

Topic I: Securing the Right to Work for International Refugees



INTRODUCTION

As the world continues to grow and more nations develop, the right to work has become an integral part of discussion in the United Nations. However, with multiple conflicts displacing millions of people, the issue has now grown to include discussion of the rights of refugees to work in their host countries.

According to the United Nations High Commissioner for Refugees, refugees are “people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country.”¹ The Convention and Protocol Relating to the Status of Refugees from 1951 establishes this definition (see the protocol for a more detailed definition) and sets forth protections for refugees. There are 21.3 million refugees under the UNHCR mandate as of June of this year.

Since there is no means of knowing when the war, violence, conflict or persecution will end in the refugees’ countries of origin, it is important to come to a cohesive and agreeable solution to offer a solution to allow and protect the rights of refugees to work in their host countries.

Picture link: <https://www.buddhistdoor.net/features/buddhistdoor-view-we-are-all-seeking-refuge/>

TOPIC HISTORY

The 1951 Convention and Protocol Relating to the Status of Refugees² pulls ideals from the Universal Declaration of Human Rights. Along with implementing a set definition for refugees, the convention also. The Protocol of 1967

¹ United Nations High Commissioner for Refugees. (2021). *What is a refugee?* UNHCR. Retrieved August 17, 2022, from <https://www.unhcr.org/en-us/what-is-a-refugee.html>

² <https://www.unhcr.org/en-us/3b66c2aa10>

amended this convention to include all events, not only those before 1951, particularly those that occurred within Europe due to World War Two.



Picture link: <https://www.unhcr.org/1951-refugee-convention.html> (UN Archives)

In general, the document includes the following themes: no discrimination, no penalization, no refoulement, and a minimum standard of treatment. The right to work, alongside right to primary education, access to courts, and provision for documentation, falls under the minimum standard of treatment. Particularly, Chapter III highlights specifics about wage-earning employment, self-employment and liberal professions, and Chapter IV Article 24 discusses labor legislation. The document, under wage-earning employment, guarantees that refugees receive “the most

favorable treatment accorded to nationals of a foreign country in the same circumstances” (1951 Convention and Protocol, 1951).

In 1966, the United Nations General Assembly also discussed the right to work. In this, the assembly adopted the International Covenant on Economic, Social and Cultural Rights³. The document further recognizes “the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts.”

The UNHCR is tasked to promote these ideals and oversee implementation. However, the acceptance and implementation of documents and agreements previously made vary from country to country, and the expectations put forth in this document only pertain to those countries who are signatories.

CURRENT SITUATION

Many nations have agreed upon the right to work of refugees, as stated in the multiple conventions, protocols, and other documents passed on the topic since the 1951 Convention. Currently, the UNHCR maintains efforts in multiple fields, including but not limited to providing documentation, basic needs, and security, amongst signatory members. However, host country legislation, such as employment bans, can hinder the ability of refugees to work, an issue brought up in the 2022 Global Refugee Work Rights Report⁴. A German study published in 2018 presented information showing a trend between longer employment bans and lower employment rates.⁵ The same study suggests that German taxpayers lost money due to this ban. Furthermore, bans negatively affect the economy of the host country. In a study published in 2018, Francesco Fasani, Tommaso Frattini and Luigi Minale estimate that the bans placed in the European Union from 2015 to 2016 “may have resulted in an overall output loss of €37.6 billion over an eight-year period” (Fasani, Frattini and Minale, 2018).

³ <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>

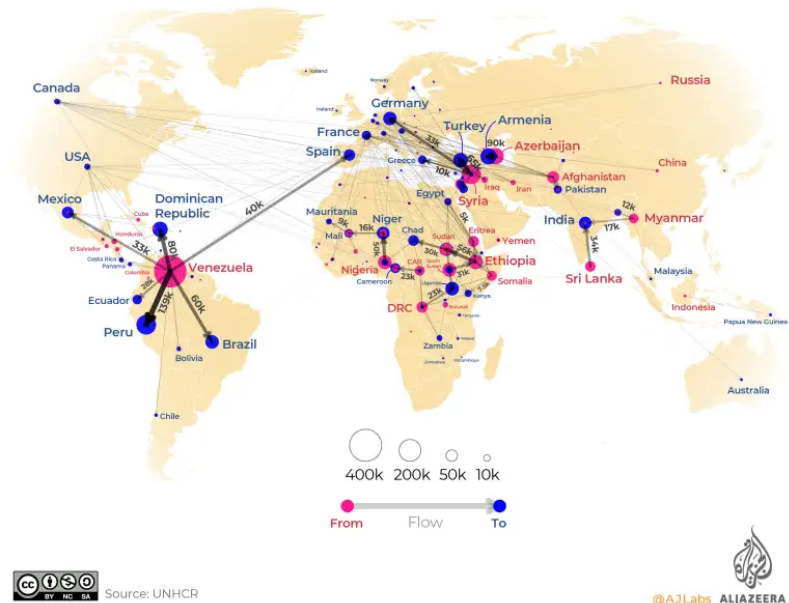
⁴ <https://www.cgdev.org/publication/2022-global-refugee-work-rights-report>

