



CONFERENCE A

National Model United Nations • New York
22-26 March 2015 (Conf. A)



**Documentation of the Work of the Commission on Population and
Development (CPD)**

Commission on Population and Development (CPD)

Committee Staff

Director	Linda Critzer
Assistant Director	Stéphanie Toschi
Chair	Jibran Samla
Rapporteur	Melissa Petersen
Rapporteur	

Agenda

- I. Realizing Sexual and Reproductive Rights, Health Services, and Education
- II. Ageing Populations' Health and Participation in Society
- III. Strengthening National Health Systems

Resolutions / Report Segments adopted by the Committee

Code	Topic	Vote
CPD/1/1	Realizing Sexual and Reproductive Rights, Health Services, and Education	Adopted by acclamation
CPD/1/2	Realizing Sexual and Reproductive Rights, Health Services, and Education	21 votes in favor, 3 votes against, 6 abstentions
CPD/1/3	Realizing Sexual and Reproductive Rights, Health Services, and Education	20 votes in favor, 1 vote against, 9 abstentions

Summary Report

The Commission on Population and Development held its annual session to consider the following agenda items:

- I. Realizing Sexual and Reproductive Rights, Health Services, and Education
- II. Ageing Populations' Health and Participation in Society
- III. Strengthening National Health Systems

The session was attended by representatives of 31 countries and 2 non-governmental organizations. On Sunday, the committee started with several statements concerning the adoption of the agenda. By the end of the session, the committee adopted the agenda of I, III, II, beginning discussion on the topic of "Realizing Sexual and Reproductive Rights, Health Services and Education."

The second session opened with speeches addressing the importance of family planning and increasing women's employment in healthcare services. As the debate progressed, the body divided up into three working groups. The session moved between formal and informal session as work progressed on the working papers.

By the end of Tuesday's morning session, three working papers were introduced and delegates continued the work on their papers, after receiving feedback and edits from the Dais. Working paper topics included focusing on topics such as universal healthcare services and furthering financial and logistical support organized by the World Health Organization (WHO). By the end of Tuesday evening, after a diligent effort put forth by delegates, feedback was delivered to the delegates by the Dais, and one working paper which was accepted as a draft resolution (DR/1/1).

By Wednesday afternoon the Dais had accepted three draft resolutions. After three informal sessions, the body moved into voting procedure. DR/1/1 had two friendly amendments and was adopted by acclamation; DR/1/2 had one unfriendly amendment and passed with a vote of 21 in favor, 3 against and 6 abstentions; and DR/1/3 had one friendly amendment and one division of the question, to highlight five separate clauses and passed with a majority vote of 20 in favor, 1 against, and 9 abstentions. After ending voting procedure, the body moved immediately into the discussion of the second topic "Strengthening National Health Systems" until a motion for the adjournment of the meeting was made.



Code: CPD/1/1

Committee: Commission on Population and Development

Topic: Realizing Sexual and Reproductive Rights, Health Services, and Education

1 *The Commission on Population and Development,*

2
3 *Reiterating* the 1994 Programme of Action of the International Conference on Population and Development (ICPD)
4 that states that women have the right to maintain their physical wellbeing and general health with respect to
5 reproductive systems,

6
7 *Considering* the collaborative effort of United Nations (UN) Population Fund (UNFPA) and the health systems of
8 Member States, including, but not limited to, the Birth Spacing Program in Oman, the Reproductive Health Supplies
9 Coalition in Mexico, and the USAID Deliver Project in Latin America, to strengthen reproductive health services
10 via birth spacing programs, regulation and distribution of contraceptives, and the development of improved
11 healthcare techniques,

12
13 *Emphasizing* the commitment of UN Millennium Development Goal (MDG) 5 “Improving Maternal Health,”

14
15 *Acknowledging* the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and
16 United Nations Educational, Scientific, and Cultural Organization (UNESCO), Committee for the Safeguarding of
17 the Intangible Cultural Heritage with respect to human rights while remaining cognizant of States’ various
18 traditional, cultural, and religious beliefs,

19
20 *Recognizing* the World Health Organization (WHO) Regional Office for Europe (WHO/Europe) European Action
21 Plan for Strengthening Public Health Services and Capacities, with focus on improving of States’ public health
22 system operations in order to guarantee better access to health services with respect to reproductive rights,

23
24 *Recalling* Commission on Population and Development (CPD) Resolution 2012/1 entitled “Adolescents and Youth”
25 (2012), and CPD Resolution 2014/1 entitled “Assessment of the Status of Implementation of the Programme of
26 Action of the International Conference on Population and Development” (2014), which urge governments to
27 improve health systems so that young people have access to reproductive health information, education, and
28 services,

