UNITED NATIONS POPULATION FUND

BACKGROUND GUIDE 2011

WRITTEN BY: Kevin Troy Montoya, Sonia Nora Mladin, Brian Ruscher and Jennifer Pottinger

NMUN•NY

NATIONAL MODEL UNITED NATIONS
nmun.org

NATIONAL COLLEGIATE CONFERENCE association™

17 - 21 April 2011 - Sheraton
19 - 23 April 2011 - Marriott

CONTACT THE NMUN

Please consult the FAQ section of nmun.org for answers to your questions. If you do not find a satisfactory answer you may also contact the individuals below for personal assistance. They may answer your question(s) or refer you to the best source for an answer.

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NMUN•NY 2011 Important Dates

IMPORTANT NOTICE: To make hotel reservations, you must use the forms at nmun.org and include a $1,000 deposit. Discount rates are available until the room block is full or one month before the conference – whichever comes first. PLEASE BOOK EARLY!

Date	Details
31 January 2011	• Confirm Attendance & Delegate Count. (Count may be changed up to 1 March) • Make Transportation Arrangements - DON'T FORGET! (We recommend confirming hotel accommodations prior to booking flights.)
15 February 2011	• Committee Updates Posted to www.nmun.org
1 March 2011	• Hotel Registration with FULL PRE-PAYMENT Due to Hotel - Register Early! Group Rates on hotel rooms are available on a first come, first served basis until sold out. Group rates, if still available, may not be honored after that date. See hotel reservation form for date final payment is due. • Any Changes to Delegate Numbers Must be Confirmed to: outreach@nmun.org • Preferred deadline for submission of Chair / Rapp applications to Committee Chairs • All Conference Fees Due to NMUN for confirmed delegates. ($125 per delegate if paid by 1 March; $150 per delegate if receved after 1 March. Fee is not refundable after this deadline.
15 March 2011	• Two Copies of Each Position Paper Due via E-mail (See Delegate Preparation Guide for instructions).
NATIONAL MODEL UNITED NATIONS	The 2011 National Model UN Conference • 17 - 21 April – Sheraton New York • 19 - 23 April – New York Marriott Marquis The 2012 National Model UN Conference • 1 - 5 April – Sheraton New York • 3 - 7 April – New York Marriott Marquis • 30 March - 3 April – New York Marriott Marquis

POSITION PAPER INSTRUCTIONS

Two copies of each position paper should be sent via e-mail by 15 MARCH 2011

1. TO COMMITTEE STAFF

A file of the position paper (.doc or .pdf) for each assigned committee should be sent to the committee e-mail address listed below. Mail papers by 15 March to the e-mail address listed for your particular venue. These e-mail addresses will be active when background guides are available. Delegates should carbon copy (cc:) themselves as confirmation of receipt. Please put committee and assignment in the subject line (Example: GAPLEN_Greece).

2. TO DIRECTOR-GENERAL

- Each delegation should send one set of all position papers for each assignment to the e-mail designated for their venue: positionpapers.sheraton@nmun.org or positionpapers.marriott@nmun.org. This set (held by each Director-General) will serve as a back-up copy in case individual committee directors cannot open attachments.
Note: This e-mail should only be used as a repository for position papers.

- The head delegate or faculty member sending this message should cc: him/herself as confirmation of receipt. (Free programs like Adobe Acrobat or WinZip may need to be used to compress files if they are not plain text.)

- Because of the potential volume of e-mail, only one e-mail from the Head Delegate or Faculty Advisor containing all attached position papers will be accepted.

Please put committee, assignment and delegation name in the subject line (Example: Cuba_U_of_ABC). If you have any questions, please contact the Director-General at dirgen@nmun.org.

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General Assembly First Committee	ga1st.sheraton@nmun.org
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World Intellectual Property Organization	wipo.sheraton@nmun.org
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Organization for Security and Co-operation in Europe	osce.sheraton@nmun.org
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Non-Proliferation Treaty Review Conference	npt.sheraton@nmun.org

COMMITTEE	**EMAIL - MARRIOTT**
General Assembly First Committee	ga1st.marriott@nmun.org
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Human Rights Council	hrc.marriott@nmun.org
ECOSOC Plenary	ecosoc.marriott@nmun.org
Commission on Crime Prevention and Criminal Justice	ccpcj.marriott@nmun.org
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Economic and Social Commission for Western Asia	escwa.marriott@nmun.org
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United Nations Children's Fund	unicef.marriott@nmun.org
World Intellectual Property Organization	wipo.marriott@nmun.org
African Development Bank	afdb.marriott@nmun.org
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Organization for Security and Co-operation in Europe	osce.marriott@nmun.org
Security Council	sc.marriott@nmun.org
Security Council 2	sc2.marriott@nmun.org
International Court of Justice	icj.marriott@nmun.org
Non-Proliferation Treaty Review Conference	npt.marriott@nmun.org

OTHER USEFUL CONTACTS

Entire Set of Delegation Position Papers	positionpapers.sheraton@nmun.org
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Dear Delegates,

It is with utmost happiness that we welcome you to the 2011 National Model United Nations Conference (NMUN). This year's United Nations Population Fund staff is: Directors Sonia Nora Mladin and Kevin Troy Montoya, and Assistant Directors Jennifer Pottinger and Brian Ruscher. Sonia graduated from the University of Manchester in the United Kingdom with a Bachelors in Politics and International Relations. Currently she is taking a gap year before going on to her Masters. This is going to be her third year on staff. Kevin graduated from the University of California, Los Angeles (UCLA) with a Bachelors in Political Science with an emphasis in International Relations. Kevin currently lives and works in California as a firefighter and is going on to get his Masters. This will be his fifth year at the conference, third on staff. Jennifer is currently studying law at the University of Bonn in Germany, with a focus in constitutional and international law. She will take her state examination next year. This is going to be her first year on staff. Brian is a senior at Florida State University where he studies International Affairs. This is his fifth year attending the conference, first on staff. He has studied abroad in China, and taught English, hygiene, music, and environmental education to students in Cambodia.

The topics under discussion for the United Nations Population Fund at the 2011 NMUN are:
1. Integrating cultural approaches to reproductive health
2. Alleviating poverty through voluntary family planning
3. Preventing the spread of HIV/AIDS among women

The United Nations Population Fund is the leading United Nations organization for putting into action the 1994 Programme of Action of the International Conference on Population and Development. Its operations focus on assistance, research, and advocacy programs in three major areas: reproductive health, population and development issues, and gender equality. At the 2011 NMUN Conference the United Nations Population Fund Committee is a resolution writing committee. Therefore, delegates will be expected to work together in a highly professional manner towards creating an excellent final product. We all look forward to assisting you in the process.

This background guide will serve as a brief introduction to the three topics listed. Accordingly, it is not meant to be used as an all-inclusive analysis but as the foundation for your own study and research. To conduct your research, please consult scholarly materials such as journals, books, international news articles, and the United Nations website. Also, you will need to familiarize yourself with the work and current operations of the United Nations Populations Fund.

Each delegation must submit a position paper. NMUN will accept position papers via e-mail by March 15, 2011. Please refer to the message from your Director General explaining the NMUN position paper requirements and restrictions. Delegates' adherence to these guidelines is crucial. It is essential that delegates adhere to these guidelines. NMUN is an amazingly rewarding academic experience and we hope that you will find it as interesting and beneficial as we have. It is our priority to make the 2011 NMUN Conference as intellectually stimulating and intriguing as possible so that you will want to participate at NMUN in the future.
If you have any questions regarding preparation, please feel free to contact any of the United Nations Population Fund substantive staff or the Under-Secretaries General for the Department of Specialized Agencies, Daniel Lemay (Marriott) and Katharina Weinert (Sheraton).
Good luck in your preparation for the conference. We look forward to meeting you!

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Message from the Directors-General Regarding Position Papers for the 2011 NMUN Conference

At the 2011 NMUN New York Conference, each delegation submits one position paper for each committee it is assigned to. Delegates should be aware that their role in each committee impacts the way a position paper should be written. While most delegates will serve as representatives of Member States, some may also serve as observers, NGOs or judicial experts. To understand these fine differences, please refer to the Delegate Preparation Guide.

Position papers should provide a concise review of each delegation's policy regarding the topic areas under discussion and establish precise policies and recommendations in regard to the topics before the committee. International and regional conventions, treaties, declarations, resolutions, and programs of action of relevance to the policy of your State should be identified and addressed. Making recommendations for action by your committee should also be considered. Position papers also serve as a blueprint for individual delegates to remember their country's position throughout the course of the Conference. NGO position papers should be constructed in the same fashion as position papers of countries. Each topic should be addressed briefly in a succinct policy statement representing the relevant views of your assigned NGO. You should also include recommendations for action to be taken by your committee. It will be judged using the same criteria as all country position papers, and is held to the same standard of timeliness.

Please be forewarned, delegates must turn in material that is entirely original. ***The NMUN Conference will not tolerate the occurrence of plagiarism.*** In this regard, the NMUN Secretariat would like to take this opportunity to remind delegates that although United Nations documentation is considered within the public domain, the Conference does not allow the verbatim re-creation of these documents. This plagiarism policy also extends to the written work of the Secretariat contained within the Committee Background Guides. Violation of this policy will be immediately reported to faculty advisors and may result in dismissal from Conference participation. Delegates should report any incident of plagiarism to the Secretariat as soon as possible.

Delegation's position papers can be awarded as recognition of outstanding pre-Conference preparation. In order to be considered for a Position Paper Award, however, delegations must have met the formal requirements listed below. Please refer to the sample paper on the following page for a visual example of what your work should look like at its completion. The following format specifications are **required** for all papers:

- All papers must be typed and formatted according to the example in the Background Guides
- Length must **not** exceed two single spaced pages (one double sided paper, if printed)
- Font **must** be Times New Roman sized between 10 pt. and 12 pt.
- Margins must be set at 1 inch for whole paper
- Country/NGO name, School name and committee name clearly labeled on the first page; the use of national symbols is highly discouraged
- Agenda topics clearly labeled in separate sections

To be considered timely for awards, please read and follow these directions:

1**. A file of the position paper** (.doc or .pdf) **for each assigned committee** should be sent to the committee email address listed in the Background Guide. These e-mail addresses will be active after November 15, 2010. Delegates should carbon copy (cc:) themselves as confirmation of receipt.

2. Each delegation should also send **one set of all position papers** to the e-mail designated for their venue: positionpapers.sheraton@nmun.org or positionpapers.marriott@nmun.org. This set will serve as a back-up copy in case individual committee directors cannot open attachments. These copies will also be made available in Home Government during the week of the NMUN Conference.

Each of the above listed tasks needs to be completed no later than **<u>March 15, 2010 (GMT-5) for delegations attending the NMUN conference at either the Sheraton or the Marriott venue</u>**.

PLEASE TITLE EACH E-MAIL/DOCUMENT WITH THE NAME OF THE COMMITTEE, ASSIGNMENT AND DELEGATION NAME (Example: AU_Namibia_University of Caprivi)

A matrix of received papers will be posted online for delegations to check prior to the Conference. If you need to make other arrangements for submission, please contact Holger Baer, Director-General, Sheraton venue, or Brianna Johnston-Hanks, Director-General, Marriott venue at dirgen@nmun.org. There is an option for delegations to submit physical copies via regular mail if needed.

Once the formal requirements outlined above are met, Conference staff use the following criteria to evaluate Position Papers:

- Overall quality of writing, proper style, grammar, etc.
- Citation of relevant resolutions/documents
- General consistency with bloc/geopolitical constraints
- Consistency with the constraints of the United Nations
- Analysis of issues, rather than reiteration of the Committee Background Guide
- Outline of (official) policy aims within the committee's mandate

Each delegation can submit a copy of their position paper to the permanent mission of the country being represented, along with an explanation of the Conference. Those delegations representing NGOs do not have to send their position paper to their NGO headquarters, although it is encouraged. This will assist them in preparation for the mission briefing in New York.

Finally, please consider that over 2,000 papers will be handled and read by the Secretariat for the Conference. Your patience and cooperation in strictly adhering to the above guidelines will make this process more efficient and is greatly appreciated. Should you have any questions please feel free to contact the Conference staff, though as we do not operate out of a central office or location your consideration for time zone differences is appreciated.

Sincerely yours,

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Sample Position Paper

The following position paper is designed to be a sample of the standard format that an NMUN position paper should follow. While delegates are encouraged to use the front and back of a single page in order to fully address all topics before the committee, please remember that only a ***maximum*** of one double-sided page (or two pages total in an electronic file) will be accepted. Only the first double-sided page of any submissions (or two pages of an electronic file) will be considered for awards.

Delegation from | ***Represented by***
Canada | **(Name of College)**

Position Paper for General Assembly Plenary

The topics before the General Assembly Plenary are: Breaking the link between Diamonds and Armed Conflict; the Promotion of Alternative Sources of Energy; and the Implementation of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Particularly in Africa. Canada is dedicated to collaborative multilateral approaches to ensuring protection and promotion of human security and advancement of sustainable development.

I. Breaking the link between Diamonds and Armed Conflict

Canada endorses the Kimberly Process in promoting accountability, transparency, and effective governmental regulation of trade in rough diamonds. We believe the Kimberly Process Certification Scheme (KPCS) is an essential international regulatory mechanism and encourage all Member States to contribute to market accountability by seeking membership, participation, and compliance with its mandate. Canada urges Member States to follow the recommendations of the 2007 Kimberley Process Communiqué to strengthen government oversight of rough diamond trading and manufacturing by developing domestic legal frameworks similar to the Extractive Industries Transparency Initiative. We call upon participating States to act in accordance with the KPCS's comprehensive and credible systems of peer review to monitor the continued implementation of the Kimberley Process and ensure full transparency and self-examination of domestic diamond industries. We draw attention to our domestic programs for diamond regulation including Implementing the Export and Import of Rough Diamonds Act and urge Member States to consider these programs in developing the type of domestic regulatory frameworks called for in A/RES/55/56. Canada recognizes the crucial role of non-governmental organizations (NGOs) in the review of rough diamond control measures developed through the Kimberly Process and encourages States to include NGOs, such as Global Witness and Partnership Africa Canada, in the review processes called for in A/RES/58/290. We urge Member States to act in accordance with A/RES/60/182 to optimize the beneficial development impact of artisanal and alluvial diamond miners by establishing a coordinating mechanism for financial and technical assistance through the Working Group of the Kimberly Process of Artisanal Alluvial Producers. Canada calls upon States and NGOs to provide basic educational material regarding diamond valuation and market prices for artisanal diggers, as recommended by the Diamond Development Initiative. Canada will continue to adhere to the 2007 Brussels Declaration on Internal Controls of Participants and is dedicated to ensuring accountability, transparency, and effective regulation of the rough diamond trade through the utilization of voluntary peer review systems and the promotion of increased measures of internal control within all diamond producing States.

II. The Promotion of Alternative Sources of Energy

Canada is dedicated to integrating alternative energy sources into climate change frameworks by diversifying the energy market while improving competitiveness in a sustainable economy, as exemplified through our Turning Corners Report and Project Green climate strategies. We view the international commitment to the promotion of alternative sources of energy called for in the Kyoto Protocol and the United Nations Framework Convention on Climate Control (UNFCCC) as a catalyst to sustainable development and emission reduction. Canada fulfills its obligations to Article 4 of the UNFCCC by continuing to provide development assistance through the Climate Change Development Fund and calls upon Member States to commit substantial financial and technical investment toward the transfer of sustainable energy technologies and clean energy mechanisms to developing States. We emphasize the need for Member States to follow the recommendations of the 2005 Beijing International Renewable Energy Conference to strengthen domestic policy frameworks to promote clean energy technologies. Canada views

dissemination of technology information called for in the 2007 Group of Eight Growth and Responsibility in the World Economy Declaration as a vital step in energy diversification from conventional energy generation. We call upon Member States to integrate clean electricity from renewable sources into their domestic energy sector by employing investment campaigns similar to our $1.48 billion initiative ecoENERGY for Renewable Power. Canada encourages States to develop domestic policies of energy efficiency, utilizing regulatory and financing frameworks to accelerate the deployment of clean low-emitting technologies. We call upon Member States to provide knowledge-based advisory services for expanding access to energy in order to fulfill their commitments to Goal 1 of the Millennium Development Goals (MDGs). Canada urges States to address the concerns of the 2007 Human Development Report by promoting tax incentives, similar to the Capital Cost Allowances and Canadian Renewable and Conservation Expenses, to encourage private sector development of energy conservation and renewable energy projects. As a member of the Renewable Energy and Energy Efficiency Partnership, Canada is committed to accelerating the development of renewable energy projects, information sharing mechanisms, and energy efficient systems through the voluntary carbon offset system. We are dedicated to leading international efforts toward the development and sharing of best practices on clean energy technologies and highlight our release of the Renewable Energy Technologies Screen software for public and private stakeholders developing projects in energy efficiency, cogeneration, and renewable energy. Canada believes the integration of clean energy into State specific strategies called for in A/62/419/Add.9 will strengthen energy diversification, promote the use of cogeneration, and achieve a synergy between promoting alternative energy while allowing for competitiveness in a sustainable economy.

III. Implementation of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

Canada views the full implementation of the treatment and prevention targets of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Especially in Africa, as essential to eradicating malaria and assisting African States to achieve Target 8 of Goal 6 of the MDGs by 2015. We recommend Member States cooperate with the World Health Organization to ensure transparency in the collection of statistical information for Indicators 21 and 22 of the MDGs. Canada reaffirms the targets of the Abuja Declaration Plan of Action stressing regional cooperation in the implementation, monitoring, and management of malaria prevention and treatment initiatives in Africa. To fully implement A/RES/61/228, Canada believes developed States must balance trade and intellectual property obligations with the humanitarian objective of the Doha Declaration on the TRIPS Agreement and Public Health. We continue to implement Paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health into our compulsory licensing framework through the Jean Chrétien Pledge to Africa Act. We urge Member States to support compulsory licensing for essential generic medicines by including anti-malarial vaccines and initiating domestic provisions to permit export-only compulsory licenses to domestic pharmaceutical manufacturers, similar to Canada’s Access to Medicines Regime. Canada calls upon Member States to establish advanced market commitments on the distribution of pneumococcal vaccines to developing States in cooperation with PATH and the Malaria Vaccine Initiative. We emphasize the need for greater membership in the Roll Back Malaria initiative to strengthen malaria control planning, funding, implementation, and evaluation by promoting increased investment in healthcare systems and greater incorporation of malaria control into all relevant multi-sector activities. Canada continues to implement the Canadian International Development Agency’s (CIDA) New Agenda for Action on Health to reduce malaria infection rates among marginalized populations in Africa, increase routine immunizations rates, and reduce infection rates of other neglected infections. Canada will achieve the goal of doubling aid to Africa by 2008-2009 by providing assistance to the Global Fund to Fight Aids, Tuberculosis, and Malaria. We urge Member States to increase donations to intergovernmental organizations and NGOs that support malaria programming in Africa, exemplified by CIDA’s contribution of $26 million to the Canadian Red Cross. We continue our efforts to provide accessible and affordable vector control methods to African States through the Red Cross’ Malaria Bed Net Campaign and the African Medical Research Foundation Canada by supplying insecticide-treated mosquito nets and Participatory Malaria Prevention and Treatment tool kits.

