated. According to the 2016 global slavery index, 40 million men, women, and children are trapped in a horrendous web of forced labor, sexual exploitation, and coerced marriage⁴⁰². Despite data being difficult to obtain due to human trafficking being widely undetected and unreported, estimates demonstrate that the business still generates more than \$150 billion per year.⁴⁰³ Women are often taken from remote and impoverished communities, and while victims are commonly trafficked from Asian countries such as China, Japan, Malaysia, and Thailand, these nations are also the leading destinations for trafficked victims in addition to the Philippines and Vietnam.⁴⁰⁴

For the Asian-Pacific states threatened by the rise of human trafficking, they have joined international agreements such as the UN Convention against Transnational Organized Crime, and the Protocol to Prevent, Suppress and Punish Trafficking in Persons (Palermo Protocol).⁴⁰⁵ This requires the states to strengthen their border controls to detect trafficking, and encourages nations to devote increased time and resources to fighting the effects of other associated crimes including but not limited to: smuggling, prostitution, and money laundering. Finally, aside from the two international regimes, South East Asia adopted the ASEAN Convention Against Trafficking in Persons, Especially Women and Children in 2015 to complement the international anti-trafficking framework and ensure that individual countries are adhering to the Palermo Protocol. There is also a platform for open dialogue about the issue between countries of the Pacific, allowing nations to raise awareness and better connect with one another to combat the issue.⁴⁰⁶

⁴⁰² Caballero-Anthony, Mely. "A Hidden Scourge." International Monetary Fund. International Monetary Fund, September 2018. <https://www.imf.org/external/pubs/ft/fandd/2018/09/human-trafficking-in-southeast-asia-caballero.htm>.

⁴⁰³ Ibid.

⁴⁰⁴ Ibid.

⁴⁰⁵ Ibid.

⁴⁰⁶ Ibid.

African States

Human trafficking is often seen as a low-risk organized in Africa due to the widespread nature of corruptness in the governments, yet trafficking victims come from over 60 countries and out of the 2.5 million people that are engaged in forced labor or sexual exploitation around the world at a given time, 5.2% are from Sub-Saharan African nations.⁴⁰⁷ Female victims are commonly forced into positions of forced labor due to poverty and instability from nations such as Benin, Ghana, Nigeria, and Mali. Although less likely, it is still very possible that women and children are then transported throughout the region to contribute to the pervasive sex industry, or even outside of the region to engage in a larger sexual network.

Similarly to the Asian-Pacific states, nations within the African region rely heavily on UN protocols such as the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, which is the first legally binding instrument defining human trafficking, and the United Nations Protocol against the Smuggling of Migrants by Land, Sea and Air which aims to prevent the smuggling of migrants as well as the exploitation that usually follows.⁴⁰⁸ While these treaties and documents are international documents, they represent laws and actions specifically designed to address the problem of human trafficking, and African nations are incentivized and obliged to sign and agree to their actions. In addition, the UN conventions have sparked a conversation in Sub-Saharan Africa, and now, almost every country in the region has signed the 2007 United Nations Global Initiative to Fight Human Trafficking⁴⁰⁹. Their mission is to work together to fight against human trafficking and to better protect the young men, women, and children who often find themselves in a devastating, hopeless situation.

Eastern European States

Human trafficking is sadly a common occurrence for women and girls across Eastern Europe, as sex traffickers prey on individuals from this region. The largest categories of those mistreated are found

⁴⁰⁷ Mangelli, Victoria. "THE ISSUE OF HUMAN TRAFFICKING IN SUB-SAHARAN AFRICA." Borgen Project. The Borgen Project, November 26, 2020. <https://borgenproject.org/human-trafficking-in-sub-saharan-africa/>.

⁴⁰⁸ Ibid.