29
30 *Noting* the success of UNFPA Global Program on Reproductive Commodity Security (GPRHCS) and the UNFPA
31 Family Planning Strategy 2012-2020 in their roles developing health systems within countries in collaboration with
32 governments by providing contraception and maternal medicine to women,

33
34 1. *Suggests* the inclusion of international organizations such as the WHO, UNFPA, and International Women’s
35 Health Coalition (IWHC), and to provide funding and supervision for the expansion of various existing
36 reproductive healthcare workshops and programs, to the discretion of respective Member States’ health
37 systems, to ensure the proper training and education of healthcare experts and practitioners within participating
38 Member States by:

39
40 a. Utilizing experts and representatives from the aforementioned organizations as facilitators for
41 information and training regarding:

- 42
43 i. Reproductive rights of women in terms of education and accessibility to contraceptive
44 methods via government-regulated health centers in order to reduce high fertility and maternal
45 and infant mortality rates as well as HIV/STI prevalence rates;
- 46
47 ii. Improving participating Member States’ health systems in order to increase the quality of life
48 and access to primary healthcare for all citizens while respecting state sovereignty;
- 49
50 iii. Knowledge regarding the appropriate use of medication such as antiretroviral treatment to
51 prevent the spread of HIV/AIDS;

- 52 b. Welcoming healthcare professionals from the aforementioned organizations along with participating
53 Member States' health systems to establish a dialogue between inter-governmental organizations
54 (IGOs), non-governmental organizations (NGOs), and healthcare professionals in order to:
55
- 56 i. Educate populations on their reproductive health and rights with respect of the cultural
57 features of the respective Member State including interpersonal relationships, sexual health,
58 and reproductive body and anatomy as a form of social development;
 - 59 ii. Demonstrate collaborative efforts of public and private entities of the international community
60 with regard to enhancing quality of life through global cooperation;
- 61
- 62
- 63 2. *Calls upon* the WHO Regional Offices for the expansion of the workshop Gender and Human Rights in
64 Reproductive and Maternal Health to every WHO region through joint work with Member States' health
65 systems with the goal of:
66
- 67 a. Supporting the fulfillment of the targets of MDG 5 "Improving Maternal Health", especially raising
68 awareness on gender equality and the significance of reproductive rights frameworks and maternal
69 health issues;
 - 70
 - 71 b. Leading Member States' health systems in cooperation with the corresponding WHO Regional Office,
72 choosing a group of 6 experts in the themes selected for the workshop including:
73
 - 74 i. Three experts from Member States' health systems, each with expertise in reproductive
75 health;
 - 76
 - 77 ii. Three specialists from the WHO Regional Office to organize the workshops and select their
78 location;
 - 79 - 80 c. Following the guidelines stated in the manual of the WHO Western Pacific Region Gender and Human
81 Rights in Reproductive and Maternal Health workshop;
 - 82
 - 83 d. Including the subjects of human rights and reproductive rights in the manual for the Gender and
84 Human Rights in Reproductive and Maternal Health workshops;
 - 85
 - 86 e. Receiving funding from:
87
 - 88 i. WHO Regional Offices in Africa, the Americas, South-East Asia, Europe, and the Eastern
89 Mediterranean;
 - 90
 - 91 ii. NGOs associated with the UN in each Member State;
 - 92
 - 93 iii. Volunteer Member States;
 - 94
- 95 3. *Invites* the WHO Regional Offices submit a report following the workshop reporting and evaluating the
96 outcomes of the workshops;
97
- 98 4. *Recommends* the GPRHCS to increase focus on Output 5 of the UNFPA Family Planning Strategy 2012-2020,
99 which calls to strengthen information systems pertaining to family planning, by *inter alia*:
100
- 101 a. Incorporating the fortification of national data systems as one of the principles of the UNFPA Rapid
102 Assessment Tool for Sexual and Reproductive Health and HIV Linkages with the goal of supporting
103 Member States in the collection and analysis of relevant data;
 - 104
 - 105 b. Cooperating with the Reproductive Health Supplies Coalition in order to streamline Supply Chain and
106 Logistics Management Systems to ensure reliability of delivery-lead times among actors of the public

