

National Model United Nations **Week B**

March 24 – March 28, 2013



Commission on the Status of Women
Documentation

Commission on the Status of Women

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Agenda

1. *Eliminating Preventable Maternal Mortality through the Empowerment of Women*
2. *Fostering a Gender-Sensitive Perspective in Sustainable Development*
3. *Economic, Social and Political Empowerment of Women in the Context of Political Transition*

Resolutions adopted by the committee

Document Code	Topic	Vote (Y/ N/ Abstention/ Non-Voting)
CSW/1/1	<i>Eliminating Preventable Maternal Mortality through the Empowerment of Women</i>	28/2/6
CSW/1/2	<i>Eliminating Preventable Maternal Mortality through the Empowerment of Women</i>	Acclimation
CSW/1/3	<i>Eliminating Preventable Maternal Mortality through the Empowerment of Women</i>	27/2/7
CSW/1/4	<i>Eliminating Preventable Maternal Mortality through the Empowerment of Women</i>	19/11/6
CSW/1/5	<i>Eliminating Preventable Maternal Mortality through the Empowerment of Women</i>	19/9/8
CSW/1/6	<i>Eliminating Preventable Maternal Mortality through the Empowerment of Women</i>	22/8/6

Summary Report

The Commission on the Status of Women held its annual session to consider the following agenda items: 1) *Economic, Social and Political Empowerment of Women in the Context of Political Transition*, 2) *Fostering a Gender-Sensitive Perspective in Sustainable Development* and 3) *Eliminating Preventable Maternal Mortality through the Empowerment of Women*.

The session was attended by representatives of 40 Member States. The session opened with several statements concerning the adoption of the agenda. At its first meeting, the Commission adopted its agenda, beginning with consideration of *Eliminating Preventable Maternal Mortality through the Empowerment of Women*.

On the second day, the committee split into working groups and started working on sub-topics. The main issue that emerged in the discussions was the achievement of the Millennium Development Goal Five (Improve Maternal Health) and the Millennium Development Goal Three (Promote Gender Equality and Empower Women). Several suggestions were brought forward, such as education for better use of contraceptives and practices in sexual reproductive health, combating sexual violence, and creation of women empowerment programs. At the end of the third session, the dais received two working papers.

By the end of the fourth session, a total of six working papers were received and edited by the dais. Several ideas were underlined by the delegates such as making health clinics more accessible for women in need of pre-natal or post-natal care and the reform of the membership composition and mandate of the Committee for the Elimination of All Forms of Discrimination against Women. Some papers also proposed to build women empowerment programs with the help of local elected officials and to use social media for public education campaigns. Before concluding the sixth session, the dais approved the first draft resolution.

During the last day, a motion was made to suspend the meeting after few speeches were entertained. The meeting suspension was extended to allow more countries to submit the final corrections of their working papers before the deadline. Finally, the dais accepted a total of six draft resolutions. After the draft resolutions were on the floor, several friendly amendments and no unfriendly amendments were further approved by the dais, demonstrating good collaboration and dialogue among the present Member States.

The last committee session was primarily devoted to voting procedures. The Commission on the Status of Women reaffirmed its engagement to make this issue a priority when all six draft resolutions passed to become resolutions, with CSW/1/2 adopted by acclamation and the others adopted after roll call votes on each. The conference ended with the Member States agreeing to meet again in the future in order to discuss the impact of the adopted resolutions.