⁴⁰⁹ Ibid.

in the areas of domestic servitude, forced labor, and child soldier slavery, yet the greatest number of victims are those sexually exploited. Organized crime groups target marginalized communities, pounce on individuals at their weakest and most vulnerable moments, and often transport women across intricate transport routes to different countries.⁴¹⁰ The "Eastern Route" through Poland and into Germany is a key overland corridor for smuggling women into the European Union from Russia, Ukraine, Romania, and the Baltics. The cities of Prague, Amsterdam, and Frankfurt are also common destinations. Also, the "Balkan route" is another notorious path for sex-trade traffickers that moves through Serbia and Montenegro, Croatia, Albania, Macedonia, Bosnia-Herzegovina, and Kosovo.⁴¹¹ The data shows that nearly every town and city in Eastern European nations have many girls disappear, and with every year that passes, the problem only seems to grow and intensify.

The governments of East European states have all acknowledged the problem of trafficking in human beings (THB) in their societies, and all of them (except the Czech Republic) have ratified the Palermo Protocol⁴¹². Every country also has specific legislation in their legal codes that address human trafficking and they have since ratified the 2008 Council of Europe's Convention on Action against Trafficking in Human Beings. The main idea is that every nation in Eastern Europe has pledged to fight against human trafficking, and while most have developed national plans tailored to the issue, some have even adopted a national referral mechanism, which is a co-operative framework where each nation individually identifies victims and connects them to proper resources, strengthens their detection services, and fulfills their efforts to promote human rights, while also agreeing to coordinate their efforts in strategic partnerships with neighboring nations⁴¹³. For these countries, it is definitely a priority to protect the rights and wellbeing of trafficking victims, to prosecute traffickers, and to prevent human trafficking from even occurring in the first place.

⁴¹⁰ Synovitz, Ron. "Sex Traffickers Prey On Eastern Europeans." Radio Free Europe. Radio Liberty, August 23, 2005. <https://www.rferl.org/a/1060878.html>.

⁴¹¹ Ibid.

⁴¹² Jolluck, Katherine R. "Combating the Trafficking of Women in Eastern Europe." Center on Democracy, Development, and The Rule of Law. Stanford University, June 2012. https://fsi-live.s3.us-west-1.amazonaws.com/s3fs-public/Jolluck_Trafficking_Final.pdf.

⁴¹³ Jolluck, Katherine R.

Western European States

Human trafficking flows show that there are three ways in which Europe is affected: “1) most of Europe is a destination of trafficking, 2) some countries are significant origins of human trafficking, and 3) domestic trafficking is prevalent in many countries.”⁴¹⁴ In Western Europe, human trafficking occurs in Western Europe, but oftentimes it is not a place where women and girls are being taken from, but rather sent to. A variety of nationalities have been found among human trafficking victims in Western and Central Europe, more than any other part of the world, with 84% of these victims being trafficked for the purpose of sexual exploitation.⁴¹⁵ In France, Italy, and Romania nationals accounted for a large part of the trafficking victim population. Moreover, in places like the Netherlands and Germany, Dutch victims, especially women and girls, have fallen victim to human trafficking - they are related to the *loverboys* phenomenon;⁴¹⁶ Dutch girls are exploited by their older “boyfriends,” who abusing their psychological power and leverage, coerce these girls unto prostitution.⁴¹⁷ This phenomenon does not just occur in these two countries but all over Europe.

Most legislation regarding human trafficking was introduced into European countries’ legal systems after 2000, when the UN Trafficking Protocol was adopted. However, in Western European countries as well as some Central European countries' legislation relating to trafficking for sexual exploitation has been put in place since the late 1990s.⁴¹⁸ Trends in Western Europe were mixed when it came to convictions relating to trafficking in person. Belgium, Netherlands, Germany, Greece, and Italy recorded decreasing trends in the number of criminal proceedings over the last five years.⁴¹⁹ On the other hand, Denmark, France, and the United Kingdom have reported rising trends. The reason for human trafficking response in terms of the number of convictions recorded per year being weak, especially compared to the number of victims that are estimated to be trafficked in Europe, is due to the lack of contextualization and rate in which other crimes are considered.⁴²⁰ In Europe, there are

⁴¹⁴ “Trafficking in Persons; Analysis on Europe,” United Nations Office on Drugs and Crime (UNODC), UN.GIFT, 2009. https://www.unodc.org/documents/human-trafficking/Trafficking_in_Persons_in_Europe_09.pdf.