- 107 and private sector;
108
109 5. *Further encourages* Member States to adopt a collaborative and inclusive healthcare program to specialize in
110 providing all citizens with affordable and accessible healthcare services and education in concurrence with the
111 UNFPA and the healthcare systems of Member States in order to achieve:
112
113 a. Affordability through funds contributed by Member States, NGOs, civil society organizations (CSOs),
114 and the private sector;
115
116 b. Accessibility through the training and education of teachers, counselors, and other community leaders
117 in reproductive health and communication skills pursuant to the standards established by the UNFPA
118 Family Planning Strategy 2012-2020;
119
120 c. Collaboration led by UNFPA with local NGOs, actors of the public sector, actors of the private sector,
121 and other local stakeholders to provide citizens with wider access to reproductive healthcare services
122 by expanding information services through professional counseling and incorporating social marketing
123 and mass media;
124
125 6. *Recommends* a unified effort to improve quality of life for all Member States' citizens through CEDAW by
126 continuing to promote women's access to reproductive education via the UNESCO/CEDAW Manifesto
127 Towards a Gender-inclusive Culture Through Education while also respecting national sovereignty and
128 traditional practices;
129
130 7. *Expresses its hope* for all Member States to improve accessibility to reproductive health information, education,
131 and services in order to meet the goals and targets established by the United Nations.



Code: CPD/1/2

Committee: Commission on Population and Development

Topic: Realizing Sexual and Reproductive Health, Rights, and Education

1 *The Commission on Population and Development,*

2
3 *Guided by the United Nations (UN) Population Fund's (UNFPA) UNFPA Strategic Plan, 2014-2017 (2013), which*
4 *strives to achieve universal sexual and reproductive healthcare and health education for all,*

5
6 *Recalling Millennium Development Goal (MDG) 2, "Achieving Universal Primary Education," and MDG 3, "The*
7 *Promotion of Gender Equality and the Empowerment of Women," as well as goal 6 "Combating HIV/AIDS,*
8 *Malaria and Diseases," as they universally apply to all people no matter gender, ethnicity, location, sexual*
9 *orientation, social and economic status, age, or religion,*

10
11 *Recognizing United States Agency for International Development's (USAID) report entitled "Funding Decisions on*
12 *Reproductive Health and Family Planning" (2009), which underscores reproductive health trends, budgeting, and*
13 *HIV/AIDS programs,*

14
15 *Realizing the benefit the World Health Organization (WHO) provides in disseminating information regarding the*
16 *need for universal health as demonstrated through the "World Health Report 2013: Research for Universal Health*
17 *Coverage" (2013),*

18
19 *Noting the WHO's report entitled "World Report on Violence" (2002), which recognizes education as an important*
20 *preventive measure to confront Gender Based Violence (GBV) in all societies,*

21
22 *Taking into consideration Economic and Social Council (ECOSOC) resolution 2004/68, entitled "Promoting the*
23 *application of science and technology to meet the development goals contained in the United Nations Millennium*
24 *Declaration" (2004), emphasizing the use of technology and science to achieve educational goals within the MDGs*
25 *specifically in the promotion of sexual and reproductive rights,*

26
27 *Fully aware of the social negative outcome of inaccurate sexual and reproductive rights' information, such as*
28 *miscommunicated advice on contraceptives as well as miscalculated reports based on unreliable data, which*
29 *perpetuate negative situations such as increased cases of sexual transmitted infections, as emphasized in the report*
30 *"Adding It Up" (2014) written by the UNFPA in cooperation with the Guttmacher Institute,*

31
32 *Reaffirming the principles expressed in the report of the Secretary-General E/CN.9/2012/4 "Adolescents and Youth"*
33 *(2012) and within the International Planned Parenthood Federation (IPPF) report "I Decide" (2014) concerning the*
34 *empowerment of women and girls in the realization of their sexual and reproductive rights,*

35
36 *Fully aware of the United Nations' Environment Programme (UNEP) and World Tourism Organization (WTO)*
37 *joint document entitled "Tourism: Investing in Energy and Resource Efficiency" (2011) which draws attention to the*
38 *recent development of medical tourism affecting Member States globally,*

39
40 *Reaffirming ECOSOC Resolution 2004/68 "Science and Technology for Development", which emphasizes using*
41 *technology and science to achieve MDGs and help improve educational opportunities in the areas of sexual and*
42 *reproductive rights for children in primary education,*

43
44 *Bearing in mind the Sustainable Development Goal (SDG) 4c, "Prevent and Eliminate Violence against Individuals*
45 *Especially Women and Children", which emphasizes the increase of qualified teachers through international*
46 *cooperation for teacher training in developing countries, especially underdeveloped and small island developing*
47 *Member States,*

48
49 *Acknowledging the impact of Article 6 of General Assembly (GA) Resolution 51/172 "Communication for*
50 *Development Programmes in the United Nations System" (1997) on communication through the media in terms of*