Code: CSW/1/1

Committee: Commission on the Status of Women

Subject: *Eliminating Preventable Maternal Mortality through the Empowerment of Women*

NIMLINTV

- 1 *Highlighting* midwifery as a distinct and crucial occupation for women and for the prevention of
- 2 inadequate treatment and post-natal care of pregnant women, especially in remote areas,
- 3
- 4 *Emphasizing* the lack of access to and the inadequate number of properly trained midwives and
- 5 qualified medical professionals who provide pre- and post-natal maternal health care to women
- 6 across the globe,
- 7
- 8 *Bearing in mind* how essential regional clinics staffed by quality healthcare professionals can
- 9 help to decrease maternal mortality,
- 10
- 11 *Emphasizing* the need to increase overall knowledge and awareness of the issue of maternal
- 12 health,
- 13
- 14 *Observing* that education initiatives focused upon sanitation and water cleanliness in native and
- 15 indigenous languages are key to the overall health and wellbeing of the mother,
- 16
- 17 *Realizing* the difficulties involved with transportation for rural communities and, thus, the need
- 18 for mobile health clinics,
- 19
- 20 *Recognizing* how effective financial and non-financial incentives can be in increasing the number
- 21 of midwives in each Member State,
- 22
- 23 *Reaffirming* WHA42.27, 45.5, and WHA59.27, all of which demonstrate the importance of
- 24 midwifery,
- 25
- 26 *Observing* the frequent discrimination against pregnant women in the workforce that limits the
- 27 empowerment of women everywhere,
- 28
- 29 *Noting further* how effective associations and organizations that unite workers of the same
- 30 profession are in establishing a voice on their behalf,
- 31
- 32 *Taking into account* the fundamental benefit of basic training initiatives and a comprehensive
- 33 medical curriculum when developing strong and comprehensive healthcare practices,
- 34
- 35 *Recalling* the 10 recommendations listing in the “Keeping Promises, Measuring Results” report
- 36 of the UN Commission on Information and Accountability for Women’s and Children’s Health,
- 37
- 38 *Realizing* the need for funding from international financial institutions to assist developing
- 39 countries in establishing these programs,
- 40
- 41 *Reaffirming* the importance of Millennium Development Goal Five which addresses the issue of
- 42 maternal mortality,
- 43

44 *The Commission on the Status of Women,*

45

46 1) *Recognizes* midwifery as a distinct and unique profession that provides meaningful and
47 necessary assistance for maternal health;

48

49 2) *Emphasizes* the need to establish financial and non-financial incentives to provide for an
50 increase in the number of midwives throughout the globe;

51

52 3) *Urges* all Member States to implement incentives for local and regional governing bodies
53 that focus on providing sustainable educational programs, which empower and enlist
54 women to work within regional and local midwifery programs to provide for pre- and
55 post-natal care to women:

56

57 a. These programs would be overseen by the United Nations Entity for Gender
58 Equality and the Empowerment of Women while the distribution of funds will be
59 overseen by the World Health Organization;

60

61 b. These educational programs would allow for any and all women to pursue
62 professional midwife training;

63

64 c. The United Nations Fund for Gender Equality, United Nations Entity for Gender
65 Equality and the Empowerment of Women, and the World Bank will commit the
66 necessary funds as determined by the World Health Organization for the
67 development of such educational programs;

68

69 4) *Encouraging* Member States to establish a catalogue of practices and traditions regarding
70 midwife practices and birthing practices unique to their communities to increase
71 medicinal knowledge throughout various regions:

72

73 a. The World Health Organization will be responsible for the maintenance and
74 distribution of the catalogue of practices as well as for any training required to
75 understand and practice the techniques found within the catalogue and will
76 include such findings in their “Midwife Training Module” program;

77

78 5) *Calls for* the implementation of health clinics on a regional level focusing on consultation
79 and pre- and post-natal care to provide for the medical needs of women who do not have
80 ready access to established medical facilities and personnel, in order to:

81

82 a. Create access to basic laboratory services, all necessary medicines, and qualified,
83 volunteer medical professionals;