History for the United Nations Population Fund

During the past four decades, we have learned that every society's hopes and prospects for peace, prosperity and social and economic development are closely tied to its demography. It is evident that if States are to provide adequately for their citizens, they need to incorporate population analysis and policies into their development strategies.[1]

History and Governance

Originally named the United Nations Fund for Population Activities, the United Nations Population Fund (UNFPA) began its work in cooperation with the United Nations Development Program (UNDP) in 1967.[2] The UN system allowed UNFPA to undergo a transfer of authority from the Economic and Social Council (ECOSOC) to the General Assembly Plenary (GA) due to a growing need for the fund to become a more viable entity in the UN system.[3] Countries began donating to the trust fund which allowed for the program to begin its activities in 1969.[4] Currently, UNFPA is administered by the UNDP/UNFPA Executive Board. However, the GA and ECOSOC still can make recommendations to the Fund.[5] UNFPA works to promote the rights of every man, women, and children by using population data to implement poverty reduction strategies and through targeting other necessary development areas.[6]

The President of the UNDP/UNFPA Executive Board is elected by its members for the next year and sits a 36 country commission; comprised of members from Africa, Asia, Latin America and the Caribbean, Eastern and the Western Europe and Others group.[7] UNFPA's mission is to act as an "international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity."[8] UNFPA achieves this mission through a variety of means; such as using population data to implement projects that have a positive impact on poverty. Along with using data, UNFPA also acts as a leader in strengthening the UN system by collaborating on diverse issues and participating in multinational conferences with a focus on health and population.[9] The UNFPA Executive Director stated "We have continued to strengthen these partnerships as we strive to cooperate seamlessly to improve public health and development effectiveness" on building partnerships with organizations that focus on health such as the H4+ and H8.[10]

Functions

Functions of the UNFPA Executive Board are extensive and as a whole provide the overall guidance to UNFPA.[11] The UNFPA/UNDP Executive Board functions are to: implement and ensure policies formulated by the General Assembly and coordinate guidance received from the ECOSOC; monitor the performance of the fund; decide on administrative and country program budgets, as recommended by the UNDP; institute, review, and encourage new programs; and, submit an annual report to ECOSOC, which includes recommendations on appropriate field level coordination.[12] The Executive Board is also responsible for inter agency cooperation for UNFPA to the UN system.[13]

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[1] Treki, *At the Commemoration of the 15th Anniversary of the International Conference on Population and Development*, 2009.
[2] UNFPA, *About UNFPA*, 2010.
[3] United Nations General Assembly, *Resolution 2815: United Nations Fund for Population Activities,* 1971.
[4] United Nations General Assembly, *Resolution 2815: United Nations Fund for Population Activities,* 1971.
[5] United Nations, *The United Nations System: Principal Organs,* 2010.
[6] UNFPA, *About UNFPA,* 2010.
[7] UNDP, *Executive Board*, *Information note about the Executive Board of UNDP and UNFPA,* 2010.
[8] UNFPA, *About UNFPA,* 2010.
[9] UNFPA, *Statement of Thoraya Ahmed Obaid UNFPA Executive Director*, 2010.
[10] UNFPA, *Statement of Thoraya Ahmed Obaid UNFPA Executive Director*, 2010.
[11] United Nations General Assembly, *Further measures for the restructuring and revitalization of the United Nations in the economic, social and related field,* 1993.
[12] Sadik, *Making a Difference: Twenty-five Years of UNFPA Experience*, 1994, p. 10-16.
[13] Singh, *UNFPA and the Global Conferences*, p. 168-170.

Activities

UNFPA conducts many projects through its main themes.[14] Despite UNFPA's work with developing countries on the Millennium Development Goals (MDGs), many states will fall short of reaching the MDGs.[15] The first theme of UNFPA is achieving the MDGs through projects that involve population. The MDGs have been working in conjunction with the International Conference on Population and Development (ICPD) Program of Action and its subsequent 15 year anniversary outcome to spur development. UNFPA's principal work on the MDGs has been on Goals relating to gender equality and empowerment of women, child and maternal health, and HIV and other diseases. MDGs 3, 4, 5, and 6 are the focus of UNFPA's work; however they are vital to achieve all other MDGs as well.[16] UNFPA publishes an annual report which illustrates the activities and reviews programs, projects and themes related to the organization.[17] In 2009, the reports focus was on a range of many issues, including gender, culture, and human rights; furthermore the report emphasizes incorporating population data into development projects.[18]

While the MDGs are a focus of UNFPA, it also has a number of projects which are not directly connected to the achievement of the MDGs, but contribute to their accomplishment. UNFPA's recent focus has been on three core areas; migration, women's empowerment, and population trends, as decided by the ICPD in the 1994 Cairo Conference.[19] The ICPD was held in 1994, and is a primary example of UNFPA direction and collaboration with other organizations and member states. Post conference meetings have taken place at 5, 10, and 15 years with outcome documents which vary on topic and strategy for developing countries through best practices on population organization.[20] All ICPD conferences have been principally organized by UNFPA and the Population Division of the UN Department for Economic and Social Information and Policy Analysis.[21]

UNFPA Midterm Strategy and Challenges Ahead

UNFPA implemented their Midterm Strategy in response to General Assembly Resolution 59/250 to focus the efforts of the organization for their 2008-2011 work. The Executive Board of UNFPA at its 2007 second regular session approved an organization restructuring and the 2008-2011 strategic Midterm Strategy.[22] The Midterm Strategy made significant changes to certain elements of the UNFPA structure.[23] The major components of a revisit to fundamentals of UNFPA are, creating regional headquarters and strengthening country offices, developing and managing information results frameworks on a country level, and an accountability framework.[24]

The purpose of shifting to more regional offices and strengthening country level offices was to strengthen UNFPA's field orientation.[25] UNFPA's strengths at the implementation of the Midterm Strategy varied on the global, regional, and local levels. Member states had to deal with an inadequate technical assistance of regional and sub regional bodies of UNFPA, to serving a growing need of 140 countries through 112 country areas, and having a positive relationship with countries it has been involved with.[26] The envisioned outcome of the plan was to incorporate all different aspects of the necessary components of an effective organization, such as technical, social, and financial support.[27] As countries face different types of problems and a continually changing population, UNFPA also had to

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[14] Kanter and Kanter, *The Struggle for International Consensus on Population Development,* p. 65-67.
[15] Kanter and Kanter, *The Struggle for International Consensus on Population Development,* p. 65-67.
[16] UNFPA, *Master Plans for Development: The MDGs at Ten: Mobilizing for the final 5 years,* 2010.
[17] UNFPA, *Annual Report 2009,* p.iii - v.
[18] UNFPA, *Annual Report 2009,* p. 4, 21-24.
[19] UNFPA, *Population Issues: Overview,* 2010.
[20] UNFPA, *Master Plans for Development; Summary of the ICPD Programme of Action*, 2010.
[21] UNFPA, *Master Plans for Development; Summary of the ICPD Programme of Action*, 2010.
[22] UNFPA, *UNFPA strategic plan, 2008-2011,* 2007.
[23] UNFPA, *New Strategic Direction: New Directions; To Serve Better,* 2010.
[24] UNFPA, *New Strategic Direction: New Directions; To Serve Better,* 2010.
[25] UNFPA, *Reorganization,* 2010.
[26] United Nations, Executive Board of the United Nations Development Program and of the United Nations Population Fund, *Review of the Organizational Structure of UNFPA,* 2007, p. 6.
[27] United Nations, Executive Board of the United Nations Development Program and of the United Nations Population Fund, *Review of the Organizational Structure of UNFPA,* 2007, p. 10.

strengthen its support to UN country offices with the Midterm Strategy.[28] The development results program of UNFPA implemented in 2007 provides a database for the multiple indicators on progress. The purpose of the database is to provide IGOs, NGOs, and States with information on population changes and adaption for best practices.[29]

The UNFPA Executive Board gave a report in 2007 outlining the status quo for accountability of UNFPA, determining the UNFPA needed more accountability as more programs were to come under its auspices with an increase in field level work.[30] UNFPA began a reform of their accountability measures in order to increase the credibility of the organization.[31] There are a number accountability reforms that occurred in 2007, and will continue to occur until 2011 through the Midterm Strategy.[32] One reform measure is the Development Results Framework, which will work to make the upcoming goals for UNFPA as well as monitor progress of the organization.[33] Along with accountability, there are a number of issues which lie ahead for UNFPA, such as funding shortfalls for projects and administration and lack of member states commitment to agree with UNFPA policies, particularly those on population management and reproductive health.[34]

Conclusion

With the world population set to grow exponentially over the next few decades, there are many issues that UNFPA has to deal with, as broad as policy reform, all the way down to the field level programs monitoring.[35] UNFPA established its Midterm Strategy to help with these issues, however there is still much to be done on multiple UNFPA matters.[36] The international community will find that the Midterm Strategy and UNFPA data on Population will be most prudent to moving UNFPA forward and in solving population issues; UNFPA must deal with cultural issues, such as family planning and use of contraceptives, and to preventing unwanted birth.[37] With such a broad consensus that achieving the MDGs have become a vital part of the UN's credibility, and a further unspoken agreement that population policies have become essentially political and related to MDG success, is there any means that UNFPA can get around this two-way barrier to further help populaces implement policies for sustainable populations?[38]

I. Integrating Cultural Approaches to Reproductive Health

"The fact is that women have been trapped. Reproduction is used, consciously or not, as a means to control women, to limit their options and to make them subordinate to men. In many societies a serious approach to reproductive health has to have this perspective in mind. We must seek to liberate women."[39]

Defining Reproductive Health, Culture, and the Surmounting Issues

Out of the many issues that the United Nations Population Fund (UNFPA) contends with, reproductive health problems are of paramount concern as well as the number one cause of ill health and death for those women of childbearing age around the globe.[40] A key demographic to consider are impoverished women, specifically those

[28] United Nations, Executive Board of the United Nations Development Program and of the United Nations Population Fund, *Review of the Organizational Structure of UNFPA,* 2007, p. 10.
[29] UNFPA, *UNFPA Strategic Plan 2008-2011: Development and Management Results Frameworks: Indicators, Baselines and Targets*, 2007, p. 1.
[30] UNFPA, *UNFPA Accountability Framework: Report of the Executive Director,* 2007, p. 2.
[31] UNFPA, *UNFPA Accountability Framework: Report of the Executive Director*, 2007, p. 2.
[32] UNFPA, *UNFPA Accountability Framework: Report of the Executive Director,* 2007, p. 2.
[33] UNFPA, *UNFPA Accountability Framework: Report of the Executive Director,* 2007, p. 2.
[34] Kanter and Kanter, *The Struggle for International Consensus on Population Development,* p.70-71.
[35] Sadik, *Making a Difference: Twenty-five Years of UNFPA Experience,* 1994.
[36] Treki, *At the Commemoration of the 15th Anniversary of the International Conference on Population and Development*, 2009.
[37] Sinding and Seims, *Challenges Remain but we Will be Different*, p. 137-138.
[38] Kanter and Kanter, *The Struggle for International Consensus on Population Development,* p.134.
[39] United Nations, *Women: the Right to Reproductive and Sexual Health,* 2010, p. 1.
[40] United Nations Population Fund, *Improving Reproductive Health,* 2010, p. 1.

who reside in developing countries.[41] These women often endure a number of hardships that include "unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender-based violence and other problems related to their reproductive system and sexual behavior."[42] Often complicating reproductive health is a subset of issues relating to adolescent reproductive health.[43] Adolescents often do not have access to the information they need regarding reproductive and sexual health.[44] Without this information at their disposal, they make poor or inappropriate decisions regarding their health.[45]

According to the 1994 International Conference on Population and Development (ICPD), the United Nations (UN) defines reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes."[46] This definition incorporates not only the provision of healthcare services, but also access to a "satisfying and safe sex life," which includes freedom to make choices about family planning and reproductive health.[47] From this, UNFPA seeks international development that "promotes the right of every woman, man and child to enjoy a life of health and equal opportunity."[48] Their work – which focuses on reproductive health, gender equality, and population and development strategies – utilizes the linkages between these fields to develop comprehensive national and regional development plans.[49]

According to the UNFPA report on the State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights, "[c]ulturally sensitive programming is key to building common ground. It provides a practical and strategic response to the observation that cultural beliefs and perceptions are at the root of gender inequalities in many societies."[50] As defined by UNFPA, culture consists of an archetype of meanings that are passed on from generation to generation and are shared within a specific context.[51] Within this context and through socialization, individuals come to share a widespread understanding on what is important, which is echoed in "symbols, values, norms, beliefs, relationships and different forms of creative expression."[52] This archetype influences how individuals behave in their daily lives providing clarity on what is crucial and trivial.[53] In other words, this archetype "provides a lens through which people interpret their society."[54]
One of the largest variables to confound reproductive health is the barrier between men and women.[55] Specifically, men and women alike must understand the pertinence of communication, joint responsibilities, and that they are equal partners in life – both publicly and privately.[56] As further noted by UNFPA, "[m]en play a key role in bringing about gender equality since, in most societies, men exercise significant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and program decisions taken at all levels of government."[57] Although many programs have called for universal access to modern methods of contraception,

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[41] United Nations Population Fund, *Improving Reproductive Health,* 2010, p. 1.
[42] United Nations Population Fund, *Improving Reproductive Health,* 2010, p. 1.
[43] United Nations Population Fund, *Improving Reproductive Health*, 2010, p. 1.
[44] United Nations Population Fund, *Improving Reproductive Health*, 2010, p. 1.
[45] United Nations Population Fund, *Improving Reproductive Health*, 2010, p. 1.
[46] United Nations, *Report of the International Conference on Population and Development,* 1994, Chapter 7, para 7.2.
[47] United Nations, *Report of the International Conference on Population and Development,* 1994, Chapter 7, para 7.2.
[48] United Nations Population Fund, *Mission Statement*, 2010, p.1.
[49] United Nations Population Fund, *Mission Statement*, 2010, p.1.
[50] United Nations Population Fund, *State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights,* 2008, p. 1.
[51] United Nations Population Fund, *State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights,* 2008, p. 12.
[52] United Nations Population Fund, *State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights,* 2008, p. 12.
[53] United Nations Population Fund, *State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights,* 2008, p. 12.
[54] United Nations Population Fund, *State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights,* 2008, p. 12.
[55] United Nations Population Fund, *State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights,* 2008, p. 39.
[56] United Nations Population Fund, *State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights,* 2008, p. 39.
[57] United Nations Population Fund, *State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights,* 2008, p. 39.

most women, particularly in developing countries, continue to rely on traditional methods, such as withdrawal or periodic abstinence, which are known to have higher rates of failure.[58] Unmet needs can be linked to poverty, but also to social and cultural factors, such as religious beliefs which oppose the use of contraception leading to unplanned pregnancies as well as the spread of disease.[59] Harmful traditional practices (HTPs) such as forced marriage and female genital mutilation (FGM) also create another barrier in reproductive health that must be addressed.[60] In addition, gender inequality within societies often limits a woman's ability to discuss and implement a family planning program.[61]

Framework for Reproductive Health

UNFPA conducts its work through the existing framework of international law addressing human rights, specifically the right to health in women and children's rights.[62] The ICPD formed the baseline for much of the fund's work, with governments agreeing to work together to focus on human rights and dignity, rather than merely numbers and populations.[63] In 1994, 179 Member States came together to adopt a 20 year Programme of Action, also referred to as the Cairo Programme of Action (PoA), with a target date of 2015, which established principles to guide population policies within a rights-based framework targeting poverty eradication, gender equality, and full economic and social development. [64] Among these goals, the PoA calls for the highest attainable standard of health for women, men, and children including the right to reproductive health. [65] The body agreed that advancements in "gender equality, eliminating violence against women and ensuring women's ability to control their own fertility" would become the "cornerstones of population and development policies."[66]

Since the implementation of the PoA in 1994, there have been three follow-up meetings: ICPD+5, ICPD at Ten, and ICPD+15.[67] In June of 1999, the PoA was reviewed by the Special Session of the UN General Assembly (GA) in order to assess its successes and shortcomings over the previous five years. From this, the body noted four key areas, or "benchmark indicators," that would help with the further implementation of the PoA; they included education and literacy, reproductive health care and unmet need for contraception, maternal mortality reduction, and HIV/AIDS.[68]

Celebrating the midpoint in the 20 year PoA, the ICPD at Ten was held in 2004 and again reviewed the progress that had been made, while noting the challenges still to come.[69] UNFPA was tasked with performing an analysis where they considered each country individually noting its successes, hindrances, lessons learned, and feasible approaches to completely enacting the PoA.[70] Out of this, UNFPA Executive Director Thoraya Ahmed Obaid highlighted three important conclusions in the publication ICPD at Ten the World Reaffirms Cairo*:* First, the world reaffirmed and supported the work of the PoA and the ICPD+5 Key Actions.[71] Second, for the PoA to continue successfully,

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[58] United Nations Population Fund, *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action*, 2009, p. 10.
[59] United Nations Population Fund, *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action*, 2009, p. 10.
[60] United Nations Population Fund, *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action*, 2009, p. 10.
[61] United Nations Population Fund, *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action*, 2009, p. 10.
[62] United Nations Population Fund, *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action*, 2009, p. 1.
[63] United Nations Population Fund, *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action*, 2009, p. 1.
[64] United Nations Population Fund, *Summary of the ICPD Programme of Action*, 1995, p. 1.
[65] United Nations Population Fund, *Summary of the ICPD Programme of Action*, 1995, p. 1.
[66] United Nations Population Fund, *Summary of the ICPD Programme of Action*, 1995, p. 1.
[67] United Nations Population Fund, *Key Actions for the Further Implementation of the Programme of Action of the ICPD -- ICPD+5,* 1999, p. 1.
[68] United Nations Population Fund, *Key Actions for the Further Implementation of the Programme of Action of the ICPD -- ICPD+5,* 1999, p. 1.
[69] United Nations Population Fund, *ICPD at Ten the World Reaffirms Cairo,* 2005, p. vi.
[70] United Nations Population Fund, *ICPD at Ten the World Reaffirms Cairo,* 2005, p. vi.
[71] United Nations Population Fund, *ICPD at Ten the World Reaffirms Cairo,* 2005, p. vi.

increased funds were imperative.[72] And third, in order to attain the Millennium Development Goals (MDGs) in 2015 the "full implementation of the Cairo agenda is essential."[73]