51 the internet, television, radio, and newspapers on societies in relation to that helped create the campaign
52 Communication For Development,
53
54 *Recalling* GA resolutions A/RES/69/148 “Intensification of Efforts to End Obstetric Fistula” (2015) and A/RES/
55 69/150 “Intensifying Global Efforts for the Elimination of Female Genital Mutilation” (2015) which reaffirm the
56 crucial importance of addressing culture specific issues,
57
58 *Declaring* the universal ratification of the Convention on the Elimination of all Forms of Discrimination against
59 Women (CEDAW) (1979) as necessary measure in accomplishing full inclusion of all marginalized populations
60 within health and education related institutions and practices,
61
62 *Further recalling* ECOSOC resolution 2009/6 concerning the Joint United Nations Programme HIV/AIDS
63 (UNAIDS),
64
65 *Taking into consideration* the Department of Economic and Social Affairs (DESA) report “Trends in Contraceptive
66 Methods Used Worldwide” (2013), on the improvement of contraceptives and the promotion of safe and affordable
67 contraception by ameliorating family planning methods,
68
69 *Emphasizing* the UNFPA’s Report, “Adolescent Sexual and Reproductive Health” (2014), which strives to support
70 the adolescents’ health rights, and promote youth-friendly services,
71
72 *Recalling* the UNAIDS document, “Framework Treatment” (2015), which promotes international and national
73 guidelines to generate new ways of thinking about HIV testing and treatment,
74
75 *Fully aware* of General Assembly resolution A/67/L.36 “Global Health and Foreign Policy” (2012) that aims to
76 establish a universal, agreed upon language for sexual rights in the post-2015 development agenda,
77
78 *Taking into consideration* the importance of CPD’s Resolution 2014/1 of “Assessment of the Status of
79 Implementation of the *Programme of Action* of the International Conference on Population and Development” and
80 “UNFPA Operative Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender”
81 (2014), which focus on universal implementation of Comprehensive Sexuality Education,
82
83 *Noting with approval* the advances in achieving primary education as a catalyst in the provision of universal access
84 to sexual and reproductive education, as is stressed in Chapter XI Population, Development and Education of the
85 ICPD Programme of Action (1994), and further emphasized in The Recommendations of the High Level Task Force
86 for ICPD (2014),
87
88 *Affirming* CPD resolution 2011/1 “Fertility Reproductive Health and Development” (2011), which proposes a
89 human rights based approach to sustainable development through full implementation of sexual and reproductive
90 health rights,
91
92 *Emphasizing* CPD resolution 2009/1, “The Contribution of the Programme of Action of the International Conference
93 on Population and Development to the Internationally Agreed Development Goals, including the Millennium
94 Development Goals,” (2009) which draws attention to organizations, such as CARE and Population Services
95 International (PSI), in the achievement of universal access to health care and reproductive right promotion,
96
97 *Further recalling* ECOSOC resolution 2009/6 concerning the UNAIDS, in light of expanding provisions for
98 vaccinations,
99
100 1. *Encourages* ECOSOC to include more details within the Sustainable Development Goals (SDGs), specifically
101 regarding universality of healthcare practices and sexual reproductive education, such that:
102
103 a. Healthcare services and education are made universally available to all individuals irrespective of
104 identifying factors such as, but not limited to; gender, ethnicity, location, sexual orientation, social and
105 economic status, age, or religion;
106

- 107 b. All Member States, global and national health organizations, and civil society organizations (CSOs)
108 are further encouraged to develop sustainable partnerships which prioritize the increased access and
109 availability of universal health care and services;
110
- 111 c. Increased focus is placed upon the provision of monetary and material funding directly to periphery
112 areas and rural communities with a lack or in urgent need of sexual and reproductive health services;
113
- 114 d. The provision of sexual reproductive health medications such as anti-retroviral medication and
115 therapy, pregnancy contraceptives, and all other communicable or non-communicable disease
116 prevention methods;
117
- 118 2. *Further encourages* ECOSOC to be fully committed to adopting language within the SDGs, which could state:
119
- 120 a. Universal primary education including sexual reproductive rights but not limited to;
121
- 122 b. Gender equality and empowerment of women through education and the workforce;
123
- 124 c. The decrease of the number of victims infected with HIV/AIDS, Malaria and Disease;
125
- 126 3. *Further recommends* that UN bodies such as ECOSOC, UN-Women, United Nations Children’s Fund
127 (UNICEF), UNAIDS, and WHO, as well as various NGOs and inter-governmental organizations (IGOs)
128 including Amnesty International (AI) and The Association for Women’s Rights in Development (AWID), be
129 primarily consulted on all recommended health practices implemented within the SDGs with special emphasis
130 upon:
131
- 132 a. The provision of medical aid and education in geographically isolated and underdeveloped regions to
133 improve nutrition, family planning, and maternal health;
134
- 135 b. Upholding and respecting regional culturally specific sustainable physical and psychological medical
136 practices;
137
- 138 4. *Further recommends* ECOSOC include sustainable safety recommendations from the “World Report of
139 Violence” (2002), regarding GBV in sexual and reproductive education, within the SDGs, with special
140 emphasis upon:
141
- 142 a. The importance of GBV information, including non-sexist and anti-discriminatory education, for
143 adolescents as a preventive measure;
144
- 145 b. The dissemination of information on parental involvement to combat GBV;
146
- 147 5. *Reminds* ECOSOC to ensure that the SDGs strongly call upon Member States, NGOs, and other international
148 organizations to provide accurate scientifically-based sexual and reproductive education;
149
- 150 6. *Recommends* that the ECOSOC make opportunities available to assist USAID in the further creation of
151 Community-Based Integrated Health Projects within developing Member States;
152
- 153 7. *Endorses* Member States’ adoption of national programs, guided by the IPPF *I Decide 2014 Programme*, in
154 order to advance the right of bodily autonomy for all;
155
- 156 8. *Suggests* Member States cooperate with the CPD to draft profiles and framework for pre-emptive emergency
157 legislation which pre-approves the rapid deployment, processing, and access of accepted international
158 healthcare organizations;
159
- 160 9. *Invites* the UNFPA to research and analyze statistical population rates and flows of medical tourism and
161 develop Member State and regional profiles for assistance in providing for unmet local demands;
162