⁴¹⁵ “Trafficking in Persons to Europe for Sexual Exploitation,” United Nations Office on Drugs and Crime (UNODC), August 5, 2021, https://www.unodc.org/documents/publications/TiP_Europe_EN_LORES.pdf.

⁴¹⁶ “Trafficking in Persons; Analysis on Europe,” United Nations Office on Drugs and Crime (UNODC), UN.GIFT, 2009. https://www.unodc.org/documents/human-trafficking/Trafficking_in_Persons_in_Europe_09.pdf.

⁴¹⁷ Ibid.

⁴¹⁸ Ibid.

⁴¹⁹ Ibid.

⁴²⁰ Ibid.

more convictions for rare crimes such as kidnapping in Denmark (3 per 100,000 people), homicide in Finland (4 per 100,000 people) or robbery in Norway (5.8 per 100,000 people) than for human trafficking.⁴²¹ Moreover, it must be stressed that because nationals, like the women and girls from Germany and the Netherlands, are not “expected” to be victims of human trafficking, many criminal justice systems tend to identify their own citizens not as victims of trafficking, but victims of other crimes like sexual exploitation, forced labor, and kidnapping.⁴²² Consequently, there must be change to fix the problem of human trafficking in Western Europe.

Latin America and Caribbean States

Human trafficking is a growing problem in Latin America and the Caribbean States. It is a region that encompasses all three factors of human trafficking: 1) it has a surplus of resources, or in this case humans, to traffic, 2) it has a major transit system for human trafficking, and 3) this region has destination countries for trafficking victims.⁴²³ Victims are exploited within their own country as well as being trafficked to other countries in the region. The most popular forms of human trafficking in this region include “commercial sexual exploitation of women and children, labor trafficking within national borders and among countries in this region, especially in South America, and the trafficking of illegal immigrants in Mexico and Central America.”⁴²⁴ According to the United Nations Office on Drugs and Crime (UNODC), “the share of victims trafficked for forced labor outside the commercial sex industry in Latin America (44%) is higher than in Europe and Central Asia.”⁴²⁵ The two largest countries in Latin America and the Caribbean with the largest percentages of their population in “modern slavery,” a term associated with human trafficking, are Haiti and the Dominican Republic.⁴²⁶ Moreover, Latin America is a primary source region for people trafficked to the United States, but also serves as a transit region for Asian victims.⁴²⁷

⁴²¹ Ibid.

⁴²² Ibid.

⁴²³ Seelke, Clare Ribando, “Trafficking in Persons in Latin America and the Caribbean,” Congressional Research Service, October 13, 2016, <https://fas.org/sgp/crs/row/RL33200.pdf>.

⁴²⁴ Ibid.

⁴²⁵ Ibid.

⁴²⁶ Ibid.

⁴²⁷ Ibid.

For Latin America and Caribbean states threatened by the rise of human trafficking have joined the international agreement of the UN Convention against Transnational Organized Crime, and the Protocol to Prevent, Suppress and Punish Trafficking in Persons (Palermo Protocol). Moreover, the current legislation on trafficking in persons in Antigua and Barbuda, The Bahamas, Grenada, Jamaica, and in The Republic of Trinidad and Tobago covers all forms of trafficking discussed in this Protocol.⁴²⁸ This Protocol ensures that states strengthen their border controls to detect trafficking, encourages nations to increase time and resources to fight human trafficking and other associated crimes. In addition, legislation like The Prevention of Trafficking in Persons Act of Grenada and the Jamaican Constabulary Force Trafficking in Persons Unit have also been created to conduct, investigate and ensure the protection of victims of human trafficking.⁴²⁹

North American States

While Canada and the United States are considered economically developed countries with a strong economy, human trafficking still occurs. Due to strict border patrons and lack of legal protection for workers, there has been an increased vulnerability of migrants to trafficking, forcing them to increasingly rely on smugglers and recruiters. The United States “has served primarily as a destination for trafficked persons, with about 14,500-17,500 people trafficked annually.”⁴³⁰ Canada also serves as a destination and transit country, with the majority of trafficking for transit directed towards the U.S. Estimates for trafficked people are extremely low compared to the U.S. with 800 persons trafficked into Canada annually and 1,500-2,200 people trafficked through Canada to the U.S.⁴³¹ The connection between Canada and the U.S. has made it easier and increased the coordination and cooperation of human trafficking between these two countries.⁴³² Similar to Canada and the United States, Mexico serves as a country of origin, transit, and destination for trafficked persons. Due to the United States strengthening its border, many Mexican immigrants rely on smugglers or recruiters to get across illegally. This massive unregulated flow of labor allows