In September of 2000, the UNGA met to address the function of the UN in the twenty-first century.[74] At this meeting, the GA adopted the Millennium Declaration, which established the MDGs.[75] The MDGs are 8 distinct goals that each work towards addressing a specific issue with a target date of 2015; the issues consist of poverty and hunger, universal education, gender equality, child health, maternal health, HIV/AIDS, environmental sustainability, and global partnerships.[76] Five years later, the UNGA again met at the 2005 World Summit to address, among many other issues, the progress of the MDGs and the targets met so far, the shortcomings and the refinement of their efforts, and increased support as well as finance.[77]

In regards to the MDGs, the UNFPA is directly linked to poverty reduction, gender equality and the empowerment of women, child mortality, maternal health, including reproductive health, and HIV/AIDS.[78] Reproductive health, which falls under the guise of the maternal health MDG, is the cornerstone to attaining the success of all the MDGs and creating everlasting change in Lesser Developed Countries (LDCs).[79] As stated by former UN Secretary-General Kofi Annan, "[t]he Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning."[80]

In 2009, celebrating 15 years since its implementation, the most recent review of the ICPD was held: ICPD+15.[81] Akin to ICPD+5 and ICPD at Ten, the conference reviewed the progress of the ICPD and reaffirmed Member State commitment of the PoA leading up to the 2015 target date.[82] The conference which was held in Addis Ababa also celebrated the acceptance of a landmark resolution, by the UN Human Rights Council, which declared maternal health as a human right.[83] This had large scale implications for efforts that had been taken thus far in reproductive health as well as provided a much expanded base of support from UN agencies.[84]

Case Study: Female Genital Mutilation

Affecting 100-140 million women around the world, specifically women from birth to age 15, one of the most publicized cultural issues regarding reproductive health is that of FGM.[85] Although it is generally an issue in the western, eastern, and north-eastern regions of Africa, groups around the world have been known to practice FGM in regions such as Asia and the Middle East, and in select areas in North America, South America, and Europe.[86] Recognized as violation of human rights, FGM is the intentional alteration and injuring of female genitalia for non-medical reasons and "is associated with cultural ideals of femininity and modesty, which include the notion that girls are 'clean' and 'beautiful' after removal of body parts that are considered 'male' or 'unclean.'"[87] However, there are no health benefits of such practices, and in stark contrast, such practices lead to long term health risks that include, recurrent infections, infertility, childbirth complications, psychological trauma, and even death to recipient and child.[88] As defined by the World Health Organization (WHO), there are four types of FGM: clitoridectomy,

[72] United Nations Population Fund, *ICPD at Ten the World Reaffirms Cairo,* 2005, p. vi.
[73] United Nations Population Fund, *ICPD at Ten the World Reaffirms Cairo,* 2005, p. vi.
[74] United Nations, *2015 Millennium Development Goals,* n.d., p. 1.
[75] United Nations, *2015 Millennium Development Goals,* n.d., p. 1.
[76] United Nations, *2015 Millennium Development Goals,* n.d., p. 1.
[77] United Nations, *2015 Millennium Development Goals,* n.d., p. 1.
[78] United Nations Population Fund, *Master Plans for Development*, n.d., p. 1.
[79] United Nations Population Fund, *Master Plans for Development*, n.d., p. 1.
[80] United Nations Population Fund, *Master Plans for Development*, n.d., p. 1.
[81] United Nations Population Fund, *Annual Report 2009,* 2009, p. iv.
[82] United Nations Population Fund, *Annual Report 2009,* 2009, p. iv.
[83] United Nations Population Fund, *Annual Report 2009,* 2009, p. iv.
[84] United Nations Population Fund, *Annual Report 2009,* 2009, p. iv.
[85] World Health Organization, *Female Genital Mutilation,* 2010, p. 1.
[86] World Health Organization, *Female Genital Mutilation,* 2010, p. 1.
[87] World Health Organization, *Female Genital Mutilation,* 2010, p. 1.
[88] World Health Organization, *Female Genital Mutilation,* 2010, p. 1.

excision, infibulations, and all other harmful procedures.[89] These practices are often perpetuated by individuals claiming to have religious footing, "though no religious scripts prescribe the practice" and is often attributed to "local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice."[90]

The international community has responded to the issue of FGM by working together within the existing framework.[91] In 1997, three agencies – UNFPA, WHO, and the United Nations Children's Fund (UNICEF) – came together to address the topic by issuing a joint statement denouncing the practice of FGM.[92] The international community has also implemented a number of international treaties, regional treaties, and consensus documents that relate to FGM, such as the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the African Charter on Human and Peoples' Rights (the Banjul Charter) and its Protocol on the Rights of Women in Africa, and the Commission on the Status of Women Resolution on Ending Female Genital Mutilation, respectively.[93] In 2008, the issue gained more support from the UN and garnered the issuance of a 2008 interagency statement regarding the elimination of female genital mutilation that emphasized the human rights and the legal aspects of FGM.[94] And pending the adoption of a resolution on FGM, the UNGA at its 65th session is set to implement a universal ban on FGM.[95]

FGM still remains deeply engrained in many communities today, especially in those that regard it as culturally significant.[96] However, achievements have been made through the use of culturally sensitive programming.[97] For instance, in Uganda, culturally sensitive approaches have been used to educate prominent figures in the community of Kapchorwa concerning the ill effects of HTPs in reproductive and socio-cultural health terms – a process that would later be later known as the Reproductive, Educative and Community Health (REACH) program.[98] The program asserts that "a community's cultural values are different from cultural practices, and that practices can change without necessarily compromising values."[99] REACH endorsed ceremonies that preserved the celebrated passage into adulthood by including traditional feasts and dances, however, moved for a symbolic gift giving in place of FGM.[100] This had a significant impact in the community; FGM declined by 35 percent in two years where the "Elders' Association, clan leaders, women's groups and adolescents have agreed to discard FGM, a significant breakthrough in the struggle to eliminate the practice."[101]

Case Study: HIV/AIDS in Latin America

Another area worth note, among the many prevalent issues relating to culture and reproductive health, is Latin America and HIV/AIDS.[102] Although relatively low compared to the likes of Africa and the rising rate in Asia, the HIV/AIDS prevalence is still very significant and is often referred to as a "hidden" problem."[103] In Central and South America, there are more than two million people suffering from the disease, which is more than the United States, United Kingdom, Japan, and Canada combined.[104] Barriers that often confound progress in the area include poverty and migration as well as cultural factors such as homophobia and HIV-related discrimination.[105] Specifically, these cultural factors often lead to a stigma and discrimination for those who have the disease and

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[89] World Health Organization, *Female Genital Mutilation,* 2010, p. 1.
[90] World Health Organization, *Female Genital Mutilation,* 2010, p. 1.
[91] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 3.
[92] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 3.
[93] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[94] World Health Organization, *Female Genital Mutilation,* 2010, p. 1.
[95] Female Genital Mutilation Program, *The Universal Ban on Female Genital Mutilation is a Goal within Close Reach*, 2010, p. 1.
[96] United Nations Population Fund, *Culturally Sensitive Campaign to Eliminate FGM*, n.d., p. 1.
[97] United Nations Population Fund, *Culturally Sensitive Campaign to Eliminate FGM*, n.d., p. 1.
[98] United Nations Population Fund, *Culturally Sensitive Campaign to Eliminate FGM*, n.d., p. 1.
[99] United Nations Population Fund, *Culturally Sensitive Campaign to Eliminate FGM*, n.d., p. 1.
[100] United Nations Population Fund, *Culturally Sensitive Campaign to Eliminate FGM*, n.d., p. 1.
[101] United Nations Population Fund, *Culturally Sensitive Campaign to Eliminate FGM*, n.d., p. 1.
[102] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[103] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[104] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[105] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.

prevent productive conversation, in turn, reducing awareness and putting individuals as high risk.[106] This stigma also impedes governments from implementing preventative programs and campaigns, as well as preventing individuals from seeking treatment.

Those groups that are the most affected by the problem are men who have sex with men (MSM), sex workers, drug users, and migrants.[107] The significance of MSM and HIV/AIDS infection in South and Central America is often minimized, even though this group has the largest rate of infection.[108] It is often hidden due to homophobia and social stigma.[109] In regard to sex workers, where higher rates of infection are found among street workers, condom use is quite uncommon between regular partners, which furthers the spread of disease.[110] It is also commonplace for workers to spread HIV/AIDS to their significant others and new customers once infected.[111] Intravenous (IV) drug use is also another major factor in the spread of HIV/AIDS.[112] Select circles in many Latin American countries in the wake of liberation have started experimenting in excess with IV drug use, which has led to the spread of disease through the sharing of needles.[113] Due to large amounts of stigmatization, political and civil unrest, migration, in part, has also led to the spread of HIV/AIDS.[114] Many factors put migrants at risk: "poverty, violence, few available health services, increased risk-taking, rape, loneliness, and contact with large numbers of sex workers. In some cases, migrants themselves are sex workers, or resort to sex work while travelling in order to survive."[115]

One of the strongest and most successful attempts for implementing culturally relevant programs has been done in the state of Brazil.[116] The government, civil society, and nongovernmental organizations (NGOs) have all come together to push for the de-stigmatization of HIV/AIDS by raising awareness among the population through campaigns and education.[117] For instance, the government has endorsed the use of contraception through media campaigns and advertising in addition to dispensing over 25million condoms in 2006 at the pre-Lenten festival in Rio de Janeiro – marking only one instance of many.[118] Prevention efforts also concentrate on reducing stigmatization for the most susceptible groups: MSM, sex workers, drug users, and migrants.[119] However, great strides have been made throughout Latin America as well: "Across Latin America, governments have used television, radio, billboards and posters as means of raising awareness about AIDS. Various messages have been promoted by these campaigns, including condom promotion and anti-discrimination messages."[120]

Conclusion

Over the course of the past 30 years, experience has shown that there are no quick or simple cultural approaches to implementing reproductive strategies.[121] Rather, to properly implement a culturally appropriate strategy, UNFPA asserts that the approach should be multisectoral, sustained, and community-led. [122] Multisectoral denoting that these strategies should address the issue from a local and state level, to a regional and international level as well as involve financial, educational, judicial, and health sectors in addition to those that deal with women's affairs.[123] Different figures should also be addressed throughout society such as community groups, NGOs, health professionals, political figures, governments, and intergovernmental organizations (IGOs).[124] The strategy should also be sustained, because although some change may be rapid, human behavior is very versatile and permanent

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[106] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[107] US Bureau of the Census, *HIV/AIDS in Latin America and the Caribbean,* 1995, p. 3-4.
[108] US Bureau of the Census, *HIV/AIDS in Latin America and the Caribbean,* 1995, p. 3-4.
[109] US Bureau of the Census, *HIV/AIDS in Latin America and the Caribbean,* 1995, p. 3-4.
[110] US Bureau of the Census, *HIV/AIDS in Latin America and the Caribbean,* 1995, p. 3-4.
[111] US Bureau of the Census, *HIV/AIDS in Latin America and the Caribbean,* 1995, p. 3-4.
[112] US Bureau of the Census, *HIV/AIDS in Latin America and the Caribbean,* 1995, p. 3-4.
[113] US Bureau of the Census, *HIV/AIDS in Latin America and the Caribbean,* 1995, p. 3-4.
[114] US Bureau of the Census, *HIV/AIDS in Latin America and the Caribbean,* 1995, p. 3-4.
[115] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[116] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[117] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[118] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[119] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[120] AVERT, *HIV and AIDS in Latin America,* 2009, p. 1.
[121] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8
[122] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[123] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[124] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.

change may take much longer to enact, requiring a constant and ever vigilant effort.[125] Lastly, a cogent strategy must be community -led because community-led initiatives traditionally involve community members.[126] This involvement helps the community determine the best course of action as well as stimulate discussion, which naturally leads to growth and new traditions.[127]

Lastly, strategies made at the community, national, and international levels need to be addressed further.[128] At the community level, changes in cultural practices necessitate a large amount of families to make a "collective, coordinated choice to abandon the practice so that no single girl or family is disadvantaged by the decision."[129] This decision requires that all participating individuals practice overtly in order to provide support to all others who are participating in the abandonment of HTPs.[130] This in turn sustains the effort and creates a new social norm, one that does not infringe on reproductive rights.[131] Efforts at the community level can often be improved or hampered at the national level and across state boarders.[132] It is important that all states realize reproductive health is a universal problem and square policy with the best possible outcome for their people in mind.[133] In regards to the international level, it has long been noted by political activists that governments should be held accountable for all injustices allowed towards women and reproductive health.[134] Only"[w]idespread recognition of the legal foundations for such claims form a first step in ensuring that reproductive rights become reality."[135]

II. Alleviating poverty through voluntary family planning

"There is little debate that poverty and large family size go hand in hand."[136]

Introduction

With research showing that population growth is an obstacle in achieving poverty reduction, meeting the need for voluntary family planning in Less Developed Countries (LDCs) is instrumental in development policies, especially only four years before the deadline for meeting the Millennium Development Goals (MDGs).[137]

In medical terms, family planning refers to programs that regulate the number and timing of children a family has through an array of methods, particularly contraception.[138] In development and social terms, the concept gains additional meaning as it is constantly seen as a tool for giving women and families the chance to make decisions about their own wellbeing and the effect of every pregnancy.[139] Research commissioned by the United Nations Populations Fund (UNFPA) has shown the direct positive impact that family planning can have on individuals, especially women, as well as for Member States.[140] Through various studies conducted both by universities internationally and a variety of non-governmental organizations (NGOs) it has been demonstrated that encouraging access to family planning in Member States where there are high birth rates can effectively reduce the rates of maternal deaths by 32% and infant death rates by almost 10%, whilst also helping alleviate poverty.[141] Of the more than 500,000 maternal deaths a year, 99% of them occur in LDCs.[142] These statistics are even more staggering

[125] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[126] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[127] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[128] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[129] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[130] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[131] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 8.
[132] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 13.
[133] World Health Organization, *Eliminating Female Genital Mutilation, an Interagency Statement*, 2008, p. 13.
[134] United Nations, *Women: the Right to Reproductive and Sexual Health,* 2010, p. 1.
[135] United Nations, *Women: the Right to Reproductive and Sexual Health,* 2010, p. 1.
[136] Birdsall and Sinding*, Population matters: demographic change, economic growth, and poverty in the developing world*, 2003, p.15
[137] The Media and Communications Branch of UNFPA, *FACT SHEET: Population Growth and Poverty*, 2009
[138] Houghton Mifflin Company, *The American Heritage Medical Dictionary*, 2004
[139] World Health Organisation. *Family planning*
[140] Cleland, et all., *Family planning: the unfinished agenda*, 2006
[141] Cleland, et all., *Family planning: the unfinished agenda*, 2006
[142] WHO, UNICEF, UNFPA and The World Bank. *Maternal Mortality in 2005*, 2005, p.1

given the fact that 200 million women in LDCs would want to time their children or not get pregnant but are still not currently using an effective form of contraception.[143]

With respect to the MDGs, family planning plays a key role in almost all of the eight goals.[144] Research showing how family planning programs can boost economic growth by a number of factors demonstrates its usefulness in achieving the first MDG, the elimination of poverty and hunger.[145] Family planning can improve the ratio of working age individuals per dependant and improve the overall health, education and productivity of individuals as resources are divided amongst fewer people.[146] Moreover, they can even save governments money, as the costs of family planning programs are considerably lower than the expenses incurred supporting a larger population.[147] Specifically for MDG number three, promoting gender equality and empowering women, studies have shown that being able to control when they have children grants women a higher status in societies as they have a greater decisional power within their households and greater financial stability.[148] Health wise, family planning can help lower both maternal death rates and infant mortality rates by offering the means for supported childbirths, safe abortions, and decreasing teenage motherhood, as young mothers are more likely to have complications during labor.[149] Likewise, family planning plays an essential role in stopping the spread of HIV/AIDS which is relevant for achieving MDG number six—combating the HIV pandemic and other diseases; not only can contraception prevent the virus being transmitted maternally by protecting the mother, but women's empowerment can mean less unwanted or unprotected sexual contact.[150]

Most of the evidence mentioned in the previous paragraph has come from research commissioned by the United Nations (UN), governmental and non-governmental organizations. This is because the need to place voluntary family planning at the forefront of any measures to support women's human rights has been identified repeatedly since the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women.[151] As an essential actor in promoting development and achieving equality, family planning is central to the work of many organizations both regional and international, particularly that of the UNFPA.[152]

With voluntary family planning programs in over 140 Member States, the UNFPA strives to make universal reproductive health accessible to all and to ensure that all citizens of Member States have the freedom and opportunity to make decisions about the timing and number of children they have.[153] It aims to ensure that the facilities it supports in each Member State make available a broad array of contraceptive methods, uphold the highest benchmarks of medical practice, are adaptive to regional cultures, informative about benefits but also about possible drawbacks of contraception and target women's reproductive health necessities.[154] However, it should also be noted that as its steering program is that of the 1994 ICPD, the UNFPA does not recognize or support abortion throughout its family planning initiatives.[155] The agency conducts its reproductive health programs in close partnership with other UN agencies, such as the United Nations Development Programme, governments of Member States and agents of civil society.[156]

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[143] United Nations Population Fund, *No woman should die giving birth. Facts and figures 1,* 2010
[144] Allen, *The role of family planning in poverty reduction*, 2007, p.999
[145] United Nations General Assembly, *United Nations General Assembly Resolution 55/2. United Nations Millennium Declaration*, 2000
[146] United Nations Population Fund, *Family Planning and Poverty Reduction - The Benefits for Families and Nations*, 2009.
[147]Cleland, et all., *Family planning: the unfinished agenda*, 2006, p.1813
[148] Singh et all, *Adding it up: the benefits of investing in sexual and reproductive healthcare*, 2003, p.27
[149] United Nations Population Fund, *State of the world population 2006*, 2006
[150] United Nations *Millennium Project, UN Millennium Project. Investing in development: a practical guide to achieve the Millennium Development Goals*, 2005, p.82
United Nations General Assembly, *United Nations General Assembly Resolution 55/2. United Nations Millennium Declaration*, 2000
[151] United Nations Population Fund, *State of the world population 2006*, 2006
[152] United Nations Population Fund*, Report of the Executive Director For 2008: Progress in Implementing the Strategic Plan, 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action*, 2009
[153] United Nations Population Fund, *Family Planning and Poverty Reduction - The Benefits for Families and Nations,* 2009
[154] United Nations Population Fund, *Ensuring that Every Pregnancy is Wanted,* 2010.
[155] United Nations Population Fund, *Family Planning and Poverty Reduction - The Benefits for Families and Nations,* 2009*,* p.1
[156] United Nations Population Fund, *Family Planning and Poverty Reduction--The Benefits for Families and Nations,* 2009*,* p.1

Supplying between 35% and 40% of all donated contraceptives, the work of the United States Agency for International Development (USAID) is instrumental in achieving universal access to voluntary family planning.[157] Reaching more than 50 LDCs, USAID family planning programs are guided by voluntary action and informed decisions.[158] Similar to the UNFPA, USAID, until recently, also refused to promote, support, or fund programs that would help and counsel women having voluntary abortions, in accordance to the Mexico City Policy.[159] However, in 2009, the President of the United States, Barack Obama, rescinded this law, arguing that women had the right to make decisions about their own intimate lives.[160]

Another model for international organizations is provided by the Marie Stopes International Global Partnership, which has established partnerships with local organizations in a drive to push for locally adapted services and innovation.[161] Several country specific organizations have also achieved success in their implementation of family planning programs and one prominent example is the India Family Planning Association (FPA India).[162] FPA India serves over 7 million individuals and their advocacy has even changed government policy by bringing sexual education into schools.[163]

Case Study: Kenya, an African family planning success story?