- 163 10. *Recommends* Member States work with UNICEF to increase technology access in classrooms to improve the
164 quality of education for children in terms of reproductive and sexual knowledge by increasing financial aid;
165
- 166 11. *Encourages* Member States to prioritize the increased access to technology in classrooms, utilizing programs
167 such as those in operation by United Nations Educational, Scientific and Cultural Organization (UNESCO), in
168 order to achieve universal quality education for children and adolescents emphasizing reproductive and sexual
169 knowledge;
170
- 171 12. *Further invites* all Member States to include information regarding GBV in sexual and reproductive education
172 in accordance with WHO recommendation in the “World Report of Violence” (2002);
173
- 174 13. *Urges* the increase of worldwide educative campaigns by WHO on sexual and reproductive rights such as the
175 Sudanese “Salima” Campaign created by UNICEF to aid the local government in educating the citizens on
176 FGM and its effects;
177
- 178 14. *Calls on* the Office of the High Commissioner for Human Rights (OHCHR) to assist in the fight against
179 Obstetric Fistula and Female Genital Mutilation through:
180
- 181 a. The establishment of clinics in rural regions, with a special focus on Sub-Saharan Africa;
182
- 183 b. Research based solutions supported by UNFPA;
184
- 185 15. *Recommends* UNESCO International Bureau of Education (IBE), in collaboration with ECOSOC regional
186 commissions, to develop regional portfolios for universal implementation of comprehensive sexuality education
187 in primary school curriculums to contain:
188
- 189 a. Up to date information on sexual and reproductive rights;
190
- 191 b. Impartial and unbiased globalized information and opportunities for students of all identifying factors;
192
- 193 c. National educational development plans and budgets;
194
- 195 d. Technological mechanism accessibility for education;
196
- 197 16. *Recommends* the UNFPA cooperate with non-governmental educational organizations such as “Teachers
198 Without Borders” to increase training programs and use the media through commercials to promote the
199 recruitment of teachers for sexual education;
200
- 201 17. *Further requests* support from the IPPF and other international organizations in reducing the child mortality rate
202 in accordance with SDG 3 “Ensure Healthy Lives and Promote Well-Being for All at All Ages” including but
203 not limited to the following actions:
204
- 205 a. Vaccinate children under twelve years of age for free;
206
- 207 b. Strengthening clinical laboratory services;
208
- 209 c. Improving quality control and production of vaccines;
210
- 211 d. Establishing an international donor pool aided by multilateral and bilateral policy dialogue as well as
212 extra budgetary contributions;
213
- 214 18. *Encourages* the UN Platform on Economic and Social Issues, *Advocate for Youths*, WHO, and UNICEF to
215 assist Every Woman, Every Child within the framework of *Family Planning 2020* in:
216
- 217 a. Protecting female human rights through the acceptance of safe and adequate measures of contraception;
218