⁴²⁸ “Central America and The Caribbean,” United Nations Office on Drugs and Crimes (UNODC), August 5, 2021, https://www.unodc.org/documents/data-and-analysis/glotip/2018/GLOTIP_2018_CENTRAL_AMERICA_AND_THE_CARIBBEAN.pdf.

⁴²⁹ Ibid.

⁴³⁰ “Trafficking in Persons in North America,” Global Alliance Against Traffic in Women, August 5, 2021, http://gaatw.org/working_papers/N%20America/United%20States%20Report.pdf.

⁴³¹ Ibid.

⁴³² Ibid.

for opportunities of trafficking and exploitation.⁴³³ An estimated 16,000-20,000 children have been victims of sexual exploitation in Mexico, and the country has been an increasingly popular site for sex tourism.⁴³⁴

In terms of legislation, governmental policy ranges depending on the country. In 2000, "the United States government passed the Victims of Trafficking and Violence Protection Act (TVPA), which refined trafficking under federal law to comply with the definitions set in the United Nations in the Palermo Protocol."⁴³⁵ This new definition allows prosecutors to more easily convict traffickers by recognizing coercion and deception as tactics that recruiters use to negate the consent of the trafficked persons.⁴³⁶ Moreover, another influential policy in the U.S. anti-trafficking efforts is the creation and annual publication of the *Trafficking in Persons Report*. This ranks countries in tiers according to the extent of their national policies and initiatives in fighting trafficking.⁴³⁷ In Canada, there is minimal awareness of trafficking, and the government has predominantly focused on the criminal aspects of trafficking, rather than the needs and protection of trafficked victims.⁴³⁸ The Global Alliance Against Traffic in Women was the first consultation Canada initiated among North American NGOs at the North American Regional Consultative Forum on Trafficking in Women in 1997, which increased the awareness of the issue.⁴³⁹ In Mexico, there is a lack of national anti-trafficking legislation and policies. Due to its weak judicial system and corrupt police, investigations tend to be undermined. However, in March 2004, Mexico and Guatemala agreed to a Memorandum of Understanding which would increase the cooperation of anti-trafficking efforts.⁴⁴⁰

⁴³³ Ibid.

⁴³⁴ Ibid.

⁴³⁵ Ibid.

⁴³⁶ Ibid.

⁴³⁷ Ibid.

⁴³⁸ Ibid.

⁴³⁹ Ibid.

⁴⁴⁰ Ibid.

Glossary

Bonded labor/Debt Bondage: The pledge of a person's services as security for the repayment for a debt or other obligation, where the terms of the repayment are not clearly or reasonably stated, and the person who is holding the debt thus has some control over the laborer

Child: A young human being below the age of puberty or below the legal age of majority

Coercion: The practice of persuading someone to do something by using force or threats

Commercial Sexual Exploitation (CSE): A wide range of often linked sexual activities which (typically) men profit from or buy from women and which objectify and harm women

Commercial sexual exploitation of children (CSEC): A commercial transaction that involves the sexual exploitation of a child, or person under the age of consent

Human Trafficking: The trade of humans from the purpose of forced labor, sexual slavery, or commercial sexual exploitation

Labor Trafficking: The crime of using force, fraud or coercion to induce another individual to work or provide service

Marginalized: (Of a person, group, or concept) treated as insignificant or peripheral

Migrant: A person who moves from one place to another, especially in order to find work or better living conditions

People smuggling: The facilitation, transportation, attempted transportation or illegal entry of a person or persons across an international border, in violation of one or more countries' laws, either clandestinely or through deception, such as the use of fraudulent documents

Prostitution: The practice or occupation of engaging in sexual activity with someone for payment

Safe harbor laws: A provision of a statute or a regulation that specifies that certain conduct will be deemed not to violate a given rule

Sex Trafficking: The action or practice of illegally transporting people from one country or area to another for the purpose of sexual exploitation

Sexual exploitation: An act or acts committed through non-consensual abuse or exploitation of another person's sexuality for the purpose of sexual gratification, financial gain, personal benefit or advantage, or any other non-legitimate purpose

Trafficking victim: Any person, including a minor, who has been subjected to labor servitude, sexual servitude, or involuntary servitude

Traumatic Event: An incident that causes physical, emotional, spiritual, or psychological harm.