Kenyan authorities have recognized the importance of family planning to the development of their country since 1962.[164] This made Kenya one of the first countries to make such services available in Africa.[165] With an annual population growth of 3% in 1962, the programs had successfully started to induce a decline in population growth by the 1980s.[166] Unfortunately, as Kenya's fertility rates declined from 9 children per household in the 1970s to 4.7 in the 1990s, more recent studies have found that due to a decrease in the supply of contraceptives and service quality, the fertility rates increased again in 2003 to 4.9 children per household and contraceptive use started to decline.[167] This decrease in service availability and performance has been linked to a decrease in funding for family planning centers.[168] Despite the findings of a report drafted by Pathfinder International in 2008, which outlined the importance of family planning in addressing HIV/AIDS issues and called for increases in program funding, funding for family planning programs has decreased in Kenya.[169] Allocations for HIV/AIDS however, steadily increased, even reaching a point where family planning programs were receiving less than half of the population funds they used to.[170] They also underlined the difficulty the organization has had in securing funds for its reproductive health programs due to the HIV/AIDS pandemic, concluding that despite being regarded as one of Africa's success stories, Kenya still had substantial unmet need for this type of service provision.[171] USAID increased their funding for Kenyan family planning programs by $7 million in 2009, making the current annual total close to $17.2 million.[172] However, in 2008 alone they allocated $368.1 million in support for HIV/AIDS prevention in Kenya, which supports the findings of the previously mentioned report.[173]

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[157] United States Agency for International Development, *USAID Family Planning Program: A History of Achievement,* 2010.
[158] United States Agency for International Development, *USAID Family Planning,* 2010.
[159] United States Agency for International Development, *USAID's Family Planning Guiding Principles and U.S. Legislative and Policy Requirements,* 2010.
[160] Tapper, Miller and Khan. *Obama Overturns 'Mexico City Policy' Implemented by Reagan,* 2009.
[161] Marie Stopes International, *Structure,* 2010.
[162] FPA India, *Activities,* 2008.
[163] FPA India, *Activities,* 2008.
[164] The Pathfinder International Experience *Reproductive Health and Family Planning in Kenya*, 2008, p.1
[165] The Pathfinder International Experience *Reproductive Health and Family Planning in Kenya*, 2008, p.1
[166] The Pathfinder International Experience *Reproductive Health and Family Planning in Kenya*, 2008, p.2
[167] FPA India, *Activities,* 2008
[168] FPA India, *Activities,* 2008
[169] The Pathfinder International Experience *Reproductive Health and Family Planning in Kenya*, 2008, p.1
[170] The Pathfinder International Experience *Reproductive Health and Family Planning in Kenya*, 2008, p.2
[171] The Pathfinder International Experience *Reproductive Health and Family Planning in Kenya*, 2008.
[172] United States Agency for International Development, *Kenya,* 2009.
[173] United States Agency for International Development, *Kenya,* 2009.

Case Study: China – 30 years of the one child policy

The one child policy's predecessor allowed two children per household and was introduced in 1971.[174] Although within 8 years of its implementation China's fertility rate had fallen from 5.4 children per woman to 2.8, the Chinese government, unhappy with the progress, introduced the one child policy in 1979.[175] These policies were introduced to stagnate the growth of a population that had almost doubled in 30 years, between 1950 and 1980, going from 500 million to 1 billion.[176] Whilst this effectively lead to more widespread use of contraceptive methods within China, 71% of child-bearing age women successfully using them by 1982, the program still found considerable resistance to birth control in many provinces, especially rural ones, even though rural families were allowed to have two children if their first was a girl.[177]

For women in China enforcing contraception and the one child policy was detrimental as it led to an increase in female infant deaths as baby girls were increasingly victims of infanticide due to a cultural bias that favors male children and due to the government prohibition of using ultrasounds to determine a baby's gender. [178] However, the program may still be viewed as a success, as according to official data, the policy was effective in limiting population growth in China.[179]

Despite the nominal success of the policy, it has brought a whole host of other problems to the country, such as the rapidly increasing median age of the population due to the lower-birth rates, an increase in the poor-rich gap and a decrease in women's status in society.[180] The latter happened because unreported female births, prenatal gender selection (despite being illegal) and female infanticide have led to a total deficit of 5 million girls since the 1970's– based on sex ratios - and, as researchers expect unreported births to be the least important factor in the deficit, the situation lead to less girls of marrying age and, consequently, to the lowering of female's age at marriage.[181] As for the rich-poor gap, this is especially experienced by those aged 60 and over, whose increase in numbers has stretched state enterprise pensions, making them unsecure.[182] Research findings published in the state run China Daily showed a very high number of abortions in girls aged between 20 and 29 due to the inadequacy of sexual education that girls received; less than 30% of callers to a hotline for pregnant women said they knew how to avoid unwanted pregnancies.[183] Nevertheless, the recent publication in March, 2010 of the results of a formerly secret two-child policy pilot in Yicheng County has lead to a rethinking of the policy.[184] According to the Chinese press, although being allowed two children per family for the past 25 years, the county's population has grown by 5 percent slower than the national rate.[185] With the country's working age population expected to plummet by 2050 and the urban population's unwillingness to have even one child, journalists say that the authorities welcome the pilot's findings.[186] Moreover, as recent as September 2010, a USA Today article wrote that the two-child policy will be implemented in several other provinces around the country starting in 2011.[187]

Current issues surrounding family planning policies in the developing world

Despite research showing that family planning is one of the most cost-effective health policies in LDCs, approximately 17% of married women in these countries still have unmet needs for reproductive health.[188] The persistent issues that are still to be addressed are: cultural discrimination against women which limits their

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[174] Atane, *China's Family Planning Policy: An overview of its past and future*, 2002, p.103
[175] Atane, *China's Family Planning Policy: An overview of its past and future*, 2002, p.103
[176] Li, *Family planning in China*, 1988
Atane, *China's Family Planning Policy: An overview of its past and future*, 2002, p.104
[177] Atane, *China's Family Planning Policy: An overview of its past and future*, 2002, p.104
[178] Atane, *China's Family Planning Policy: An overview of its past and future*, 2002, p.104
[179] China Population and Research Center, *Major Figures Of The 2000 Population Census*, 2001
[180] Atane, *China's Family Planning Policy: An overview of its past and future*, 2002, p.212
[181] Atane, *China's Family Planning Policy: An overview of its past and future*, 2002, p.209
[182] Atane, *China's Family Planning Policy: An overview of its past and future*, 2002, p.210
[183] Juan, *Abortion stats cause for concern*, 2009
[184] Macartney *Success of secret two-child policy could force Chinese rethink on family planning,* 2010
[185] Macartney *Success of secret two-child policy could force Chinese rethink on family planning,* 2010
[186] Macartney *Success of secret two-child policy could force Chinese rethink on family planning,* 2010
[187] Macleod, *China tries out changes to one-child rule*, 2010
[188] Policy Project, *Strengthening Family Planning Policies and Programs in Developing Countries: An Advocacy Toolkit*, 2005, p.4

reproductive options; a deficiency in gender-focused health policies which disfavors women's access to information and services; a deficiency in age-focused sexual health services to the detriment of young women; a lack of national importance awarded to family planning policies; and a lack of access to contraceptive measures.[189] Other areas of concern are: lack of an adequate array of contraceptive methods and appropriate counseling and support; a delay in abortion support due to the service provider's attitudes, irrespective of legality; existing HIV discrimination when providing certain contraceptive methods; and declining donor support for programs which rely heavily on such funds.[190]

In accordance with their research, the UNFPA is of the opinion that the following measures would help promote better access to family planning worldwide and tackle some of the remaining issues.[191] Firstly, there should be a wide partnership that would provide support at all levels, and secondly sufficient and reliable funding from donors for family planning and sexual health programs should be put forward.[192] Consequently, individuals worldwide should be enabled to become informed about contraception and have access to contraceptives as well as advice and guidance.[193] Also, it is suggested that male involvement in family planning should be increased and family planning should be promoted via the media. Finally, giving individuals access to an array of practical contraceptive methods within healthcare systems, through social promotion and outreach, and promoting national and local gendered deliberations on issues such as health, society and economy are encouraged by the UNFPA.[194]

Important questions for delegates of UNFPA to consider include: How might Member States and the UNFPA better address the lacunas in family planning accessibility worldwide? Through what means could gendered debates on socio-economic problems be supported locally? Through what means could males be supported in becoming more involved in family planning? How could the disproportionate service funding between HIV/AIDS and family planning be reversed? How can sufficient and timely funding for family planning services and sexual health programs be secured from donors? How can the socio-cultural barriers to family planning be overcome? What would be the steps to creating a wide partnership that would support family planning programs and policy implementation?

III. Preventing the spread of HIV/AIDS among women

"If we do not take concrete actions on raising the status of women, forget about doing anything about AIDS"[195]

Introduction

The Acquired Immune Deficiency Syndrome (AIDS) has caused the death of over 20 million people while more than 30 million people are living with the Human Immunodeficiency Virus (HIV).[196] When the AIDS epidemic emerged in 1987, it mostly affected men.[197] Today, women account for nearly half of all infections.[198] The number of HIV-positive women and girls has increased on a global scale, most rapidly in Eastern Europe, Asia, and Latin America.[199] Recognizing this alarming infection rate of HIV and AIDS among women, General Secretary Ban Ki-

[189] Birdsall, Kelley, and Sinding, *Population matters: demographic change, economic growth, and poverty in the developing world*, 2003, p.415
Policy Project, *Strengthening Family Planning Policies and Programs in Developing Countries: An Advocacy Toolkit*, 2005
[190] Birdsall, Kelley, and Sinding, *Population matters: demographic change, economic growth, and poverty in the developing world*, 2003, p.415
Policy Project, *Strengthening Family Planning Policies and Programs in Developing Countries: An Advocacy Toolkit*, 2005
[191] United Nations Population Fund, *Family Planning and Poverty Reduction - The Benefits for Families and Nations,* 2009, p.2
[192] United Nations Population Fund, *Family Planning and Poverty Reduction - The Benefits for Families and Nations,* 2009, p.2
[193] United Nations Population Fund, *Family Planning and Poverty Reduction - The Benefits for Families and Nations,* 2009, p.2
[194] United Nations Population Fund, *Family Planning and Poverty Reduction - The Benefits for Families and Nations,* 2009, p.2
[195] Noerine Kaleeba, activist and founder of The Aids Support Organisation in Uganda, 1997
[196] Joint United Nations Programme on HIV and AIDS, *The AIDS epidemic update*, 2009, p.6
[197] Farmer, *Women Poverty and AIDS: an Introduction*, 1993, p.1
[198] Joint United Nations Programme on HIV and AIDS, *The AIDS epidemic update*, 2009, p.6
[199] Joint United Nations Programme on HIV and AIDS, *The AIDS epidemic update*, 2009, p.11

moon highlighted that "the global response to AIDS is therefore, an essential part of our efforts to meet women's health needs."[200]

The Global Response to HIV and AIDS

Within this global response a variety of United Nations (UN) organizations combined their strength towards a comprehensive international approach to face the complex socioeconomic and cultural dimension of the epidemic as well as the discrimination and human rights violations faced by people suffering from the illness.[201] On July 26, 1994, the UN Economic and Social Committee created resolution 1994/24 to formally establish the Joint United Nations Programme on HIV and AIDS (UNAIDS). Since then, UNAIDS has served as the main advocate for a comprehensive, well coordinated global response to the HIV epidemic, including the work of the United Nations Population Fund (UNFPA), the United Nations Development Fund for Women (UNIFEM), the Global Coalition on Women and AIDS (GCWA), and the World Health Organization (WHO).[202]

In keeping with its mandate, UNFPA commits itself to increasing awareness about and the availability of HIV/AIDS prevention, especially among women, and taking a leadership role in condom education and provision.[203] For example, UNFPA has successfully launched a multitude of projects addressing the prevention of HIV and AIDS throughout the year 2009, including an HIV-prevention awareness campaign in the Democratic Republic of the Congo, where UNFPA distributed 3 million condoms.[204] Within the UNAIDS family, UNIFEM plays an increasingly active role in responding to the issue of a gender and rights based approaches to HIV and AIDS.[205] To address the specific rights and needs of women and girls, UNAIDS and UNIFEM developed the *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV*, which highlights the various possibilities to collaborate with networks of women living with HIV and other women's groups.[206] The World Health Organization (WHO) provides leadership on the global health sector response to HIV through the provision of technical support to WHO Member States in order to intensify their HIV treatment, care and prevention services.[207] The Global Coalition on Women and AIDS (GCWA) serves as a worldwide alliance of a variety of stakeholders, ranging from civil society groups and AIDS service organizations to women living with HIV.[208] Within the division of labor of UNAIDS, the Global Fund has become the main financial contributor for AIDS programs.[209]

Moving towards the goal of fundamental human rights and the equal rights of men and women, as reaffirmed in the *United Nations Charter*, the UN system provides a multitude of documents and legal instruments.[210] Among the most important, are the *Millennium Development Goals* of 2000, goal 3 and 4 in particular, which aim to promote gender equality and the empowerment of women and to halt and reduce the spread of HIV and AIDS by 2015 respectively.[211] In 2000, the UN Security Council adopted *Resolution 1308*, which highlights the devastating impact of AIDS on all aspects of social stability.[212] In 2001, representatives of 189 member countries adopted the *Declaration of Commitment on HIV/AIDS,* recognizing that the AIDS epidemic constitutes a "global emergency and one of the most formidable challenges to human life and dignity."[213] At the United Nations General Assembly High Level Meeting on AIDS in 2006, the *Political Declaration on HIV/AIDS* was adopted, providing the UN system with an additional mandate towards the universal access to HIV prevention, treatment and care.[214]

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[200] United Nations Department of Public Information, *Press release of June 9, 2010*
[201] United Nations Economic and Social Council, *Paper E/1995/71,* 1995**,** paragraphs 20-21
[202] United Nations Economic and Social Council 44th plenary meeting, *Resolution 1994/24*, 1994
[203] Joint United Nations Programme on HIV and AIDS, *Cosponsors of UNAIDS*
[204] United Nations Population Fund*, Annual Report 2009*, 2009, p.26
[205] United Nations Development Fund for Women, *Gender and AIDS*
[206] Joint United Nations Programme on HIV and AIDS, *Agenda for accelerated country action*, 2010
[207] World Health Organization, *Programs and Projects: HIV and AIDS*
[208] The Global Coalition on Women and AIDS, *About the Global Coalition on Women and AIDS*
[209] The Global Fund, *About the Global Fund*
[210] United Nations, *Charter of the United Nations Charter*, 1945, preamble
[211] United Nations, *Millennium Development Goals*, 2000.
[212] United Nations Security Council, *Resolution 1308*, 2000.
[213] United Nations General Assembly 26th special session, *Declaration on commitment on HIV and AIDS*, 2001.
[214] United Nation General Assembly, *Political Declaration on HIV and AIDS*, 2006.

The Gender Dimension of HIV and AIDS

Since the beginning of the AIDS epidemic scientists knew that HIV is a "biologically sexist" organism.[215] Women and men can both be infected, but there are considerable differences between men living with HIV and women living with HIV.[216] Infection rates and infection prevalence are not the same across the sexes.[217] In fact, women are up to four times more likely to get infected with HIV through unprotected vaginal sex than men.[218]

Whereas the vast majority of countries have national policies in place to ensure women's and men's equal access to prevention and care, they fail to adequately address this gender sensitive dimension of HIV and AIDS as well as the social, legal and economic factors which often limit a woman's access to HIV prevention, treatment and care.[219] Additionally, harmful gender roles exist in many cultures, fueling and increasing women's vulnerability to HIV, as they make it more difficult for women to protect themselves from getting infected with the virus.[220]

The social imbalance between men and women often begins, when a woman grows up in a setting where she receives less education than a man or has to stay home to prepare meals or care for the young, the old, or the sick.[221] To gain economic stability the woman will probably marry at an early age as a virgin, when her vaginal tissue is more likely to tear thus making her physically more vulnerable to HIV and AIDS.[222] Additionally, there is an added risk if she marries an older husband who has had multiple partners and is thus more likely to have already been infected with HIV.[223]

Depending on local cultural-specific gender norms defining "feminine" and "masculine," she may have less control over her life or her sexuality within her relationships.[224] For example, her husband could expect her to be submissive within their sexual relationship, leaving her without the chance to decide on the use of a condom or whether she will refrain from promiscuity or not.[225] Being marginalized by her male partner, could also lead to a higher risk of sexual and other forms of abuse against the woman and increase the chance of contracting HIV.[226] For example, the nature of marital rape lowers the chance that her husband uses condoms and it increases the likelihood of HIV transmission.[227] Living in fear of her husband, could also prevent the woman from asking him to use condoms, accessing HIV information, or from getting tested or seeking treatment, even when she strongly suspects she might be infected.[228]

Her reluctance to get tested could in particular be fueled by the fact that women who are living with AIDS tend to be more stigmatized than men and that many women are at higher risk of being physically abused and abandoned, once their HIV-positive status is known.[229] If a women gets infected she might be confronted with the possibility of Mother-to-child transmission (MTCT) of HIV as an additional burden.[230] Finally, women living in societies that purposefully marginalize their gender often depend heavily on their husbands and male relatives both socially and financially. In such cases, women working in the sex trade often arrive there as a last resort after having lost their husbands, and sole source of financial support, through death or divorce.[231]

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[215] Mc Barnette. Women and Poverty: *The Effects on Reproductive Status,*1988, p.55-81
[216] Mc Barnette. Women and Poverty: *The Effects on Reproductive Status,* 1988, p.55-81
[217] Mc Barnette. Women and Poverty: *The Effects on Reproductive Status,*1988, p.55-81
[218] The Armenian medical network, *Armenian Medical network Web site*.
[219] United Nations Secretary General, *The Declaration of Commitments on HIV/AIDS; five years later, Report of the Secretary General*, 2006, p.14
[220] World Health Organization, *Integrating Gender into HIV/AIDS Programmes*, p.11-23.
[221] Knight, *UNAIDS The first 10 years 1996-2006*, 2008, p. 146.
[222] Knight, *UNAIDS The first 10 years 1996-2006*, 2008, p. 146.
[223] Knight, *UNAIDS The first 10 years 1996-2006*, 2008, p. 146.
[224] World Health Organization, *Integrating Gender into HIV/AIDS Programmes*, p.11-23.
[225] Knight, *UNAIDS: The first 10 years 1996-2006*, 2008, p. 146.
[226] World Health Organization, *World Report on Violence and Health*, 2002, p.152.
[227] World Health Organization, *Gender inequalities and HIV*.
[228] World Health Organization, *Integrating Gender into HIV/AIDS Programmes*, 2003, p.16.
[229] United Nations Population Fund, *Women and HIV/AIDS -Confronting the Crisis*, 2004, p.45.
[230]World Health Organization, *Mother to child transmission.*
[231] Knight, *UNAIDS: The first 10 years 1996-2006*, 2008, p. 147