- 219 b. Promoting family planning in order to guarantee unbiased and friendly services for women to
220 guarantee HIV prevention, contraception availability, and correct information on subjects;
221
- 222 c. Empowering women, as well providing them with the information needed to make informed decisions
223 on their sexual reproductive health;
224
- 225 d. Availability of contraception as well as medical services such as blood testing, pap smears, and
226 pregnancy testing;
227
- 228 e. In case of pregnancy resulting from rape, safe abortion, where it is not against the law, should be
229 accessible, limited to a reasonable period of time of pregnancy which is determined by healthcare
230 professionals, this health service should be provided in an accessible, affordable and safe way, and be
231 complemented by psychological care, recognizing that abortion should not be promoted as a method of
232 family planning, STD-prevention or for other inappropriate means as stated in Resolution
233 E/CN.9/2011/8;
234
- 235 19. *Draws attention* to the unequivocal links between sexual and reproductive health rights and HIV/AIDS in order
236 to strengthen synergies in an attempt to form an agreed upon language in the field of sexual and reproductive
237 rights and further multilateral and bilateral policy dialogue;
238
- 239 20. *Calls upon* all Member States to expand funding for UNAIDS' sustainable localized projects and treatment in
240 order to:
241
- 242 a. Increase access to antiretroviral medicines and therapies;
243
- 244 b. Empowering pre-existing community based organization by strengthening the network of UNAIDS'
245 community outreach;
246
- 247 c. Halt the spread of HIV/AIDS in accordance with the MDG goal 6 and SDG goals 9 and 10;
248
- 249 21. *Encourages* Member States to adopt a human rights based approach for the achievement of the SDGs with a
250 three-prong emphasis on the accountability, access, and participation of all Member States.

Code: CPD/1/3

Committee: The Commission on Population and Development

Topic: Realizing Sexual and Reproductive Rights, Health Services and Education

1 *The Commission on Population and Development,*
 2
 3 *Recognizing* the Economic and Social Council (ECOSOC) resolution entitled, “Commission on Human Rights
 4 Report”, otherwise known as E/CN.4/2005/SR.37, which promotes the involvement and empowerment of women
 5 especially in the areas of social and leadership inclusion, safer sex and sexually transmitted infection (STI)
 6 prevention,
 7
 8 *Recalling* the report by the Joint United Nations (UN) Programme on HIV/AIDS (UNAIDS), entitled *Fast Track:*
 9 *Ending the AIDS Epidemic by 2030*, which affirms the importance of approaching pregnant women to demonstrate
 10 the important economic gains when investing in HIV/AIDS prevention and the treatment in low and middle-income
 11 States,
 12
 13 *Recognizing* the importance of forming partnerships with non-governmental organizations (NGOs), including, but
 14 not limited to, Médecins Sans Frontières (MSF) and the Bill and Melinda Gates Foundation in order to make
 15 contraceptives more available in developing countries thereby allowing women to make conscientious, independent
 16 decisions,
 17
 18 *Guided* by the procedures outlined by the United States of America Department of Health and Human Services
 19 Office on Women’s Health regarding prenatal care so as to avoid difficulties during pregnancies,
 20
 21 *Recalling* the *Programme of Action* of the International Conference on Population and Development (ICPD) and its
 22 action to raise social awareness through effective programs in education and mass communication,
 23
 24 *Convinced* that successful programs, policies, and initiatives dealing with sexual and reproductive health (SRH)
 25 should be built upon and echoed by Member States through partnerships with UN bodies and organs as well as
 26 NGOs,
 27
 28 *Realizing* the benefits of involving all members of society in the discussion of sexual and reproductive health and
 29 rights through awareness programs, such as the UN’s HeForShe campaign, and the need for developing strategies
 30 for significantly male-dominated societies, as evidenced through Niger’s highly successful *Schools for Husbands*
 31 program,
 32
 33 *Emphasizing* the success of open communication counseling implemented by the International Planned Parenthood
 34 Federation which provided fertility options for all people living with HIV/AIDS,
 35
 36 *Acknowledging* the lack of access to SRH vaccinations, medications and education in rural areas with regards to the
 37 health issues of HIV/AIDS, Hepatitis C and maternal mortality, and additional gaps in providing treatment services,
 38
 39 *Taking note* of the tremendous increase in social media usage in all parts of the globe and the usefulness of media
 40 and awareness campaigns in bridging the gap of HIV treatment and information about sexual and reproductive
 41 rights,
 42
 43 *Emphasizing* the necessity to further increase contraceptive accessibility with regards to the goal of safe sexual
 44 practices for all,
 45
 46 *Noting with approval* the success of the Uruguayan government’s counseling courses initiative, which worked to
 47 decrease maternal mortality and provide access to inexpensive contraceptive means via prescriptions,
 48
 49 *Reaffirming* the importance of Article 23 of the *2005 Ibero-American Convention on Young People’s Rights* and the
 50 right to education, including sexual education, as a source of personal and effective development,
 51

52 *Emphasizing* the local and national outcomes of the *Geração Biz Programme* in Mozambique, which has scaled up
53 its successful youth HIV prevention and sexual and reproductive health program to a national level,
54

55 *Taking into consideration*, the *13th session of the United Nations Permanent Forum on Indigenous Issues (UNPFII)*,
56 emphasizing sexual education as an essential human right,
57