Bibliography

- "About the Convention," Action against Trafficking in Human Beings, Accessed August 3, 2021, <https://www.coe.int/en/web/anti-human-trafficking/about-the-convention>.
- "The Balkans." Imagery for Citizens. Wheeling Jesuit University/Center for Educational Technologies. Accessed July 21, 2021. <http://www.cotf.edu/earthinfo/balkans/BKdef.html>.
- "Building Effective Collaborations To Address Human Trafficking ." Office of Justice Programs. U.S. Department of Justice, December 2015. https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/HT_Building_Effective_Collab_fact_sheet-508.pdf.
- Caballero-Anthony, Mely. "A Hidden Scourge." International Monetary Fund. International Monetary Fund, September 2018. <https://www.imf.org/external/pubs/ft/fandd/2018/09/human-trafficking-in-southeast-asia-caballero.htm>.
- "Central America and The Caribbean," United Nations Office on Drugs and Crimes (UNODC), August 5, 2021, https://www.unodc.org/documents/data-and-analysis/glotip/2018/GLOTIP_2018_CENTRAL_AMERICA_AND_THE_CARIBBEAN.pdf.
- "Child and Forced Marriage, Including in Humanitarian Settings." OHCHR. United Nations, 2021. <https://www.ohchr.org/en/issues/women/wrgs/pages/childmarriage.aspx>.
- "Child Soldiers." Humanium. Humanium, October 5, 2011. <https://www.humanium.org/en/child-soldier/>.
- "Commission on the Status of Women," UN Women, accessed August 15, 2021, <https://www.unwomen.org/en/csw>.
- "Committee on the Elimination of Discrimination Against Women." Office of the High Commissioner. United Nations. Accessed June 26, 2021. <https://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>.
- "Convention for the Suppression of Traffic in Persons and Exploitation Prostitution Others - Together Against Trafficking Human Beings European Commission," European Commission, September 11, 2014. https://ec.europa.eu/anti-trafficking/legislation-and-case-law-international-legislation-united-nations/convention-suppression-traffic_en.

"Convention on the Elimination of All Forms of Discrimination against Women," United Nations Human Rights Office Of The High Commissioner (OHCHR), Accessed August 3, 2021, <https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>.

"Convention on the Elimination of All Forms of Discrimination against Women," United Nations. United Nations, Accessed August 3, 2021, <https://www.un.org/womenwatch/daw/cedaw/>.

Dearnley , Ruth, "Prevention, Prosecution and Protection - Human Trafficking," United Nations, Accessed August 3, 2021, <https://www.un.org/en/chronicle/article/prevention-prosecution-and-protection-human-trafficking>.

Deshpande, Neha A, and Nawal M Nour, "Sex Trafficking of Women and Girls," US National Library of Medicine National Institutes of Health, Rev Obstet Gynecol, 2013 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3651545/>.

"Facts About Trafficking of Women and Girls." American Psychological Association. Task Force on Trafficking of Women and Girls, 2014. <https://www.apa.org/advocacy/interpersonal-violence/trafficking-women-girls>.

Fiertz, Natalie, Nate Haken, Patricia Taft, Emily Sample, Wendy Wilson, Sarah Cockey, Daniel Woodburn, et al. "Fragile States Index 2021 – Annual Report," Fragile States Index. Accessed June 26, 2021. <https://fragilestatesindex.org/2021/05/20/fragile-states-index-2021-annual-report/>.

"Global Report on Trafficking in Persons - 2020," ReliefWeb, February 2, 2021, <https://reliefweb.int/report/world/global-report-trafficking-persons-2020>.