A woman's specific biological vulnerability to HIV and AIDS when combined with a lowered social status defined by cultural gender norms, creates a difficult and multi-faceted problem outlined in the AIDS Epidemic Report of 2008.[232] Thus, any effective response to the epidemic must be a multi-dimensional approach, including preventative technologies, legal instruments, education programs and the elimination of discrimination.[233]

Preventative technologies include the female condom, which potentially helps women to protect themselves from becoming infected with HIV if used correctly and in cooperation with the male partner.[234] However, male cooperation can become difficult to gain depending on cultural norms.[235] To strengthen the impact women have on HIV prevention without her partner's involvement, scientists are currently developing a microbicide – a fluid which would prevent HIV infection when applied to the vagina.[236] Sadly, those prevention techniques remain useless when a woman is sexually abused.[237] In such cases she can only benefit from post exposure prophylaxis to decrease the chances of HIV infection after exposure to HIV, such as antiretroviral drug treatment.[238]

Often, gender inequality exposes itself through the denial of a woman's inheritance and property rights which in particular can increase her vulnerability to HIV, as it limits the economic stability of a woman.[239] As outlined by UNIFEM, UNAIDS and UNFPA, promoting these rights will mitigate social inequalities and will help protect women against the risk of HIV infection.[240]

According to a recent, comprehensive review on the research on girls' education and vulnerability to HIV, education is the key to empowering girls, thus reducing a women's vulnerability to HIV infection.[241] Enhanced education would not only help to provide women and girls with the necessary knowledge about HIV prevention, such as condom use, refraining from promiscuity and how to communicate HIV prevention within a sexual relationship, but would also enable them to develop personal and economical independence.[242]

Taking note of the need to effectively communicate HIV information, especially to young people, UNFPA has established the youth-to-youth-initiative Youth Peer Education Network (Y-PEER), which serves as a network consisting of more than 7,000 young peer educators, 500 non-profit organizations and governmental institutions providing information, training, support and electronic resources.[243]

Since gender inequality is at the root cause of the epidemic's feminization, the global response to the epidemic needs to address and reduce all forms of discrimination, violence and stigmatization against women and girls, as these can increase the vulnerability of a group that may already be at a higher risk of HIV infection.[244]

Case Studies: Sub-Saharan Africa and the Caribbean

Although the epidemic affects every region in the world, there are some areas where the pandemic effects and the feminization of the epidemic are most serious. According to the World Health Organization (WHO), 60 % of young people living in Sub-Saharan Africa with HIV are female.[245] The second-most affected region in the world is the Caribbean, where AIDS has become the leading cause of death.[246] However, there are considerable advancements

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[232] Joint United Nations Programme on HIV and AIDS, *Global Report*, 2008, p.67
[233] Avert, *Avert Web site*
[234] Avert, *Avert Web site*
[235] Knight, *UNAIDS: The first 10 years 1996-2006*, 2008, p.146
[236] The Alliance for Microbicide Development, *The Alliance for Microbicide Development Web site*
[237] Avert, *Avert Web site*
[238] Avert, *Avert Web site*
[239] Strickland, *To have and to hold: Women's property and inheritance rights n the context of HIV and AIDS in Sub-saharan Africa,* 2004, p. 10
[240] United Nations Population Fund, *Women and HIV/AIDS -Confronting the Crisis*, 2004, p.53
[241] Haargreeaves, Boler, *Girl Power The impact of girl's education on HIV and sexual behavior,* 2007, p.32-45
[242] United Nations Population Fund, *Women and HIV/AIDS -Confronting the Crisis*, 2004, p.39-43
[243] United Nations Population Fund, Y-*PEER: Empowering Young People to Empower Each Other*
[244] Alonzo, Reynold, *"Stigma, HIV and AIDS: An Exploration and Elaboration of a stigma trajectory,"* 1995
[245] World Health Organization, *World Health Organization Web site. Gender inequalities and HIV*
[246] Joint United Nations Programme on HIV and AIDS, *Fact Sheet Caribbean*, 2006

achieved by UNFPA, such as national awareness campaigns, condom distribution programs and advocacy for the rights of people living with HIV/AIDS.[247]

A good example is Haiti, where UNFPA closely collaborated with the Ministry of Health, the Ministry of Women's Affairs and nongovernmental organizations to raise awareness on AIDS, the status of women in society and sexual violence.[248] The outcomes included the establishment of the Haitian Study group on Kaposi's sarcoma and opportunistic infections (Ghesiko), which successfully provided HIV services, including voluntary counseling and testing for HIV infections (VCT), as well as care and support for victims of sexual violence.[249] Emerging evidence has shown that the provision of sexual and reproductive health services has led to a rapid increase in clients seeking VCT, including a large number of pregnant women and female sex workers.[250] This decline is attributed to better reproductive education and knowledge about HIV prevention, efforts encouraging reduction in the number of sexual partners and increasing condom use.[251] Although many challenges, such as the earthquake of January 12, 2010 remain, the response to HIV in Haiti is making good progress and the collaboration of civil society, the UN, donor countries, the government and other partners continues.[252]

Swaziland has one of the highest prevalence rates in the world and statistics indicate a feminization of the epidemic.[253] According to UNFPA and UNDP, the AIDS epidemic in Swaziland not only has devastating effects on the infected individual and his or her family, but could seriously threaten the longer-term survival of the country as a whole, if current trends are not reversed.[254]

To counteract the epidemic, the Swazi government developed a National Policy (NP) and a National Strategic Plan (NSP) for the prevention and control of HIV and AIDS based on a multi-sector approach including coordination and information, education and communication.[255] The national strategic plan of Swaziland underlines the need to ensure that HIV testing is used and to maximize HIV prevention and care. The strategic plan also addresses the need to increase the capacity of vulnerable groups including women to protect them against HIV, but it lacks a gender rights based approach.[256] For example, under Swazi common law and customary law, women are treated like minors denying them to a great extend the right to inherit and to have access to land ownership.[257]

However, UNFPA welcomed the ambitious goals outlined in the NP and NSP of the Swazi Government and launched the Fourth Government of Swaziland and UNFPA Country Program (CP) in 2006 and supported until 2010.[258] This UNFPA program of assistance to Swaziland intended to support the Swazi Government in the formulation and implementation of further national policies and programs aimed at mitigating the consequences of the HIV/AIDS epidemic, to combat gender-based violence and to address practices that contribute to gender equality and preventing HIV and AIDS, particularly through national and community capacity building.[259]

Lessons learned from the implementations of the CP included the relevance of adequate capacity, the importance of strengthening strategic partnerships with the Government, parliamentarians, NGOs, other United Nations

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[247] United Nations Development Fund, *Annual Report 2009*, 2009, p.18-19
[248] Knight, *UNAIDS The first 10 years 1996-2006*, 2008, p.178
[249] Haitian Study group on Kaposi's Sarcoma and opportunistic infections, *Ghesiko Web site*
[250] Knight, *UNAIDS The first 10 years 1996-2006*, 2008, p.176-178
[251] Barnett, Whiteside, *AIDS in the Twenty-First Century Disease and Globalization*, 2006, p.11
[252] Joint United Nations Programme on HIV and AIDS, *Fact Sheet Haiti AIDS response*, 2010
[253] Executive Executive Board of the United Nations Development Programme and of the United Nations Population Fund *Country programme outline for Swaziland (2006-2010)*, 2005, p.3
[254] Executive Executive Board of the United Nations Development Programme and of the United Nations Population Fund *Country programme outline for Swaziland (2006-2010)*, 2005, p.3
[255] Zungu-Dirwayi, Shisana, Udjo, Mosala, Seager, *An audit of HIV/AIDS policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe*, 2004, p.30
[256] Zungu-Dirwayi, Shisana, Udjo, Mosala, Seager, *An audit of HIV/AIDS policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe*, 2004, p.31
[257] Zungu-Dirwayi, Shisana, Udjo, Mosala, Seager, *An audit of HIV/AIDS policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe*, 2004, p.83
[258] United Nations Population Fund, *Report on evaluation of the forth Government of Swaziland / UNFPA Country Program, 2006-2010,* 2010, p.1
[259] United Nations Population Fund, *Report on evaluation of the forth Government of Swaziland / UNFPA Country Program, 2006-2010*, 2010, p.7

organizations and the media, and the need for a stand alone sub-program on gender to be included in future programs to address the many issues of gender inequality in the country.[260] Most prominently, the evaluation clarified the need for a culturally sensitive approach when examining and implementing programs addressing HIV prevention and gender equality.[261]

Conclusions

Although considerable advancement has been made, the gender dimension of the AIDS epidemic confronts the international community with a multitude of challenges. The vulnerability of girls and women to HIV infection cannot only be addressed through providing information and education about HIV and the provision of condoms. The International Community must reflect on social and cultural gender norms and must address the impact of poverty and inequality on women and health simultaneously.
UNFPA's objective is clear: supporting countries to move towards the goal of women's access to prevention, treatment, care, and support with respect for and to human rights.[262] The work of UNFPA has shown that the international community must understand cultures in order to understand how to work with communities and people, not only at the national level but also at the community level.[263] To engage the United Nations system, delegates should consider how UNFPA could continue to play a vital role in assisting countries in developing and maintaining effective response to the AIDS epidemic.
Delegates should consider the following questions as they begin their research on this topic. Through which mechanisms could UNFPA strengthen a culturally sensitive approach, when addressing the gender dimension of AIDS? How should educational programs be implemented? How might UNFPA contribute to transforming harmful gender norms? How will the international community strengthen its efforts to combat any form of violence against women, particularly as it relates to the spread of HIV/AIDS? How can Member States contribute to the fight against stigma and discrimination? How would a rights based approach be put into practice? How might HIV prevention best be advocated? How can the goal of accessible and affordable reproductive health and HIV services be achieved? Should strategic partnerships be strengthened, and if so, how? And finally, how can UNFPA contribute to a response in terms of political commitment, funding and policy?

Annotated Bibliography

Committee History for the United Nations Population Fund

Kanter, Andrew and John F. Kantner. (2006). *The Struggle for International Consensus on Population and Development*. New York. Palgrave Macmillan.

The Kanter's provide an intrinsically knowledgeable argument to many sides of UNFPAs issues. They provide in depth coverage on issues ranging from the start of international population assistance, to the future of the UNFPA and the issues that it will face with its policies. Their work also includes topics on the MDGs, donor organizations, and new population priorities.

Mousky, Stafford. (2002). In Sadik, N. [ed]. *An Agenda for the People: The UNFPA through Three Decades.* New York. New York University Press. p. 211-247.

Mousky provides an account of the changes that have occurred over the last 30 years of the UNFPAs field work. This ranges from programs and themes, to structural changes in the organization, budgetary issues, and implementation and the continual progression of the comprehensive country assessments. He also notes the changes in the work of the UNFPA to

[260] United Nations Population Fund, *Report on evaluation of the forth Government of Swaziland / UNFPA Country Program, 2006-2010*, 2010, p.9.
[261] United Nations Population Fund, *Report on evaluation of the forth Government of Swaziland / UNFPA Country Program,* 2006-2010, p.41-47
[262] United Nations Development Fund, *Annual Report 2009*, 2009, p.18
[263] United Nations Population Fund, *Report on evaluation of the forth Government of Swaziland / UNFPA Country Program,* 2006-2010, p.46-48

being more field oriented after the release of the first State of the World Population report in 1978.

Sadik, Nafis. (2002). *An Agenda for People: The UNFPA through Three Decades*. New York. New York University Press.

Sadik's collective work provide not only a historical account of the works of UNFPA in making a difference in populations, but also the problems which UNFPA has faced, such as embarrassing cases of field work which arguable could have lead to states revoking their contributions to the organization. Along with historical cases, this book also includes woman's role in sustainable population development, how partnerships could help the UNFPA, and how to be an advocate for UNFPAs work.

Sadik, Nafis. (1994). *Making a Difference: Twenty-five Years of UNFPA Experience*. London. Banson.

The collective work by Sadik in this text encompasses numerous documents, important tables, and statements on the UNFPA. Sadik begins this text in 1969, as the UNFPA is beginning its programs and is working on building its effectiveness as an organization in the UN system. In addition to data on the organization, Sadik also provides regional and sub regional text on approaches to implementing projects from the UNFPA.

Salas, Rafael M. (1979). *International Population Assistance: The First Decade*. New York. Pergamon Press.

The Former Executive Director of the UNFPA provides an in depth account of the first 10 years of work at the UNFPA. This analysis covers a multitude of topics, which shaped the UNFPA into what it has become today. Topics range from conferences before that of the ICPD and various issues concerning populations as a whole and minority populations such as women and children. The works also includes different approaches used decades ago to curb the mistreating of populations economically.

Singh, Jyoti S. (2002). In Sadik, N. [ed]. *An Agenda for the People: The UNFPA through Three Decades.* New York. New York University Press. p. 152-174.

This article on the works of UNFPA contributes a substantial account of the UNFPAs involvement at global conferences. Work done by Singh also includes bilateral and multilateral work between the UNFPA Executive Board and various UN entities. This article also includes subjects on what the future of the UNFPA could achieve at international conferences.

Singh, Jyoti S. (1998). *Creating a New Consensus on Population.* London. Earthscan.

Singh expands on the vast amount of literature of the UNFPA since the 1970s and provides a more in depth account of the issues which the organization has dealt with. Topics range from women's and children's health, to demographic changes in cities, as well as population planning. Important information is also provided on the ICPD such as a chronology of major events, as well as UNFPA working with NGOs and mobilization of resources for population programs.

Treki, Ali Abdussalam. (2009, October 12). *At the Commemoration of the 15th Anniversary of the International Conference on Population and Development.* Retrieved August 15, 2010 from http://www.un.org/ga/president/64/statements/icpd121009.shtml

The International Conference on Population and Development +15 marked a continuance in the international framework to incorporate population data into the planning of developing countries. In the Executive Directors speech he declared that the international community had been working for over 40 years on this issue and needs to make the work more efficient; especially in regards to HIV/AIDS and women and child health.

United Nations Development Program: Executive Board. (2010). Information *note about the Executive Board of UNDP and UNFPA*. Retrieved October 18, 2010 from http://www.undp.org/execbrd/overview.shtml

The Executive board of the UNDP serves as the UNFPA as the primary management body. The UNDP/UNFPA Executive Board makes decisions on many issues related to the UNFPA. Including use of the UN Population Trust Fund. This board also helps to administer the UNDP accountability system.

UNFPA. (n.d.). A*bout UNFPA*. Retrieved August 10, 2010 from www.unfpa.org.

The UNFPA website is going to be a great focal point for research on the UNFPA. It lists many issues which are its priorities or broad areas of interest and should not be overlooked for any delegate. The Publications page on the UNFPA has a very extensive topic selection and many documents available for free.

UNFPA. (2007). *Strategic plan, 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action*. New York.

The Strategic plan of the UNFPA outlines many issues which are vital to the organization in terms of how the UNFPA should work, and how it plans to work until the 2011 period. The document outlines the necessary changes, technical problems, and field problems that UNFPA is facing, as well as adding an envisioned organization for each of the areas. Delegates should familiarize themselves with the current workings of the UNFPA and see if any possible adjustments have not been done in relation to topics at hand.

UNFPA. (2009). *UNFPA Annual Report 2009.* New York.

The UNFPA Annual Reports are a critical evaluation of the work of the organization. Ranging back over a decade, the reports will give crucial information on news of the organization, progress in achieving the goals of UNFPA, as well as progress on international agreements and frameworks. Delegates should study at least the current annual report and take note of the success and failures in population activities.

UN Joint Program on HIV/AIDS. (2010). *About UNAIDS*. Retrieved August 14, 2010 from http://www.unaids.org/en/AboutUNAIDS/default.asp

UNAIDS is a cooperative organization of the UN System; Encompassing 10 organizations in a combined effort to make rid the world of HIV/AIDS infections. UNAIDS works collaboratively on projects and with UN Country Teams in an attempt to rid the world of HIV/AIDS. The program illustrates how UN programs collaborate on issue; furthermore this program illustrates how cooperation can be used as a tool for IGOs to make benefit of the UN system resources.

United Nations General Assembly. (2010). *United Nations Fund for Population Activities (A/Res/2815(XXVI)*. Retrieved August 3, 2010 from http://www.un.org/documents/ga/res/26/ares26.htm

The United Nations General Assembly Plenary (GA) is hailed as one of the most influential bodies on the planet. The General Assembly has a number of functions, some of the more important ones are: voting on the overall policy of the UN, the UN Budget, approving new UN Membership, and an annual meeting of the entire global community to discuss pressing issues.

I. Integrating cultural approaches to reproductive health

Airhihenbuwa, C. (1998). *Health and Culture. Beyond the Western Paradigm*. Thousand Oaks: Sage.

The author of this book analyzes the effect that culture has in determining perceptions and expectations of health care. Different aspects of health education are examined while taking into account the cultural appropriateness of health behavior in general. This rather provocative book challenges the traditional, westernized, models of health care.

AVERT. (2009). *HIV and AIDS in Latin America*. Retrieved October 16, 2010 from http://www.avert.org/aidslatinamerica.htm

This webpage discusses the impacted of HIV and AIDS as it pertains to Latin America. It begins with an overview of the problem at hand and why it has come about. It evaluates some of the core issues within the lens of culture. And finishes by discussing strategies and programs that have been implemented to further help the region.

Eisler, R./Hersen, M. (eds.) (2000). *Handbook of gender, culture, and health*. Mahwah: Lawrence Elbaum.

This handbook outlines how gender, ethnicity, age, and sexual orientation and understanding influence health practices and risk factors. It provides an interdisciplinary approach to understanding how the role of gender, biology, psychology and culture, impact our health. The articles in this book help to understand how diverse groups of people perceive issues relating to their health.

Female Genital Mutilation Program. (2010). *The Universal Ban on Female Genital Mutilation is a Goal within Close Reach*. Retrieved October 16, 2010 from http://www.npwj.org/FGM/Universal-Ban-Female-Genital-Mutilation-a-goal-within-close-reach.html

This article discusses FGM in regards to the upcoming 65th session of the United Nations General Assembly. It briefly notes the work that the world has been done in regard to FGM, both its successes and failures. And concludes by noting that this is a pivotal time in FGM legislation with the prospect of a universal ban at hand.