⁵ <https://www.science.org/doi/10.1126/sciadv.aap9519>

REFUGEES

Refugee journeys during 2020

In the midst of a global pandemic, **more than 1.2 million people had to flee their homes in 64 countries.** There are **now more than 30 million refugees worldwide.**



<https://www.aljazeera.com/news/2021/6/20/infographic-world-refugee-day-journey>

The emergence of the SARS-CoV2 virus,⁶ which caused the COVID-19 pandemic, has slowed the increase in global refugee numbers, but has not stopped the flow of refugees, as shown in Figure 3. This global health crisis has also led to less opportunities for refugees to find work.⁷ However, new opportunities have arisen in remote work set in place due to the COVID-19 pandemic. Remote work has already been considered as a possible solution to the problem of available jobs in Africa.⁸ Global Workplace Analytics has presumed that companies could save up to \$22,000 USD per each remote worker. This same principle could also be applied to the problem of equal access to work for refugees, particularly in addressing problems with freedom of movement, a pertinent issue that may hinder the ability of refugees to attend work.

Regardless of the solutions debated, the full extent of the UNHCR is only possible under adequate funding. Recently, the budget has increased (insert some statistics or something). Furthermore, only 17% of the world's refugees are hosted in high-income countries⁹. Of the remaining 83%, 27% are hosted by the least developed countries.

DIRECTIVE

With the number of refugees ever increasing, it is imperative to find a reasonable solution for the implementation and accountability of nations to uphold the right to work. The chair implores that delegates keep in mind the following: the differences between refugees, displaced persons, and asylum seekers; the different protocols that adhere to different refugee populations, particularly those who are under the UNHCR mandate compared to those

⁶ https://www.who.int/health-topics/coronavirus#tab=tab_1

⁷ <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-economys-effects-on-food-housing-and#:~:text=The%20majority%20of%20jobs%20lost,to%20Labor%20Department%20employment%20data.>

⁸ <https://www.weforum.org/agenda/2017/05/the-future-of-work-is-mobile/>

⁹ <https://www.unhcr.org/refugee-statistics/>

under the protections of other documents or conventions; and respectful and proper debate and conduct throughout discussion of this topic. Delegates are expected to conduct extensive research on conventions and protocols mentioned in this document, as well as those not mentioned.

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Topic 2: Strengthening Access to Vaccination and Healthcare in Refugee Camps

INTRODUCTION

Access to healthcare in refugee camps and settlements for displaced persons has recently been an extremely pertinent issue. Basic first aid, access to safe vaccinations, education and more specific health areas such as reproductive health are all necessities in refugee camps. However, amidst the current COVID-19 pandemic, it is more important than ever that the global community comes together in order to ensure viable access to vaccinations and general healthcare in these camps.



Figure 1: WHO workers at a vaccination drive for Rohingya refugees, UN News, 2021

TOPIC HISTORY

The first vaccination is credited to Edward Jenner, who, in 1796, successfully inoculated an 8-year-old boy using cowpox lesions found on a dairymaid. After a second trial of inoculation using smallpox after the boy's symptoms had cleared, the boy had no signs of sickness.¹

Since the 18th century, healthcare has been ever changing. In regard to the specifics of this committee, it is important to differentiate between vaccinations and immunizations. With increased research and development of new practices in healthcare, multiple terms have arisen to describe vaccinations and the process of receiving a vaccine. According to the Center for Disease Control and Prevention in the United States, a vaccination is “the act of introducing a vaccine into the body to produce protection from a specific disease,” while an immunization is the process in which a person gains protection from a disease because of a vaccination.