"The Global Sex Trade." World Vision. World Vision. Accessed July 12, 2021. https://www.worldvision.org.nz/getmedia/3b8dbd60-bb77-4c61-9754-2b1824da7c35/topic-sheet-the_global_sex_trade/.

GOŹDZIAK, ELŹBIETA M, and MICAH N BUMP. "Data and Research on Human Trafficking: Bibliography of Research-Based Literature." INSTITUTE FOR THE STUDY OF INTERNATIONAL MIGRATION . Georgetown University, September 2008. <https://www.ojp.gov/pdffiles1/nij/grants/224392.pdf>.

"Human Rights and Trafficking in Persons," United Nations Human Rights Office Of The High Commissioner (OHCHR), Accessed August 3, 2021, <https://www.ohchr.org/EN/Issues/Trafficking/TiP/Pages/Index.aspx>.

"Human Trafficking." Migration Data Portal. IOM Member States, May 6, 2021. <https://migrationdataportal.org/themes/human-trafficking>.

- "Human Trafficking: People for Sale." UNODC. United Nations Office on Drugs and Crime, 2021. <https://www.unodc.org/toc/en/crimes/human-trafficking.html>.
- "Human-Trafficking," United Nations: Office on Drugs and Crime, Accessed July 25, 2021. <https://www.unodc.org/unodc/en/human-trafficking/human-trafficking.html>.
- "Human Trafficking 101: Who Are the Victims?" Engage Together. Engage Together, 2020. <https://engagetgether.com/2018/02/22/human-trafficking-101-victims/>.
- "International Instruments Concerning Trafficking in Persons," United Nations Human Rights Office Of The High Commissioner (OHCHR), August 2014, https://www.ohchr.org/Documents/Issues/Women/WRGS/OnePagers/IntInstrumentsconcerningTraffickingpersons_Aug2014.pdf.
- Jolluck, Katherine R. "Combating the Trafficking of Women in Eastern Europe." Center on Democracy, Development, and The Rule of Law. Stanford University, June 2012. https://fsi-live.s3.us-west-1.amazonaws.com/s3fs-public/Jolluck_Trafficking_Final.pdf.
- King, Lindsey. "International Law and Human Trafficking." TOPICAL RESEARCH DIGEST. University of Denver. Accessed July 28, 2021. <https://www.du.edu/korbel/hrhw/researchdigest/trafficking/InternationalLaw.pdf>.
- "Labor Trafficking." National Human Trafficking Hotline. Polaris. Accessed July 12, 2021. <https://humantraffickinghotline.org/type-trafficking/labor-trafficking>.
- Mangelli, Victoria. "THE ISSUE OF HUMAN TRAFFICKING IN SUB-SAHARAN AFRICA." Borgen Project. The Borgen Project, November 26, 2020. <https://borgenproject.org/human-trafficking-in-sub-saharan-africa/>.
- "Member States: Commission on the Status of Women," UN Women, accessed August 15, 2021, <https://www.unwomen.org/en/csw/member-states>.
- "Missed Opportunities: The Economic History of Latin America," International Monetary Fund (IMF), October 5, 2017. <https://www.imf.org/en/News/Articles/2017/10/05/NA100517-Missed-Opportunities-The-Economic-History-of-Latin-America>.
- "Off the Streets." Cincinnati Union Bethel . United Way of Greater Cincinnati, 2021. <https://cubcincy.org/how-we-help-2/off-the-streets/>.
- Oster, Grant, Esther Elizabeth Suson, James Donaldson, Guest Post, and James, "The History of Human Trafficking," Hankering for History, July 29, 2020. <https://hankeringforhistory.com/the-history-of-human-trafficking/>.

"Organ Trafficking." Hott Project. Prevention of and Fight against Crime Programme European Commission, 2021. <http://hottproject.com/about-the-crime/other-crimes/trafficking-in-organs.html>.

"Our Response," United Nations: Office on Drugs and Crime, Accessed August 3, 2021, <https://www.unodc.org/unodc/en/human-trafficking/our-response.html>.

"Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime," United Nations Office on Drugs and Crime (UNODC), Accessed August 3, 2021, https://www.unodc.org/documents/treaties/Special/2000_Protocol_to_Prevent_2C_Suppress_and_Punish_Trafficking_in_Persons.pdf.