Global Partners in Action – NGO Forum on Sexual and Reproductive Health (2009). *Invest in Health, Rights and the Future*. Retrieved on October 23, 2010, from http://www.globalngoforum.de/fileadmin/templates/downloads_outcomedocuments/100208_Globalforum_RZ_ENG_CD.pdf

Global Partners in Action is a group of NGOs working on the local, regional, national or international level to promote the MDGs and the goals of the ICPD+15. It aims to strengthen NGOs working in partnership to advance sexual and reproductive health and rights for sustainable development. It specifically stresses the participation of the Global South and young people in this process. Global Partners in Action shows best practices, lessons learned and areas for capacity building regarding sexual and reproductive health.

International Women's Health Coalition (2010). *Sexual and Reproductive Health and Rights*. Last Retrieved October 23, 2010 from http://www.iwhc.org/index.php?option=com_content&task=view&id=3228&Itemid=536

The International Women's Health Coalition is a NGO that helps to develop effective health and population policies, programs and funding to promote and protect sexual and reproductive rights and health of women and young people. It focuses their work on advocating and motivating social, political and corporate leaders; empowering and mobilizing women and young people and providing grants for professional partnerships with local leaders. The International Women's Health Coalition provides analysis on facts and ideas for policy improvements and publishes strategies for public health policies.

Obermeyer, C.M. (2001). *Cultural Perspectives on Reproductive Health*. Oxford: Oxford University Press.

The articles in this book outline the role of culture in shaping the diverse manifestations of reproductive health. The different views by men and women in different parts of the world on reproductive health are explored from a sociological and anthropological point of view. This book stresses the relevance of local notions for understanding the factors that constitute risks for reproductive ill-health. It illustrates complex processes of negotiations, adaptations and manipulation in the formulation of ideas and policies regarding reproductive health.

Suad, J. (2005). *Encyclopedia of women and Islamic cultures. Family, body, sexuality and health*. Leiden: Brill.

This encyclopedia surveys major issues and themes in the study of women and gender in the Islamic world. The articles in this volume focusing on sexuality and health trays the ways in which the body figures in discourses about law, family, health, sexuality and Islam. They outline the specific cultural context on topics like health policies, practices and education, genital cutting, HIV/AIDS and reproduction.

United Nations. (n.d.). *2015 Millennium Development Goals*. Retrieved September 25, 2010 from http://www.un.org/millenniumgoals/bkgd.shtml

This webpage outlines the 2015 MDGs accepted by the United Nations as a result of the Millennium Declaration. The MDGs are 8 distinct goals that each work towards addressing a specific issue with a target date of 2015. The issues consist of poverty and hunger, universal

education, gender equality, child health, maternal health, HIV/AIDS, environmental sustainability, and global partnerships.

United Nations. (1994). *Report of the International Conference on Population and Development*. United Nations Population Information Network. Retrieved September 15, 2010 from http://www.un.org/popin/icpd/conference/offeng/poa.html

This report outlines the International Conference on Population and Development. It is one of the basic mandates of the UNFPA where its success has been linked with the MDGs. Moreover, its operations focus on assistance, research, and advocacy programs in three major areas: reproductive health, population and development issues, and gender equality.

United Nations. (1997). *Women: the Right to Reproductive and Sexual Health.* NY: United Nations Department of Public Information. Retrieved September 15, 2010 from http://www.un.org/ecosocdev/geninfo/women/womrepro.htm

This summary highlights the rights of women as they pertain to reproductive and sexual health as laid out by the ICPD. It begins with quick history concerning the evolution of women and reproductive rights as well as adolescent reproductive health. It goes on to note the legal impact of said rights, ethical guidelines for enacting further legislation, and the option of government accountability.

United Nations Population Fund. (n.d.). *Culturally Sensitive Campaign to Eliminate FGM*. Retrieved October 16, 2010 from http://www.unfpa.org/swp/1997/box18.htm

This segment overviews the beginning stages of the Reproductive, Educative and Community Health (REACH) program and FGM. The REACH program asserts that cultural values are different from cultural practices, and in so can be altered without altering a communities values. The case of Kapchorwa, Uganda is cited where prominent official were educated on the impact of FGM, and over the course of two years, these officials came to denounce FGM completely.

United Nations Population Fund. (1995). *Summary of the ICPD Programme of Action*. NY: United Nations Department of Public Information. Retrieved September 24, 2010 from http://www.unfpa.org/public/site/global/lang/en/ICPD-Summary

This webpage outlines and summarizes each point and chapter of the ICPD. It is one of the basic mandates of the UNFPA. Moreover, its operations focus on assistance, research, and advocacy programs in three major areas: reproductive health, population and development issues, and gender equality.

United Nations Population Fund. (1999). *Key Actions for the Further Implementation of the Programme of Action of the ICPD -- ICPD+5.* Retrieved September 24, 2010 from http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD5-key-actions

This document summarizes the work of the ICPD after five years. The Special Session of the United Nations General Assembly evaluated the successes and shortcomings of the ICPD and noted four key areas that would help with the further implementation of the Cairo Agreement. They included education and literacy, reproductive health care and unmet need for contraception, maternal mortality reduction, and HIV/AIDS

United Nations Population Fund. (2005). *ICPD at Ten the World Reaffirms Cairo.* NY: United Nations Department of Public Information. Retrieved September 25, 2010 from http://www.unfpa.org/webdav/site/global/shared/documents/publications/2005/icpd@10.pdf

This webpage summarizes the ICPD after ten years. The ICPD at Ten was held in 2004 and reviewed the progress that had been made, while noting the challenges still to come. UNFPA was tasked with performing an analysis where they considered each country individually noting its successes, hindrances, lessons learned, and feasible approaches to completely enacting the PoA.

United Nations Population Fund. (2008). *State of the World Population 2008 - Reaching Common Ground: Culture, Gender and Human Rights*. NY: United Nations Department of Public Information. Retrieved September 15, 2010 from http://www.unfpa.org/swp/2008/presskit/docs/en-swop08-report.pdf

> *This report provides a summary regarding the conceptual framework of universal human rights, specifically that of culture. It discusses culturally sensitive approaches and an overview on what cultures are, how they work, and why they are important. It also notes that culture must play a larger part in the development of policy and programming as well as respecting the culture of those who the policies may affect.*

United Nations Population Fund. (2009). *Annual Report 2009.* Retrieved October 14, 2010 from http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/annual_report_09.pdf

> *The Annual Report 2009 is an overview of the continued work of the UNFPA in said year. In this publication, the UNFPA notes its continued efforts in LDCs as they recoup from the economic crisis that has been taxing the world by staying ever vigilant to the attainment of the MDGs. It further highlights the 15th anniversary of the implementation of the ICPD and the attainment of the landmark resolution Addis Ababa.*

United Nations Population Fund. (2009). *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action*. NY: United Nations Department of Public Information. Retrieved September 22, 2010 from http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/chartbook.pdf

> *This publication overviews the acceptance of the Cairo Consensus at the 1994 ICPD and the past 15 years in which it has been implemented. It is a call to all states for immediate action in regards to the 2015 target date and MDGs. It asserts that although much progress has been made in regards to poverty and reproductive health, there is still much to be done. It moves on to note the key areas that need to be addressed as well as techniques for implementation.*

United Nations Population Fund. (2010). *Improving Reproductive Health.* Retrieved September 15, 2010 from http://www.unfpa.org/rh/index.htm

> *This webpage offers a brief summary on reproductive health and the accompanying rights. It declares that every individual has the right to intimate relationships, healthy children and a warm family. It moves on to note that every person has the right of reproductive health, which includes four specific rights: every child is wanted, every child has a safe birth, every person is free from sexually transmitted infections, and every woman is treaty equally and with fairly.*

United Nations Population Fund. (2010). *Master Plans for Development*. Retrieved October 1, 2010 from http://www.unfpa.org/public/home/sitemap/icpd/MDGs/MDGs-ICPD

> *This webpage outlines both the MDGs and how they relate to the ICPD PoA. It further outlines how the ICPD target date of 2015 and MDGs are now dependent on one another for their success. It finishes by summarizing each MDG and how the UNFPA will work towards attaining them in conjunction with other UN agencies.*

United Nations Population Fund. (2010). *Mission Statement*. Retrieved September 15, 2010 from http://www.unfpa.org/public/cache/offonce/home/about/pid/4628

> *This Mission Statement is the official mandate of the UNFPA. It outlines what the UNFPA stands for as well as the values they uphold. The UNFPA asserts that every man, woman, and child should be treated equally with dignity and respect as well as be free from aliment and infirmity. It moves to attain this stance through international and local support in the form of legislation an programs.*

US Bureau of the Census. (1995). *HIV/AIDS in Latin America and the Carribean*. Retrieved October 17, 2010 from http://www.census.gov/ipc/prod/rn/RN19-Latin-Caribbean.pdf

This is a report issued by the United States Department of the Census concerning HIV/AIDS in Latin America and the Caribbean. This report provides an overview of trends and key groups that are at high and low risk in Latin America. It also analyses each state and region and provide epidemiological patterns pertaining to the spread of the disease.

World Health Organization. (2008). *Eliminating Female Genital Mutilation, an Interagency Statement.* Retrieved October 15, 2010 from http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf

This is an interagency statement concerning the use of FGM. It is the further reaffirmation of the 1997 joint statement issued by the UNFPA, WHO, and UNICEF denouncing the use of FGM. It outlines the progress that has been made in the area, notes key programs and legislation that has helped at the local, regional and international level, and finishes by noting key strategies and methods for implementation at all said levels.

World Health Organization. (2010). *Female Genital Mutilation*. Retrieved October 16, 2010 from http://www.who.int/mediacentre/factsheets/fs241/en/

This WHO webpage provides a rudimentary understanding to the key issues that pertain to FGM. The WHO first defines FGM and notes the harm that can be caused by such practices. It then goes on to define four types FGM: clitoridectomy, excision, infibulations, and all other harmful procedures. It finishes by presenting how such practices are perpetuated and highlights international responses such as the 2008 interagency statement on the ending of FGM.

World Health Organization (2010). *Reproductive Health*. Last Retrieved October 23, 2010 from http://www.who.int/topics/reproductive_health/en/

From this website delegates can access information about the programs and activities of the WHO in the area of reproductive health. The WHO strategy on reproductive health is intended for a broad audience of policy-makers within governments, international agencies, professional associated, NGOs and other institutions. The WHO website provides information and statistics on the progress but also problems of reproductive and sexual health in all regions of the world.

II. Alleviating poverty through voluntary family planning

Allen, R. (2007). The role of family planning in poverty reduction. *Obstet Gynecol.* 110 (5), 969-9.

This scholarly article serves as an extremely reliable resource for understanding the role of family planning in poverty reduction. The source tackles all the possible problems that population growth can cause and the way in which family planning can help avert or reduce them. Thus, it includes the beneficial effects that family planning can have on issues ranging from women's status in society to the economy.

Atane, I. (2002). China's Family Planning Policy: An overview of its past and future. *Studies in Family Planning*. 33 (1), 103-113

This source is very useful for a deeper understanding of the family planning policy in China. It combines a historical account of the development of laws that lead to the one child policy with a statistical point of view of its successes and shortcomings. As a scholar, the author touches upon a many deal of issues surrounding the policy and draws well-argued conclusions on its future.

Birdsall, N., Kelley, A. and Sinding, S (2003). *Population matters: demographic change, economic growth, and poverty in the developing world*. Oxford: Oxford University Press.

This book provides an excellent selection of comprehensive analyses on the various aspects that population growth, family planning and economic growth can have. Structured in themed parts, the reader is able to find, quite readily, in-depth information about any issue surrounding the topic, whether it is the economic aspect of demography or intra-familial inequalities.

Central Bureau of Statistics (2003). *Kenya Demographic and Health Survey*. Nairobi, Kenya: Ministry of Health. Retrieved August 21, 2010, from: http://www.measuredhs.com/pubs/pdf/FR151/FR151.pdf.

This is an official summary of the 2003 Kenyan demographic and health survey. It provides delegates with an exceptional insight into the socio-economic reasons women cannot or will not access family planning services. Also, it underlines the difficulties authorities encounter when trying to ensure widespread family planning. The article also brings empirical proof to support a link between the HIV pandemic in the country and its specific prevalence amongst at risk groups.

China Population and Research Center (2001). Major Figures of the 2000 Population Census. Beijing: National Bureau of Statistics People's Republic of China. Retrieved August 21, 2010, from: http://www.cpirc.org.cn/en/e5cendata1.htm.

This official webpage summarizes the findings of the 2000 Chinese Census. The source contains statistics, amongst others, about population growth in China, sex composition, urban and rural populations, all of which are relevant to understanding the one-child policy in China.

Cleland, John, Bernstein Stan et all. (2006). Family planning: the unfinished agenda. *Lancet*. 368 (Sexual and Reproductive Health 3), 1810–27.

This is an excellent resource for providing delegates with a brief analysis of why family planning matters and what the issues still are regarding achieving universal access to voluntary planning. Commissioned by the UNFPA, the article includes relevant statistics and overviews on the importance of family planning for the MDGs.

FPA India. (2008). *Activities.* Retrieved August 21, 2010, from the FPA Website: http://www.fpaindia.org/sections/activities.html.

Although the information is quite brief on this webpage, it gives readers key statistics about the work of one of the largest health organizations in India. The website as a whole contains much more information about this organization which has been operating in India for decades. By browsing through its pages delegates will find that it is a good source for succinct information on family planning programs in India.

Houghton Mifflin Company (2004). *The American Heritage Medical Dictionary*. : Houghton Mifflin Company.

As a dictionary, this source can help delegates in the clarification of terms.

Juan, S. (30 July 2009). *Abortion stats cause for concern*. Beijing: China Daily. Retrieved August 21, 2010, from: http://www.chinadaily.com.cn/cndy/2009-07/30/content_8489906.htm

Written by journalists on location in China, the article contains a collection of quotes, data and statistics about contraception in China. Among other things, the article reveals that callers to a pregnant women's hotline mostly have little knowledge about contraception and about other dangers of having unprotected sexual intercourse. Also, amongst other relevant information, the article mentions the reluctance of women to impose the use of contraception against their partner's desire.

Li, W. (1988). *Family planning in China* . Ethik in Der Medizin. 10 (Supplement 1).

Written from the point of view of a Chinese scholar this article is a good source for statistics on family planning in China. Delegates may find the source useful for gaining an insight into issues such as female discrimination, abortion and population growth in China. The article also contains information on the culture and socio-economics of China.

Macartney J. (March 19, 2010). *Success of secret two-child policy could force Chinese rethink on family planning*. London: The Times. Retrieved August 21, 2010, from: http://www.timesonline.co.uk/tol/news/world/asia/article7067834.ece.

Written in early 2010, this news article summarizes the key facts of the publishing of the results of the formerly secret pilot project in a rural province of China where people were allowed two children. The article contains key facts and statistics about the success of the pilot as well as comments on what these findings might mean for China's one child policy.

Macleod, C. (9 September 2010). *China tries out changes to one-child rule*. USA Today. Retrieved September 13, 2010, from: http://www.usatoday.com/news/world/2010-09-09-onechildinside09_ST_N.htm

This news article is based on interviews the journalist took during the latest Chinese Census in 2010 and on statistics and data. The focus is on the one-child policy. The article summarizes the policy and the recent updates that allow families to have two children if certain conditions are met, as well the impact it has had on. The author also investigates the way the policy affects women's status in society.

Marie Stopes International. (2010). *Structure.* Retrieved August 21, 2010, from: http://www.mariestopes.org.uk/About_us/Structure.aspx.

Delegates will find this source useful for learning more about a major provider of sexual health care services. With information about their offices worldwide and the type of services they provide to both men and women, the website is a useful source for gaining insight of the importance of NGO's in achieving universal access to family planning.

Policy Project. (2005). Strengthening Family Planning Policies and Programs in Developing Countries: An Advocacy Toolkit. Retrieved August 21, 2010, from: http://www.policyproject.com/pubs/manuals/Family%20Planning%20Toolkit%20final.pdf.

The document is a valuable source as it focuses on the problems that arise with developing and implementing family planning policies in the developing world. Whilst including facts about the effects of population growth and the benefits of family planning, the source also elaborates on models, tools and frameworks that can be used when developing a family planning policy.

Sing, S. et al. (2003). *Adding it up: the benefits of investing in sexual and reproductive healthcare*. New York: Guttmacher Institute.

Commissioned by the UNFPA this report contains information on the issues surrounding family planning services in developing countries. It compares existing measurements of the cost and benefits of contraceptive availability with proposed broader approaches. It is a good source for delegates to discover possible policy changes that would lead to an improvement in family planning services accessibility.

Tapper, J., Miller, S. and Khan, H. (2009). *Obama Overturns 'Mexico City Policy' Implemented by Reagan.* Retrieved August 21, 2010, from: http://abcnews.go.com/Politics/International/story?id=6716958&page=1.

As a news article written for an important news agency this source provides reliable and succinct information on the Mexico City Policy and its recent cancellation by United States President Barack Obama. The article contains a summary of what the policy was and meant for family planning programs that depended on USAID funding.

The Media and Communications Branch of UNFPA. (August 2009). FACT SHEET: Population Growth and Poverty. Retrieved August 21, 2010, from: http://www.unfpa.org/public/cache/offonce/home/factsheets/pid/3856.

This source provides delegates with a useful introduction to the connection between family planning and poverty. It provides the reader with facts about population growth and the benefits of family planning for individuals, nations and for achieving the MDGs. Also, it is a very useful resource for understanding the work the UNFPA does with regard to family planning.

The Pathfinder International Experience (2008). *Reproductive Health and Family Planning in Kenya*. Watertown, USA: Pathfinder International. Retrieved August 21, 2010, from: http://www.pathfind.org/site/DocServer/RH_and_FP_in_Kenya__the_Pathfinder_Experience_2008.pdf?docID=13081

This document offers an examination of the barriers that women still encounter when trying to access family planning services in Kenya, despite it being one of the first African countries to implement family planning policies. In particular it focuses on individual and socio-economic factors that can affect access. It is a valuable source as it contains facts that should be borne in mind when discussing about the development of family planning policies and frameworks.

United Nations Millennium Project (2005). *UN Millennium Project. Investing in development: a practical guide to achieve the Millennium Development Goals*. New York: UNDP.

A decade before the deadline for the MDGs this report summarized the progress that had been made since the creation and proposed guidelines that would help achieve the MDGs by 2015. As such, the report focuses on each MDG and the area where they are each most relevant, the progress that has been and the barriers that were encountered and the measures needed for improving the rate of achievement.