58 *Noting with deep concern* that the world community has yet to ensure that all children receive a quality education by
59 completing primary school in regions where it is economically and financially difficult to meet such requirements,
60

61 *Acknowledging* that education provides the basis of promotion of gender equality and the empowerment of women,
62

63 *Recognizing* the *Convention on the Elimination of Discrimination against Women (CEDAW)* which states that
64 women living in poverty have the least access to education, health infrastructures and sexual information,
65

66 *Concerned* by the lack of access to appropriate healthcare systems, sexual education for rural and indigenous
67 women, as described by the International Fund for Agricultural Development (IFAD),
68

69 *Emphasizing* the value of using educated local women as role models to promote access to education, as well as
70 sexual education training for girls in local communities,
71

72 *Keeping in mind* the work of UNAIDS in Senegal which successfully lowered the level of HIV in the population
73 from 19.8% to below 1% in six years,
74

75 *Reaffirming* successful implementation of funds provided from donor countries to the United Nations Population
76 Fund (UNFPA),
77

78 1. *Notes* the usefulness of raising sexual consciousness of all country's population in promoting SRH in
79 appropriate and sensible manners as seen through Niger's *Schools for Husbands*, which utilizes existing cultural
80 frameworks;
81

82 2. *Calls upon* Member States to adopt a set health system to tackle STI's and enhance test and diagnosis SRH
83 services such as:
84

85 a. Universal STI screening test recommended for everyone aged 15 to 65, which should consist of a
86 blood or saliva test for human immunodeficiency virus (HIV);
87

88 b. Screening for HIV, hepatitis B, chlamydia and syphilis, especially for pregnant women, which
89 generally takes place at the first prenatal visit for all pregnant women, and gonorrhea and hepatitis C
90 screening tests are strongly recommended at least once during pregnancy for women at high risk of
91 these infections;
92

93 3. *Recommends* the proper prenatal care for women to avoid pregnancy complications and/or death by potentially
94 mirroring the already established procedures within the by potentially mirroring the already established
95 procedures of the United States of America Department of Health and Human Services Offices on Women's
96 Health by promoting:
97

98 a. First trimester screening test which includes a pin prick blood sample and an Ultrasound;
99

100 b. Second trimester screening in which a blood test called the Multiple-Marker Test is used to screen for
101 Down syndrome and neural tube defects;
102

103 c. Third trimester screening which includes a full physical, urine test, and blood test to check for maternal
104 immunity, presence of other possible diseases and overall general health of the women right before
105 labor;
106

- 107 4. *Calls upon* Member States to emulate global, regional, and national initiatives and their principles as found in
108 the following:
109
- 110 a. The ICPD *Programme of Action* which refers to the female right to education which can be addressed
111 as sexual education and reproductive health and the need to involve NGOs, states, and civil
112 organizations in this process;
113
 - 114 b. Nepal's National Policy on Skilled Birth Attendants which was groundbreaking in incorporating
115 midwives and females into the government's SRH approach;
116
- 117 5. *Encourages* having accessible and properly trained local healthcare workers to provide these services by
118 creating support groups and counseling groups for those affected by sexual and reproductive health issues:
119
- 120 a. Working to make current counseling clinics more well-known to citizens of member states as effective
121 means to treat depression and other mental illnesses;
122
 - 123 b. Creating outreach programs such as making a yearly school counselor visit mandatory or strongly
124 recommended to students starting at middle school or the national equivalent;
125
 - 126 c. Working with NGOs such as MSF and the World Concern Project to train social workers or the
127 general public to increase the amount and quality of psychological care;
128
- 129 6. *Recommends* governments to develop, strengthen, and implement effective strategies that target vaccine-
130 preventable sexual diseases such as human papillomavirus (HPV) and promote the development and
131 introduction of new vaccines and technologies to developing states, citing examples of successes in the work of
132 Partners in Health, supported by organizations such as MSF International, and the Global Fund Project in
133 Uruguay;
134
- 135 7. *Urges* Member States to address education disparities in SRH services as stated in the ICPD *Programme of*
136 *Action* and emulate programs such as the United Kingdom's Department for International Development Policy
137 for 2010 which sends professional health care personnel to train local health care workers on current and safe
138 practices in order to make sensible medical decisions and diagnosis;
139
- 140 8. *Encourages* Member States to emulate the International Planned Parenthood Federation's (IPPF) fertility
141 awareness initiative, as an affordable method to promote contraceptive usage among couples, sexually active
142 adolescents and those who may be at risk for contracting HIV/AIDS;
143
- 144 9. *Calls upon* Member States to increase civilian access to contraceptives by:
145
- 146 a. Establishing access to male and female condoms within universities and high schools of willing
147 Member States;
148
 - 149 b. Encouraging the creation and promotion of reproductive health facilities within official state policies;
150
 - 151 c. Calling for the supply of condoms to these health facilities;
152
 - 153 d. Working in collaboration with organizations such as the Bill and Melinda Gates Foundation and the
154 IPPF so as to increase access to contraceptives while being able to maintain low costs to states;
155
- 156 10. *Stresses* the importance of women and girls' rights to education at all levels as well as sex education based on
157 full and accurate information with appropriate direction and guidance from parents and legal guardians;
158
- 159 11. *Endorses* a program similar to the *Geração Biz Programme* in Mozambique which showed to be an effective
160 measure in increasing sexual training education as well as prevention and reproductive health programs at a
161 national level by using three main outlets:
162