According to the 1951 Refugee Convention, refugees should be allowed the same access to healthcare or similar access to the healthcare accessible to the host country's population (UNHCR, 1951). In order to reach this, the United Nations High Commissioner for Refugees (UNHCR) works in many aspects of the lives of refugees and “provides guidance, infrastructure and capacity building, and funds laboratory diagnostics, medicines, medical equipment and supplies.” (UNHCR USA, 2021). This is incredibly important seeing as many refugees who come into camps already face a variety of health concerns and are at a higher mortality risk, commonly due to “diarrheal diseases, measles, acute respiratory infections, and malaria” (Toole, M. J., and Waldman, R. J., 1997). The High

¹ Riedel S. (2005). Edward Jenner and the history of smallpox and vaccination. *Proceedings (Baylor University Medical Center)*, 18(1), 21–25. <https://doi.org/10.1080/08998280.2005.11928028>

Commissioner for Refugees focuses on advocating for refugees, raising funds and, most importantly, supporting refugees and the host countries as they work to address their populations.

Multiple challenges have arisen amongst the UNHCR and other non-governmental organizations in respect to the implementation of these goal. The quality of healthcare in camps can be affected due to these issues. In a 2019 study observing quality indicators of multiple health care databases, it was determined that the process of healthcare services is related to and therefore important in the quality of healthcare received.² Many refugee camps are in remote areas with limited resources.³ This can influence shelter needed, hygiene, and even sanitary food supply. Problems also arise in communication due to language and cultural differences between groups. This can cause a stressful environment on top of the new environment for the refugees, and subsequently can create mental health problems that can affect the overall well-being of the person.



Figure 2: A Somali refugee receives the COVID-19 Vaccine, UNHCR USA, 2022

Refugees come into refugee camps with all sorts of healthcare needs. Traditionally, the UNHCR has followed a system to assess the needs of refugees in order to be best addressed. Though this can go into depth depending on the situation, this generally includes health care needs that can be easily addressed, those that need more equipment, such as those found in a facility, or more serious cases that are taken to hospitals.⁴ Alongside these general guidelines, the UNHCR also follows general principles surrounding healthcare, which includes but is not limited to priorities of preventative measures, especially to women and children.

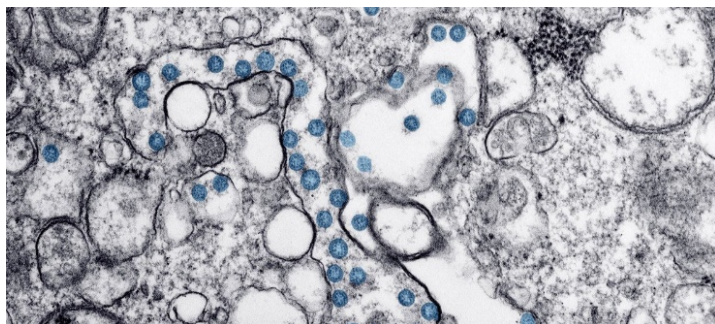


Figure 3: Enhanced image of the first U.S. coronavirus infection, UN News, 2020

CURRENT SITUATION

Access to vaccinations and proper healthcare has become centralized around a single disease since 2019: COVID-19. The disease is caused by the SARS-CoV2 virus⁵, which is subset of

² Hahn, K., Steinhäuser, J., Wilfling, D. *et al.* Quality of health care for refugees – a systematic review. *BMC Int Health Hum Rights* **19**, 20 (2019). <https://doi.org/10.1186/s12914-019-0205-7>

³ Unite for Sight. (n.d.). *Unite for Sight Refugee Health Module 1*. Healthcare in Refugee Camps and Settlements. Retrieved August 13, 2022, from <https://www.uniteforsight.org/refugee-health/module1>

⁴ UNHCR USA. (n.d.) *Improving Refugee Health Worldwide*. UNHCR. <https://www.unhcr.org/en-us/partners/partners/3fcb53882/improving-refugee-health-worldwide.html>

⁵ World Health Organization. (2022). *Coronavirus disease (COVID-19)*. https://www.who.int/health-topics/coronavirus#tab=tab_1

the larger classification “coronavirus,” and causes severe acute respiratory syndrome⁶. The disease causes varying symptoms, including

As the global population continues through cycles of COVID-19 spikes due to appearances of new strains of the SARS-CoV2 virus, current focus has shifted to the development, transport and administration of vaccines in refugee camps. As of March 2022, 8.3 million vaccines for COVID-19 have been administered to refugees⁷. However, over 116,000 cases of COVID-19 have been reported in forcibly displaced persons in the world.