United Nations, *United Nations General Assembly Resolution 55/2*. *United Nations Millennium Declaration*, adopted at the 8th Plenary Meeting, 18 September 2000. Retrieved August 21, 2010, from: http://www.un.org/millennium/declaration/ares552e.pdf

This is the Resolution in which the GA's 8th Plenary adopted the MDGs. Along with stating all the goals, the resolution contains an expressed desire to promote gender equality, support youth in finding employment, encourage drug availability in developing countries at lower prices, develop partnerships to address poverty and ensure that technological advancements become available to everyone.

United Nations Population Fund (2005). *Reducing poverty and achieving the Millennium Development Goals: Arguments for investing in reproductive health and rights*. New Orleans: UNFPA.

This publication offers delegates an examination of the benefits of family planning from a UNFPA point of view. Focusing on the relevance of family planning for achieving the MDGs, the resource also includes current issues on the topic and suggested methods for attaining universal family planning.

United Nations Population Fund (2006). State of the world population 2OO6. New York: UNFPA.

Part of the UNFPA State of the World Population series, this report underlines the fact that whilst migrant women make substantial contributions to economies both at home and abroad, they are consistently ignored by policymakers. This in turn makes them vulnerable to human trafficking, abuse and exploitation. The report examines the importance of the financial support they provide to their families and communities back home as well as the statistics surrounding their increased vulnerability.

United Nations Population Fund (2008). *Report of the Executive Director for 2008: Progress in Implementing the Strategic Plan, 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action.* Presented at the annual session 2009 26 May to 5 June 2009. New York: Executive Board of the UNDP and UNFPA. Item 12 of the provisional agenda.

As a report that focuses on the implementation of the 2008-2011 UNFPA strategic plan, this source is provides delegates with key insight into the work of the UNFPA, the projects undertaken by the UNFPA in 2008 and the progress made and the issues arising whilst assisting developing countries in implementing the ICPD Program of Action. Its analysis is focused on the two result structures of their strategic plan: that on development results and that on management results.

United Nations Population Fund. (2009). *Family Planning and Poverty Reduction - The Benefits for Families and Nations.* Retrieved August 21, 2010, from: http://www.unfpa.org/rh/planning/mediakit/docs/new_docs/sheet4-english.pdf.

This resource is incredibly useful for finding out key facts and statistics about family planning benefits and challenges. Delegates will find the report extremely useful for a general understanding of the issues surrounding family planning accessibility as well as the UNFPA's strategy on achieving universal family planning access.

United Nations Population Fund. (2010). *No woman should die giving birth. Facts and figures 1.* Retrieved August 21, 2010 from: http://www.womendeliver.org/assets/UNFPA%20MH%20fact%20sheet.pdf.

This factsheet contains multiple well researched statistics and figures about the numbers of women dying during pregnancy or child birth and the circumstances surrounding these deaths. The report contains a brief analysis of the situation as it is, the rights of women, recommended courses of action and the work of the UNFPA on the topic.

United Nations Population Fund. (2010). *Ensuring that Every Pregnancy is Wanted.* Retrieved August 21, 2010, from: http://www.unfpa.org/rh/planning.htm.

This is a brief overview of family planning benefits to women and issues that arise in implementing the services. It also contains information on what the UNFPA strategy is on family planning and although it is advisable that delegates use scholarly sources, the website as whole offers a very comprehensive view of the UNFPA.

United States Agency for International Development. (2009). *Kenya* . Retrieved August 21, 2010, from: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/kenya.html.

Here, delegates may find more information on the USAID program in Kenya. The webpage contains facts about the reauthorization of the program in 2008, its key objectives and challenges as well statistics about the situation in the country. The text also contains data about the amounts of financial aid Kenya received through the PEPFAR program.

United States Agency for International Development. (2010). *USAID Family Planning Program: A History of Achievement.* Retrieved August 21, 2010, from: http://www.usaid.gov/our_work/global_health/pop/history.html

Whilst the USAID website in its entirety provides delegates with relevant key facts on family planning programs in developing countries, this particular webpage contains a summary of the history of achievements USAID has had. Thus, the article underlines key aspects of the support given by USAID to achieving universal family planning.

United States Agency for International Development. (2010). *USAID's Family Planning Guiding Principles and U.S. Legislative and Policy Requirements.* Retrieved August 21, 2010, from: http://www.usaid.gov/our_work/global_health/pop/restrictions.html.

Offering a historical overview of the development of the Mexico City Policy, this webpage contains links to online versions of important documentation concerning the issues. Also, the text discusses President Obama's rescission of the policy and offers makes more links available for further information.

United States Agency for International Development. (2010). *USAID Family Planning.* Retrieved August 21, 2010, from: http://www.usaid.gov/our_work/global_health/pop/index.html.

Found on the USAID website, this webpage offers delegates a summary of the agency's work on family planning. Thus, the source contains details about the agency's strategy for sexual health services, its guiding principles, legislative and policy requirements. Delegates may also find here useful links for accessing USAID family planning policies and other information.

WHO, UNICEF, UNFPA and The World Bank. (2005). *Maternal Mortality in 2005.* Retrieved August 21, 2010, from: http://www.who.int/whosis/mme_2005.pdf.

This paper focuses on analyzing the country estimates of maternal mortality as these figures are seen as relevant in the development of any sexual health and family planning policies. Providing an analysis of countries' specific maternal death rates across several years, the document also includes an examination of what these statistics mean to policy makers.

World Health Organisation. *Family planning.* Retrieved August 21, 2010, from: http://www.who.int/topics/family_planning/en/.

Part of the World Health Organization web site, this particular page focuses on the work the WHO does regarding family planning. The source contains a short description of what family planning is and multiple links to other related web pages such as general information and factsheets. It is a very good starting point for researching family planning.

III. Preventing the spread of HIV/AIDS among women

Alonzo, A. A., Reynold, N. (1995). *Stigma, HIV and AIDS: An Exploration and Elaboration of a stigma trajectory*. Social Science & Medicine.

HIV/AIDS-related stigma is a recognized problem for people living with HIV/AIDS. The paper clarifies how stigmatization through HIV and AIDS dramatically affects the infected individuals, their family and friends. Alonzo and Reynold's (1995) stigma trajectory theory is that stigma is dependent on the biophysical stages of HIV and AIDS, with greater degrees of stigma associated with increased physical manifestations of disease.

Barnett T., Whiteside A. (2006). *AIDS in the Twenty-First Century Disease and Globalization*. New York.
Barnett and Whiteside document the social, economic, and cultural factors that influence AIDS, taking into account the impacts of the epidemic on micro and macro levels. The authors provide epidemiological explanation, socio-economic information, and broad historical overviews of the epidemic. This is a must read for any interested in study of the AIDS issue.

Executive Board of the United Nations Development Programme and of the United Nations Population Fund. (2005). *Draft country programme document for Swaziland (2006-2010)*. Retrieved on September 9, 2010 from http://www.undp.org/africa/programmedocs/SWAZILAND_-_ENGLISH.pdf
By reading this evaluation, delegates will gain insight into the work of UNFPA in the field of HIV and AIDS prevention. The 2006-2010 country program is the product of close collaboration between key development partners, including the Swazi government, the United Nations Country Team, civil society, community-based organizations, the private sector and donor agencies. The country program is guided by both the national development strategies and policies and the overall goal of achieving the MDGs.

Farmer P., Lindenbaum S., Delvechio Good M. (1993). *Women, Poverty and AIDS: An Introduction*. Culture, Medicine and Psychiatry
Dr. Paul Farmer is a physician specializing in infectious diseases, Chief of the Division of Global Health Equity at the Brigham and Women's Hospital in Boston, and medical director of a small hospital, the Clinique Bon Sauveur, in rural Haiti. "Women, Poverty and AIDS" can be used as a first introduction to the topic. Delegates should read the paper to get an impression of the linkage between poverty, gender inequality and women's specific vulnerability to HIV and AIDS.

Hargreaves J., Boler T. (2007). *Girl Power The impact of girl's education on HIV and sexual behavior.* Retrieved on September 9, 2010 from http://www.ungei.org/resources/files/girl_power_2006.pdf
This report demonstrates the high value of promoting condoms to young women. The report shows that a high level of education ensures greater understanding of HIV prevention. It also strengthens girls' control, confidence and negotiating abilities to decide if to have sex, and when they do, whether to use a condom.

Joint United Nations Programme on HIV and AIDS. (2008). *Fast Facts about HIV*. Retrieved on September 9, 2010 from http://data.unaids.org/pub/FactSheet/2008/20080519_fastfacts_hiv_en.pdf
Before elaborating further on the complex socioeconomic dimension of AIDS, delegates should begin with providing themselves the basic medical information of the illness. This fact sheet by UNAIDS provides basic information on HIV and AIDS.

Joint United Nations Programme on HIV and AIDS. (2008). *Report on the global AIDS epidemic*. Retrieved August 19, 2010, from http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp63_94_en.pdf
The 2008 Report on the global AIDS epidemic reflects on the effectiveness of national initiatives addressing the epidemic. The report also clarifies which strategies have to be taken to ensure that the nations can achieve the HIV commitments they have made. Delegates will need the guide to understand what need to be done to ensure that nations are on course to achieve the HIV commitments they have made.

Joint United Nations Programme on HIV/AIDS**.** (2009). *The AIDS epidemic update of 2009*. Retrieved August 19, 2010, from http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2009/default.asp
This report summarizes the latest data on the epidemiology of HIV. The report is divided into separate chapters that summarize epidemiological trends in individual regions. The

epidemiological estimates in this report reflect continued improvement in national HIV surveillance systems and estimation methodology.

Joint United Nations Programme on HIV/AIDS. (2006). *Resource Pack on Gender and HIV/AIDS A Rights-Based Approach.* Retrieved on August 19, 2010 from http://www.unfpa.org/public/pid/357

Developed by the UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, this Resource Pack analyzes the impact of gender relations on the AIDS epidemic and provides guidance on how to achieve gender equality. It includes a review paper for expert consultation 'Integrating gender into HIV/AIDS Programmes' and 17 Fact Sheets with concise information on gender related aspects of HIV/AIDS, prepared by the different UN agencies involved.

Joint United Nations Programme on HIV/AIDS. (2006). *Keeping the Promise: An Agenda for Action on Women and AIDS.* Retrieved on August 19, 2010 from http://data.unaids.org/pub/Booklet/2006/20060530_fs_keeping_promise_en.pdf

Noting that major opportunities within the global HIV response have been missed, the Global Coalition on Women and AIDS aims to strengthen the AIDS responses for women. This document provides a brief overview of the UNAIDS Agenda for Action on Women and AIDS. This action plan and the reasoning behind it, is largely representative of the modern policies and practices of the UN towards the AIDS problem and thus the plan of action should be a valuable resource for delegates.

Joint United Nations Programme on HIV/AIDS. (2010). *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV*. Retrieved on August 19, 2010 from http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/agenda_for_accelerated_country_action_en.pdf

Developed by UNAIDS and UNIFEM the plan serves as a framework for addressing gender inequalities and human rights violations that put women and girls at a greater risk of HIV. The UNAIDS Action Framework focuses on action in three areas: strengthening strategic guidance and support to national partners, assisting countries to ensure that national HIV and development strategies address the needs and rights of women and girls in the context of HIV, and advocacy, capacity strengthening and mobilization of resources.

Knight, L. (2008). *UNAIDS: The first 10 years 1996-2006*. Retrieved on September 9, 2010 from http://data.unaids.org/pub/Report/2008/JC1579_First_10_years_en.pdf

This document gives an excellent overview of UNAIDS first decade of work. It outlines the struggles and achievements of the institution and attempts to explain the innovative nature of UNAIDS, with its unique system of division of labor that has brought together a number of cosponsoring UN organizations.

Mc Barnette, L. (1988). *Women and Poverty: The Effects on Reproductive Status*. Women, Health and Poverty. New York.

The paper examines the feminization of poverty. The author concludes that there is not only relationship between poverty and the social status of women, but also a relationship between poverty and reproductive status. According to the author, the health gap between poor and non poor women is primarily a consequence of the absence of financial and other resources.

Strickland R. (2004). *To Have and to Hold, Women's Property and Inheritance Rights in the Context of HIV/AIDS in Sub-Saharan Africa.* Retrieved on August 19, 2010 from http://www.icrw.org/files/publications/To-Have-and-To-Hold-Womens-Property-and-Inheritance-Rights-in-the-Context-of-HIV-AIDS-in-Sub-Saharan-Africa.pdf

Former project director at ICRW, Richard S. Strickland, published this paper in collaboration with the Global Coalition on Women and AIDS in 2004. It documents why property and inheritance rights should be considered as important for gender empowerment strategy especially in the context of the HIV/AIDS epidemic.

United Nations. (1945). *United Nations Charter*. Retrieved on August 19, 2010 from http://www.un.org/en/documents/charter/preamble.shtml

The United Nations Charter of 1945 serves as the main document of the United Nations as it clarifies the vision and mission of the UN. Since every mission of the varia of UN organs are considered to be in line with the charter, delegates should make sure that they are conscious of its content.

United Nations. (2000). *Millennium Development Goals*. Retrieved on August 19, 2010 from http://www.un.org/millenniumgoals.com

The eight Millennium Development Goals (MDGs) all by the target date of 2015, are a universal document agreed to by all the world's countries and all the world's leading development institutions. Addressing the topic of gender equality and HIV and AIDS, delegates should in particular reflect on Goals 3 and 6.

United Nations Department of Public Information. (2010). *Press release of June 9, 2010*. Retrieved on August 19, 2010 from http://www.un.org/News/Press/docs/2010/sgsm12947.doc.htm

In his statement to the General Assembly plenary meeting on HIV/AIDS, UN Secretary-General Ban Ki-moon reminds the international community of the various challenges remaining in the combat against HIV and AIDS. His urgent call for further actions can be considered as a motivation to find comprehensive solutions within the committee. of measurements including initiatives to prevent HIV infections; to promote the rights of women and girls; and to address gender-based violence.

United Nations Economic and Social Council. (1995). *Paper E/1995/71.* Retrieved on September 9, 2010 from http://www.un.org/documents/ecosoc/docs/1995/e1995-71.htm

This document gave birth to the Joint United Nations Programme on HIV and AIDS, which forms and functions gradually emerged over a period of two years, from January 1994 to December 1995. The paper underscored the importance of a new United Nations Programme and revealed a deep understanding of the challenge AIDS represented to the world.

United Nations General Assembly. (2001). *Declaration on commitment on HIV and AIDS*. Retrieved on August 19, 2010 from http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html

In 2001, 189 representatives unanimously adopted the Declaration of Commitment on HIV/AIDS, acknowledging that the AIDS epidemic constitutes a "global emergency and one of the most formidable challenges to human life and dignity." The priorities of the Declaration of Commitments range from prevention to treatment to funding.

United Nation General Assembly. (2006). *Political Declaration on HIV and AIDS*. Retrieved on August 19, 2010 from http://data.unaids.org/pub/Report/2006/20060615_hlm_politicaldeclaration_ares60262_en.pdf.

Leaders from all parts of the world tried to find a consensus on the sensitive issue of combating HIV and AIDS at the end of the General Assembly's High-Level review on AIDS in June 2006. The outcome was the Political Declaration on HIV/AIDS, which provides the United Nations with a strong mandate to scale up the AIDS response and to move towards universal access to HIV prevention, treatment, care and support.

United Nations Populations Fund, Joint United Nations Programme on HIV/AIDS, United Nations Development Fund for Women. (2004). *Women and HIV/AIDS: Confronting the Crisis*. Retrieved on August 19, 2010 from http://www.unfpa.org/hiv/women/docs/women_aids.pdf

The report gives an excellent overview of the gender dimension of the AIDS epidemic. It documents how gender inequalities including discrimination, poverty and gender-based violence foster the spread of the epidemic. The report calls for comprehensive empowerment strategies and highlights the importance of promoting and protecting women's rights.

United Nations Populations Fund. (2009). *Annual Report 2009*. Retrieved on August 19, 2010 from http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/annual_report_09.pdf

UNFPA's Annual Report 2009 provides a comprehensive overview of any achievement made in 2009 in working towards the Millennium Development Goals. The report documents a multitude of measurements including initiatives to prevent HIV infections; to promote the rights of women and girls; and to address gender-based violence.

United Nations Population Fund. (2010). *Report on evaluation of the forth Government of Swaziland / UNFPA Country Program (2006-2010)*. Retrieved August 19, 2010, from http://www.unfpa.org/exbrd/2010/annual_session/swaziland_evaluation.doc

This report presents the findings of the evaluation of the forth Government of Swaziland/ UNFPA assistance program. The purpose of this report is to evaluate achievements made and lessons learned during the past four years of the fourth forth Government of Swaziland / UNFPA Country Program. The report illustrates how close UNFPA collaborates with national governments.

United Nations Secretary General. (2006). *The Declaration of Commitments on HIV/AIDS; five years later, Report of the Secretary General*. Retrieved on September 9, 2010 from http://data.unaids.org/pub/Report/2006/20060324_sgreport_ga_a60737_en.pdf

This report provides an update on progress in the global AIDS response, identifies critical challenges that must be addressed and makes urgent recommendations to strengthen efforts at the global, regional and country levels. The central message of the report is that the important progress made against AIDS provides a solid foundation, but underlines that success will require significant contributions and the continued willingness of all stakeholders.

United Nations Security Council. (2000). *Resolution 1308*. Retrieved on August 19, 2010 from http://www.un.org/Docs/scres/2000/sc2000.htm

When the UN Security Council adopted Resolution 1308, it marked an historic debate. For the first time in history, the Security Council debated a health issues. The document highlights the growing impact of AIDS on social stability and emergency situations and the potential damaging impact of HIV on the health of international peacekeeping personnel.

World Health Organization. (2002). *World Report on Violence and Health*. Retrieved on August 19, 2010 from http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf

This report contributes to a deep understanding of violence and its impact on societies. It analyzes the different dimensions of violence and advances our analysis of the factors that lead to violence, and the possible responses of different sectors of society. The report describes and makes recommendations for action at the local, national and international levels.

Word Health Organization. (2003). *Integrating Gender into HIV/AIDS Programmes*. Retrieved on September 9, 2010 from http://www.genderandaids.org/downloads/events/Integrating%20Gender.pdf

The report underlines the need to develop concrete and practical guidelines for national HIV/AIDS programs to help them integrate gender issues. The report underscores the fact that the effectiveness of HIV/AIDS programs and policies is greatly enhanced when gender differences are acknowledged, gender specific concerns and needs of women and men are addressed, and gender inequalities are reduced.

Zungu-Dirwayi N., Shisana O., Udjo E., Mosala T., Seager J. (2004). *An audit of HIV/AIDS policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe.* Cape Town.

This report provides scientific documentation on HIV/AIDS policies, legislation, financing, and program implementation in Southern African Development Community countries. The study reviews the HIV/AIDS policy and related issues in six southern African countries and provides recommendations on how best to strengthen policy in these areas.