- 163 a. Promoting in-school interventions;
164
165 b. Establishing clinical youth-friendly health services (YFHS);
166
167 c. Working towards a community-based outreach through the implementation of trained educators with
168 the aim to provide information on services, life skills and contraception;
169
- 170 12. *Suggests* Member States continue to collaborate with organizations like the UNFPA to improve family planning
171 packages that will provide information regarding young women's health and reproductive rights to girls and
172 women of ages 15 through 30 booklets containing information of women's reproductive health and available
173 resources including education, such as:
174
- 175 a. Regional emergency hotlines,
176
177 b. Contact information of counselors and resource centers;
178
- 179 13. *Recommends* that Member States ensure proper allocation of funds from the UNFPA to healthcare professionals
180 and patients in countries where programs are actively combating the spread of HIV/AIDS and sexual and
181 reproductive rights;
182
- 183 14. *Encourages* participating donor states to allocate more funds to the UNFPA and services included in the
184 program;
185
- 186 15. *Invites* for further funding of development aid in order to properly fulfill SRH services in remote and
187 impoverished regions;
188
- 189 16. *Reaffirming* the use of innovative preventative media campaigns similar to those seen in Brazil, by using large
190 social media events or gatherings to release Public Service Announcements, specifically targeting Brazilian
191 youth through the use of public figures;
192
- 193 17. *Urges* Member States to promote and protect the right of women and girls to education at all levels, providing
194 young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender
195 equality and on dealing positively and responsibly with their sexuality;
196
- 197 18. *Engaging* all members of society in culturally appropriate educational courses implemented within primary and
198 secondary educational institutions, as well as community-based programs and campaign, aimed at raising
199 awareness on sexual and reproductive rights and cultivating respect for women as partners, providers, and
200 caretakers.

The Commission on Population and Development,

1. *Suggests* the involvement of women of all ages and backgrounds across all platforms, including government agencies, healthcare services, leadership positions, with the primary goal of properly addressing their sexual and reproductive needs and situations, as such an approach can guarantee accessibility and representation;
2. *Recommends* swift and effective administration of proper medication and care to women and children diagnosed with HIV/AIDS specifically demonstrated in the MSF program, “Prevent Mother-to-Child Transmission” (Option B+), with the goal of:
 - a. Preventing transmission of the virus to the child in the womb;
 - b. Expanding life expectancy for mothers HIV- positive by reducing the risk of developing opportunistic infections;
 - c. Giving mothers the chance to access antiretroviral medication in spite of their cells in a cubic millimeter of blood (CD4) count;
3. *Encourages* donor governments to re-evaluate resources currently distributed for all SRH-related developments projects, including:
 - a. Monetary donations to support existing financing frameworks;
 - b. Material supplies such as modern health technologies and pharmaceutical drugs;
 - c. Information communication technologies to promote a transfer of knowledge among local, national and private industries;
4. *Encourages* Member States to collaborate with media outlets to inform the public of services provided by each state and relevant partners, like NGOs, such as those seen in the HeforShe campaign or the Janani project, by:
 - a. Suggesting a system similar to AMBER or Imminent Threat Alerts used in the United States of America which entails using text messaging systems to spread information about high incidence of disease in an area and safety tips and information on various aspects of sexual and reproductive health to all cell phone users in each willing nation;
 - b. Promoting campaign outlets such as Facebook, Twitter, and Instagram to spread more awareness about sexual and reproductive health similar to the HeforShe campaign and other sections discussed in this document;
 - c. Reaching out to local news and television stations to increase the spread of such campaigns dealing with contraceptives and other sexual health measures;
 - d. Contacting radio stations to broadcast messages within their broadcast range encouraging the use of contraceptives and safe sexual practices;
 - e. Making sure that these campaigns target both males and females;
5. *Calls upon* Governments to further strive to ensure the complete access to primary school or an equivalent level of education by both girls and boys as quickly as possible, and urges countries to extend education and training to secondary and higher school levels, and to facilitate access to and completion of education at those levels.