The United Nations relies on the work of volunteers to man pop-up vaccination drives and clinics in several countries. These volunteers not only administer vaccinations but also are imperative in disrupting rumors and misinformation about the vaccines and healthcare in general. ⁸ In Jordan, volunteers are key in reassuring those who are wary of the side effects of the vaccine, and in many ways are responsible for many of the vaccinations given. The country has made extra efforts in the education of refugees on resources available to them. ⁹

Multiple organizations within the UN have been involved in ensuring access to COVID-19 vaccinations. For example, the International Organization for Migration (IOM) helps support national and local authorities in the roll out of the vaccine.¹⁰ This organization helps around the world, as seen in Figure 4.

The World Health Organization has also played a part in addressing the COVID-19 pandemic. Notably, the WHO developed guidelines for equal distribution of vaccinations through the Strategic Advisory Group of Experts on Immunization, or SAGE. The Values Framework provides the outlines for the allocation and prioritization of COVID-19 vaccination, as well as a set plan of action in prioritization of vaccinations to different groups. ¹¹ However, there is still much that can be done to improve access to COVID-19 vaccinations.

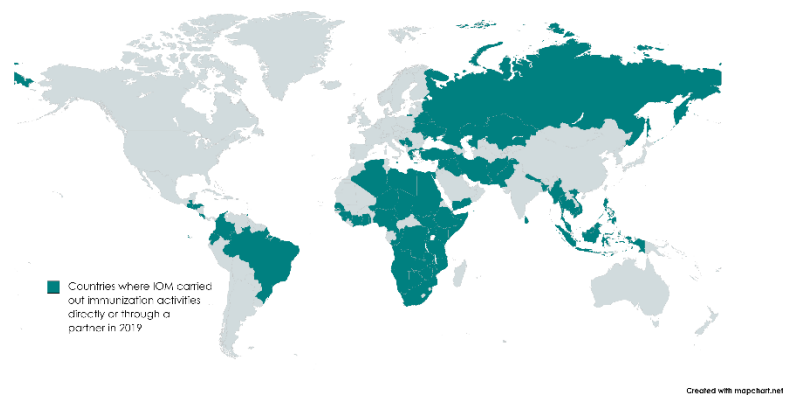


Figure 4: Countries Receiving Support from IOM, IOM, 2019

⁶ National Institute of Allergy and Infectious Diseases. (2022). *Coronaviruses*. Retrieved August 14, 2022, from <https://www.niaid.nih.gov/diseases-conditions/coronaviruses>

⁷ United Nations High Commissioner for Refugees. (2022, March 2). *UNHCR highlights great progress on refugee vaccine inclusion but inequities hamper rollout*. UNHCR. Retrieved August 14, 2022, from <https://www.unhcr.org/en-us/news/press/2022/3/621e499f4/unhcr-highlights-great-progress-refugee-vaccine-inclusion-inequities-hamper.html>

⁸ United Nations High Commissioner for Refugees. (2021, April 29). *In Jordan and Lebanon, refugee volunteers boost vaccine uptake*. UNHCR. Retrieved August 14, 2022, from <https://www.unhcr.org/news/stories/2021/4/60897bb34/jordan-lebanon-refugee-volunteers-boost-vaccine-uptake.html>

⁹ Mittal, A. 2018 B. (2020, February). *Healthcare for Syrian Refugees in Jordan: The Shift from Primary to Secondary Healthcare*. Humanity in Action USA. Retrieved August 14, 2022, from https://humanityinaction.org/knowledge_detail/article-usa-healthcare-for-syrian-refugees-in-jordan-the-shift-from-primary-to-secondary-healthcare/

¹⁰ IOM. (2022). Ensuring Migrants' Equitable Access to COVID-19 Vaccines. Retrieved August 14, 2022, from <https://www.iom.int/ensuring-migrants-equitable-access-covid-19-vaccines>

¹¹ World Health Organization. (2020, September 13). WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination. <https://www.who.int/publications/i/item/who-sage-values-framework-for-the-allocation-and-prioritization-of-covid-19-vaccination>



Figure 5: A UNHCR volunteer receiving the COVID-19 vaccine, Thierry/Anadolu Agency, n.d.

DIRECTIVE

This committee is tasked to find harmony in resolutions that address both vaccinations and general healthcare in refugee camps. Issues that may be discussed in committee include, but are not limited to, transportation of vaccines, increased education on vaccinations, and determining funding for materials and volunteers. Though the COVID-19 pandemic is a major part of this committee's focus, it is also important to recognize the other aspects of healthcare as well, especially with regards to immunizations. Aspects such as supply of materials, organization of healthcare centers, and equal access and distribution of vaccines, as well as others, are expected to be discussed in committee. Delegates are encouraged to work both with countries currently housing refugees in refugee camps as well as those nations not currently on the forefront of the issue.

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