Rules of Procedure
United Nations Population Fund

Introduction

1. These rules shall be the only rules which apply to the Executive Board of the United Nations Development Programme/ United Nations Population Fund (hereinafter referred to as "the Board") and shall be considered adopted by the Board prior to its first meeting.
2. For purposes of these rules, the Plenary Director, the Assistant Director(s), the Under-Secretaries-General, and the Assistant Secretaries-General, are designates and agents of the Secretary-General and Director-General, and are collectively referred to as the "Secretariat."
3. Interpretation of the rules shall be reserved exclusively to the Director-General or her or his designate. Such interpretation shall be in accordance with the philosophy and principles of the National Model United Nations and in furtherance of the educational mission of that organization.
4. For the purposes of these rules, "President" shall refer to the chairperson or acting chairperson of the board.

I. SESSIONS

Rule 1 - *Dates of convening and adjournment*
The board shall meet every year in regular session, commencing and closing on the dates designated by the Secretary-General.

Rule 2 - *Place of sessions*
The Board shall meet at a location designated by the Secretary-General.

II. AGENDA

Rule 3 - *Provisional agenda*
The provisional agenda shall be drawn up by the Secretary-General and communicated to the Members of the Board at least sixty days before the opening of the session.

Rule 4 - Adoption of the agenda
The agenda provided by the Secretary-General shall be considered adopted as of the beginning of the session. The order of the agenda items shall be determined by a majority vote of those present and voting. Items on the agenda may be amended or deleted by the Board by a two-thirds majority of the members present and voting.

The vote described in this rule is a procedural vote and, as such, observers are permitted to cast a vote. For purposes of this rule, —those present and voting‖ means those delegates, including observers, in attendance at the meeting during which this motion comes to a vote.

Rule 5 - Revision of the agenda
During a session, the Board may revise the agenda by adding, deleting, deferring or amending items. Only important and urgent items shall be added to the agenda during a session. Permission to speak on a motion to revise the agenda shall be accorded only to three representatives in favor of, and three opposed to, the revision. Additional items of an important and urgent character, proposed for inclusion in the agenda less than thirty days before the opening of a session, may be placed on the agenda if the Board so decides by a two-thirds majority of the members present and voting. No additional item may, unless the Board decides otherwise by a two-thirds majority of the members present and voting, be considered until a committee has reported on the question concerned.

For purposes of this rule, the determination of an item of an —important and urgent character‖ is subject to the discretion of the Secretariat, and any such determination is final. If an item is determined to be of such a character, then it requires a two-thirds vote of the Board to be placed on the agenda. It will, however, not be considered by the Board until a committee has reported on the question. The votes described in this rule are substantive vote, and, as such, observers are not permitted to cast a vote. For purposes of this rule, —the members present and voting — means members (not including observers) in attendance at the session during which this motion comes to vote.

Rule 6 - Explanatory memorandum
Any item proposed for inclusion in the agenda shall be accompanied by an explanatory memorandum and, if possible, by basic documents.

III. SECRETARIAT

Rule 7 - Duties of the Secretary-General

1. The Secretary-General or her/his designate shall act in this capacity in all meetings of the Board.

2. The Secretary-General shall provide and direct the staff required by the Board and be responsible for all the arrangements that may be necessary for its meetings.

Rule 8 - Duties of the Secretariat
The Secretariat shall receive, print, and distribute documents, reports, and resolutions of the Board, and shall distribute documents of the Board to the Members, and generally perform all other work which the Board may require.

Rule 9 - Statements by the Secretariat
The Secretary-General, or her/his representative, may make oral as well as written statements to the Board concerning any question under consideration.

Rule 10 - Selection of the President The Secretary-General or her/his designate shall appoint, from applications received by the Secretariat, a President who shall hold office and, *inter alia*, chair the Board for the duration of the session, unless otherwise decided by the Secretary-General.

Rule 11 - Replacement of the President If the President is unable to perform her/his functions, a new President shall be appointed for the unexpired term at the discretion of the Secretary-General.

IV. LANGUAGE

Rule 12 - Official and working language
English shall be the official and working language of the Board.

Rule 13 - Interpretation (oral) or translation (written)
Any representative wishing to address any body or submit a document in a language other than English shall provide interpretation or translation into English.

This rule does not affect the total speaking time allotted to those representatives wishing to address the body in a language other than English. As such, both the speech and the interpretation must be within the set time limit.

V. CONDUCT OF BUSINESS

Rule 14 – Quorum
The President may declare a meeting open and permit debate to proceed when representatives of at least one third of the members of the Board are present. The presence of representatives of a majority of the members of the Board shall be required for any decision to be taken.

For purposes of this rule, ―members of the Board means the total number of members (not including observers) in attendance at the first night's meeting.

Rule 15 - General powers of the President
In addition to exercising the powers conferred upon him or her elsewhere by these rules, the President shall declare the opening and closing of each meeting of the Board, direct the discussions, ensure observance of these rules, accord the right to speak, put questions to the vote and announce decisions. The President, subject to these rules, shall have complete control of the proceedings of the Board and over the maintenance of order at its meetings. He or

she shall rule on points of order. He or she may propose to the Board the closure of the list of speakers, a limitation on the time to be allowed to speakers and on the number of times the representative of each member may speak on an item, the adjournment or closure of the debate, and the suspension or adjournment of a meeting.

Included in these enumerated powers is the President's power to assign speaking times for all speeches incidental to motions and amendment. Further, the President is to use her/his discretion, upon the advice and at the consent of the Secretariat, to determine whether to entertain a particular motion based on the philosophy and principles of the NMUN. Such discretion should be used on a limited basis and only under circumstances where it is necessary to advance the educational mission of the Conference. For purposes of this rule, the President's power to ―propose to the Board entails her/his power to ―entertain‖ motions, and not to move the body on his or her own motion.

Rule 16
The President, in the exercise of her or his functions, remains under the authority of the Board.

Rule 17 - Points of order
During the discussion of any matter, a representative may rise to a point of order, which shall be decided immediately by the President. Any appeal of the decision of the President shall be immediately put to a vote, and the ruling of the President shall stand unless overruled by a majority of the members present and voting.

Such points of order should not under any circumstances interrupt the speech of a fellow representative. Any questions on order arising during a speech made by a representative should be raised at the conclusion of the speech, or can be addressed by the President, sua sponte, during the speech. For purposes of this rule, ―the members present and voting‖ mean those members (not including observers) in attendance at the meeting during which this motion comes to vote.

Rule 18
A representative may not, in rising to a point of order, speak on the substance of the matter under discussion.

Rule 19 - Speeches

1. No one may address the Board without having previously obtained the permission of the President. The President shall call upon speakers in the order in which they signify their desire to speak.
2. Debate shall be confined to the question before the Board, and the President may call a speaker to order if her/his remarks are not relevant to the subject under discussion.
3. The Board may limit the time allowed to speakers and all representatives may speak on any question. Permission to speak on a motion to set such limits shall be accorded only to two representatives favoring and two opposing such limits, after which the motion shall be put to the vote immediately. When debate is limited and a speaker exceeds the allotted time, the President shall call her or him to order without delay.

In line with the philosophy and principles of the NMUN, in furtherance of its educational mission, and for the purpose of facilitating debate, if the President determines that the Board in large part does not want to deviate from the limits to the speaker's time as it is then set, and that any additional motions will not be well received by the body, the President, in her/his discretion, and on the advice and consent of the Secretariat, may rule as dilatory any additional motions to change the limits of the speaker's time.

Rule 20 - Closing of list of speakers
Members may only be on the list of speakers once but may be added again after having spoken. During the course of a debate the President may announce the list of speakers and, with the consent of the Board, declare the list closed. When there are no more speakers, the President shall declare the debate closed. Such closure shall have the same effect as closure by decision of the Board.

The decision to announce the list of speakers is within the discretion of the President and should not be the subject of a motion by the Board. A motion to close the speakers list is within the purview of the Board and the President should not act on her/his own motion.

Rule 21 - Right of reply
If a remark impugns the integrity of a representative's State, the President may permit that representative to exercise her/his right of reply following the conclusion of the controversial speech, and shall determine an appropriate time limit for the reply. No ruling on this question shall be subject to appeal.

For purposes of this rule, a remark that —impugns the integrity of a representative's State‖ is one directed at the governing authority of that State and/or one that puts into question that State's sovereignty or a portion thereof. All interventions in the exercise of the right of reply shall be addressed in writing to the Secretariat and shall not be raised as a point of order or motion. The reply shall be read to the Board by the representative only upon approval of the Secretariat, and in no case after voting has concluded on all matters relating to the agenda topic, during the discussion of which, the right arose.

Rule 22 - Suspension of the meeting
During the discussion of any matter, a representative may move the suspension of the meeting, specifying a time for reconvening. Such motions shall not be debated but shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass.

Rule 23 - Adjournment of the meeting
During the discussion of any matter, a representative may move the adjournment of the meeting. Such motions shall not be debated but shall be put to the vote immediately, requiring the support of a majority of the members present and voting to pass. After adjournment, the Board shall reconvene at its next regularly scheduled meeting time.

As this motion, if successful, would end the meeting until the Board's next regularly scheduled session the following year, and in accordance with the philosophy and principles of the NMUN and in furtherance of its educational mission, the President will not entertain such a motion until the end of the last meeting of the Board.

Rule 24 - Adjournment of debate
A representative may at any time move the adjournment of debate on the topic under discussion. Permission to speak on the motion shall be accorded to two representatives favoring and two opposing adjournment, after which the motion shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass. If a motion for adjournment passes, the topic is considered dismissed and no action will be taken on it.

Rule 25 - Closure of debate
A representative may at any time move the closure of debate on the item under discussion, whether or not any other representative has signified her/his wish to speak. Permission to speak on the motion shall be accorded only to two representatives opposing the closure, after which the motion shall be put to the vote immediately. Closure of debate shall require a two-thirds majority of the members present and voting. If the Board favors the closure of debate, the Board shall immediately move to vote on all proposals introduced under that agenda item.

Rule 26 - Order of motions Subject to rule 23, the motions indicated below shall have precedence in the following order over all proposals or other motions before the meeting:

a) To suspend the meeting;
b) To adjourn the meeting;
c) To adjourn the debate on the item under discussion;
d) To close the debate on the item under discussion.

Rule 27 - Proposals and amendments
Proposals and substantive amendments shall normally be submitted in writing to the Secretariat, with the names of twenty percent of the members of the Board would like the Board to consider the proposal or amendment. The Secretariat may, at its discretion, approve the proposal or amendment for circulation among the delegations. As a general rule, no proposal shall be put to the vote at any meeting of the Board unless copies of it have been circulated to all delegations. The President may, however, permit the discussion and consideration of amendments or of motions as to procedure, even though such amendments and motions have not been circulated. If the sponsors agree to the adoption of a proposed amendment, the proposal shall be modified accordingly and no vote shall be taken on the proposed amendment. A document modified in this manner shall be considered as the proposal pending before the Board for all purposes, including subsequent amendments.

For purposes of this rule, all ―proposals shall be in the form of working papers prior to their approval by the Secretariat. Working papers will not be copied, or in any other way distributed, to the Board by the Secretariat. The distribution of such working papers is solely the responsibility of the sponsors of the working papers. Along these lines, and in furtherance of the philosophy and principles of the NMUN and for the purpose of advancing its educational mission, representatives should not directly refer to the substance of a working paper that has not yet been accepted as a draft resolution. After approval of a working paper, the proposal becomes a draft resolution and will be copied by the Secretariat for distribution to the Board. These draft resolutions are the collective property of the Board and, as such, the names of the original sponsors will be removed. The copying and distribution of amendments is at the discretion of the Secretariat, but the substance of all such amendments will be made available to all representatives in some form.

Rule 28 - Withdrawal of motions
A proposal or a motion may be withdrawn by its sponsor at any time before voting has commenced, provided that it has not been amended. A motion thus withdrawn may be reintroduced by any representative.

Rule 29 - Reconsideration of a topic
When a topic has been adjourned, it may not be reconsidered at the same session unless the Board, by a two-thirds majority of those present and voting, so decides. Reconsideration can only be moved by a representative who voted on the prevailing side of the original motion to adjourn. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall be put to the vote immediately.

For purposes of this rule, ―those present and voting‖ means those representatives, including observers, in attendance at the meeting during which this motion is voted upon by the body.

VI. VOTING

Rule 30 - Voting rights
Each member of the Board shall have one vote.

This rule applies to substantive voting on amendments, draft resolutions, and portions of draft resolutions divided out by motion. As such, all references to ―member(s) do not include observers, who are not permitted to cast votes on substantive matters.

Rule 31 - Request for a vote
A proposal or motion before the Board for decision shall be voted upon if any member so requests. Where no member requests a vote, the Board may adopt proposals or motions without a vote.

For purposes of this rule, ―proposal means any draft resolution, an amendment thereto, or a portion of a draft resolution divided out by motion. Just prior to a vote on a particular proposal or motion, the President may ask if there are any objections to passing the proposal or motion by acclamation, or a member may move to accept the proposal or motion by acclamation. If there are no objections to the proposal or motion, then it is adopted without a vote.

Rule 32 - Majority required
1. Unless specified otherwise in these rules, decisions of the Assembly shall be made by a majority of the members present and voting.
2. For the purpose of tabulation, the phrase "members present and voting" means members casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.

All members declaring their representative States as "present and voting" during the attendance role call for the meeting during which the substantive voting occurs, must cast an affirmative or negative vote, and cannot abstain.

Rule 33 - Method of voting
1. The Board shall normally vote by a show of placards, except that a representative may request a roll call, which shall be taken in the English alphabetical order of the names of the members, beginning with the

member whose name is randomly selected by the President. The name of each present member shall be called in any roll call, and one of its representatives shall reply “yes,” “no,” “abstention,” or “pass.”

Only those members who designate themselves as ―present‖ or ―present and voting‖ during the attendance roll call, or in some other manner communicate their attendance to the President and/or Secretariat, are permitted to vote and, as such, no others will be called during a roll-call vote. Any representatives replying ―pass, must, on the second time through, respond with either ―yes or ―no. A ―pass‖ cannot be followed by a second ―pass‖ for the same proposal or amendment, nor can it be followed by an abstention on that same proposal or amendment.

2. When the Board votes by mechanical means, a non-recorded vote shall replace a vote by show of placards and a recorded vote shall replace a roll-call vote. A representative may request a recorded vote. In the case of a recorded vote, the Board shall dispense with the procedure of calling out the names of the members.

3. The vote of each member participating in a roll call or a recorded vote shall be inserted in the record.

Rule 34 - Explanations of vote
Representatives may make brief statements consisting solely of explanation of their votes after the voting has been completed. The representatives of a member sponsoring a proposal or motion shall not speak in explanation of vote thereon, except if it has been amended, and the member has voted against the proposal or motion.

All explanations of vote must be submitted to the President in writing before debate on the topic is closed, except where the representative is of a member sponsoring the proposal, as described in the second clause, in which case the explanation of vote must be submitted to the President in writing immediately after voting on the topic ends.

Rule 35 - Conduct during voting
After the President has announced the commencement of voting, no representatives shall interrupt the voting except on a point of order in connection with the actual process of voting.

Rule 36 - Division of proposals and amendments
Immediately before a proposal or amendment comes to a vote, a representative may move that parts of a proposal or of an amendment should be voted on separately. If there are calls for multiple divisions, those shall be voted upon in an order to be set by the President where the most radical division will be voted upon first. If objection is made to the motion for division, the request for division shall be voted upon, requiring the support of a majority of those present and voting to pass. Permission to speak on the motion for division shall be given only to two speakers in favor and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are involved shall then be put to a vote. If all operative parts of the proposal or of the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

For purposes of this rule, ―most radical division‖ means the division that will remove the greatest substance from the draft resolution, but not necessarily the one that will remove the most words or clauses. The determination of which division is ―most radical‖ is subject to the discretion of the Secretariat, and any such determination is final.

Rule 37 - Amendments
An amendment is a proposal that does no more than add to, delete from, or revise part of another proposal.

An amendment can add, amend, or delete operative clauses, but cannot in any manner add, amend, delete, or otherwise affect perambulatory clauses.

Rule 38 - Order of voting on amendments
When an amendment is moved to a proposal, the amendment shall be voted on first. When two or more amendments are moved to a proposal, the amendment furthest removed in substance from the original proposal shall be voted on first and then the amendment next furthest removed there from, and so on until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment,

the latter shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted on.

For purposes of this rule, —furthest removed in substance means the amendment that will have the most significant impact on the draft resolution. The determination of which amendment is —furthest removed in substance is subject to the discretion of the Secretariat, and any such determination is final.

Rule 39 - Order of voting on proposals
If two or more proposals, other than amendments, relate to the same question, they shall, unless the Board decides otherwise, be voted on in the order in which they were submitted.

Rule 40 - The President shall not vote
The President shall not vote but may designate another member of her/his delegation to vote in her/his place.

VII. CREDENTIALS

Rule 41 - Credentials
The credentials of representatives and the names of members of a delegation shall be submitted to the Secretary-General prior to the opening of a session.

Rule 42
The Board shall be bound by the actions of the General Assembly in all credentials matters and shall take no action regarding the credentials of any member.

VII. PARTICIPATION OF NON-MEMBERS OF THE BOARD

Rule 43 - Participation of non-Member States
1. The Board shall invite any Member of the United Nations that is not a member of the Board and any other State, to participate in its deliberations on any matter of particular concern to that State.
2. A committee or sessional body of the Board shall invite any State that is not one of its own members to participate in its deliberations on any matter of particular concern to that State.
3. A State thus invited shall not have the right to vote, but may submit proposals which may be put to the vote on request of any member of the body concerned.

If the Board considers that the presence of a Member invited according to this rule is no longer necessary, it may withdraw the invitation again. Delegates invited to the Board according to this rule should also keep in mind their role and obligations in the committee that they were originally assigned to. For educational purposes of the NMUN Conference, the Secretariat may thus ask a delegate to return to his or her committee when his or her presence in the Board is no longer required.

Rule 45 - Participation of national liberation movements
The Board may invite any national liberation movement recognized by the General Assembly to participate, without the right to vote, in its deliberations on any matter of particular concern to that movement.

Rule 46 - Participation of and consultation with specialized agencies
In accordance with the agreements concluded between the United Nations and the specialized agencies, the specialized agencies shall be entitled: a) To be represented at meetings of the Board and its subsidiary organs; b) To participate, without the right to vote, through their representatives, in deliberations with respect to items of concern to them and to submit proposals regarding such items, which may be put to the vote at the request of any member of the Board or of the subsidiary organ concerned.

Rule 47 - Participation of non-governmental organization and intergovernmental organizations
Representatives of non-governmental organizations/intergovernmental organizations accorded consultative observer status by the General Assembly and other non-governmental organizations/intergovernmental organizations designated on an ad hoc or a continuing basis by the Board on the recommendation of the Bureau, may participate, with the procedural right to vote, but not the substantive right to vote, in the deliberations of the Board on questions within the scope of the activities of the organizations.