Roberts, Liz, Griselda Vega Samuel, and Andrea Hughes, eds. "Global Collaboration Against Human Trafficking Report." Global Learning Collaborative. Safe Horizon Anti-trafficking Program. Accessed July 28, 2021. https://d3n8a8pro7vhmx.cloudfront.net/projectrespect/pages/15/attachments/original/1518392444/Global_Learning_Collaborative_Final_Report.pdf?1518392444.

"Scale of the Issue." Stop the Traffik. Stop the Traffik, 2021. <https://www.stophetraffik.org/about-human-trafficking/the-scale-of-human-trafficking/>.

Seelke, Clare Ribando, "Trafficking in Persons in Latin America and the Caribbean," Congressional Research Service, October 13, 2016, <https://fas.org/sgp/crs/row/RL33200.pdf>.

"Sex Trafficking," Women and Global Human Rights, Accessed July 25, 2021. <http://faculty.webster.edu/woolfm/trafficking.html>.

Sheridan, Trisha. "Human Trafficking: Identification and Assessment of Victims Essential." Nurse. Relias, December 2019. <https://resources.nurse.com/learn-how-help-victims-human-trafficking-nnw>.

"Special Rapporteur On Trafficking In Persons, Especially Women And Children," International Justice Resource Center, July 26, 2018, <https://ijrcenter.org/un-special-procedures/special-rapporteur-in-trafficking-in-persons-especially-women-and-children/>.

"Strong Start for Mothers and Newborns Initiative: General Information: CMS Innovation Center." Innovation Center. Accessed July 7, 2021. <https://innovation.cms.gov/innovation-models/strong-start>.

Summer, Stephan, and Wendy Patrick. "NATIONAL HUMAN TRAFFICKING PROSECUTION BEST PRACTICES GUIDE." NDAA. National District Attorneys Association, January 2020. <https://ndaa.org/wp-content/uploads/Human-Trafficking-White-Paper-Jan-2020.pdf>.

Synovitz, Ron. "Sex Traffickers Prey On Eastern Europeans." Radio Free Europe. Radio Liberty, August 23, 2005. <https://www.rferl.org/a/1060878.html>.

"Trafficking in Persons; Analysis on Europe," United Nations Office on Drugs and Crime (UNODC), UN.GIFT, 2009. https://www.unodc.org/documents/human-trafficking/Trafficking_in_Persons_in_Europe_09.pdf.

"Trafficking in Persons in North America," Global Alliance Against Traffic in Women, August 5, 2021, http://gaatw.org/working_papers/N%20America/United%20States%20Report.pdf.

"Trafficking in Persons to Europe for Sexual Exploitation," United Nations Office on Drugs and Crime (UNODC), August 5, 2021, https://www.unodc.org/documents/publications/TiP_Europe_EN_LORES.pdf.

"Trafficking Prevention." ACF. Family & Youth Services Bureau, November 2020. https://www.acf.hhs.gov/sites/default/files/documents/fysb/acf_issuebrief_htprevention_10202020_final_508.pdf.

"United Nations Convention against Transnational Organized ...," https://www.unodc.org/documents/treaties/Special/2000_Protocol_to_Prevent_2C_Suppress_and_Punish_Trafficking_in_Persons.pdf.

"United Nations Global Initiative To Right Human Trafficking (UN.GIFT)," United Nations Office on Drugs and Crime (UNODC), Accessed August 3, 2021, <https://www.unodc.org/documents/overview.pdf>.

"United Nations Office on Drugs and Crime," World Health Organization, February 8, 2018. <https://www.who.int/violenceprevention/about/participants/unodc/en/>.

Veenstra, Michelle, "Trafficking of Women," Encyclopedia.com, July 25, 2021. <https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/trafficking-women>.

"The Victims." National Human Trafficking Hotline. Polaris. Accessed July 12, 2021. <https://humantraffickinghotline.org/what-human-trafficking/human-trafficking/victims>.

"Who We Are," United Nations Human Rights Office Of The High Commissioner (OHCHR), Accessed August 3, 2021, <https://www.ohchr.org/en/aboutus/pages/whoweare.aspx>.