84

- 85 b. The World Health Organization will be responsible for the maintenance and
86 administration of these clinics and funding will be appropriated from the United
87 Nations Entity for Gender Equality and the Empowerment of Women, and the
88 World Bank;
89
- 90 6) *Encourages* these facilities to adopt programming and education initiatives that address
91 the issues of hygiene and clean water practices to help ensure the health of pregnant
92 women and the community as a whole that will serve in areas that exist outside the
93 accessibility and geographic location of established medical facilities including rural and
94 nomadic areas in the languages of the areas;
95
- 96 7) *Encourages* Member States to support the installation of mobile health clinics to meet the
97 adjusting needs of communities throughout their regions to be funded through the
98 combined efforts of the United Nations Entity for Gender Equality and the Empowerment
99 of Women, and the World Bank and to be overseen by the World Health Organization;
100
- 101 8) *Declares accordingly* that Member States ought to take steps to ensure that those who
102 practice midwifery professionally are viewed as health care providers and an inherent key
103 towards maternal health throughout the globe, which would:
104
- 105 a. Designate the need to provide safe workplace environments for those who
106 participate in midwifery careers;
107
- 108 b. Affirm that Member States seeking to ensure that career opportunities, including
109 but not limited to, teaching and practicing, are open to those who participate in
110 midwife training;
111
- 112 9) *Declares accordingly* that women who are pregnant or who intend to become pregnant
113 must receive adequate protections in the workplace by charging the United Nations Entity
114 for Gender Equality and the Empowerment of Women to establish suitable international
115 equality norms and standards;
116
- 117 10) *Encourages* the establishment of an association of midwives on the regional level
118 comprised of local associations within Member States that can provide networking,
119 educational practices, and other necessary exchanges of information between midwives
120 throughout Member States:
121
- 122 a. Encourages Member States to provide both financial and non-financial incentives
123 to encourage individuals and women to pursue healthcare professionals in an

124 attempt to build and maintain a sustainable medical professional network within
125 each Member State;



126
127 11) *Calls for* Member States to increase the size of existing midwifery training and education
128 programs throughout Member States by providing post-basic training initiatives to
129 include professional development courses which can provide a more uniform standard of
130 training and enfranchise a new body of midwives that address the issue of maternal health
131 in an effort to decrease maternal mortality by:

- 132
133 a. Affirming curricula that ensure that those conducting midwife practices are
134 competent and able to provide adequate health care;
- 135
136 b. Endorsing the dissemination of information between Member States regarding
137 curricula in an effort to incorporate regional and cultural practices with traditional
138 institutional practices;
- 139
140 c. Encouraging Member States to provide for the increased dispersion of midwives
141 throughout their territories to meet the needs of rural communities;

142
143 12) *Invites* Member States to create efficient technology systems for public health
144 information within developing countries which would be overseen by the World Health
145 Organization in order to:

- 146
147 a. Promote health care organizations and regional infrastructure with administrative,
148 financial, and management information;
- 149
150 b. Encourages the body to raise awareness among Member States through incentives
151 such as, but not limited to, facts sheets and posters on healthcare information
152 especially focused on maternal mortality risks;
- 153
154 c. The total cost of the development of such programs will be funded through the
155 United Nations Entity for Gender Equality and the Empowerment of Women and
156 the World Bank;

157
158 13) *Supports* existing under the supervision of and being distributed funds by organizations
159 such as, but not limited to, United Nations Entity for Gender Equality and the
160 Empowerment of Women and the World Bank;

161

- 162 14) *Encourages* the distribution of international funding from various institutions to provide
163 accessibility of funds to developing countries to cover all above costs and any incidental
164 costs that may arise as these programs are established and operating;
165
- 166 15) *Expresses* our full support to allocate these budgets to expand and improve education and
167 health initiatives throughout the globe.

Code: CSW/1/2

Committee: Commission on the Status of Women

Subject: *Eliminating Preventable Maternal Mortality through the Empowerment of Women*



1 *Emphasizing* that real progress toward the reduction of maternal mortality rates (MMR) and
2 the empowerment of women in general cannot be achieved without the full inclusion of
3 women in all spheres of society, including leadership roles in development projects and
4 human rights campaigns,
5

6 *Aware of* the necessity of leadership development programs for women and young girls in
7 enabling them to serve in leadership positions and be advocates for change in the realms of
8 maternal mortality, HIV/AIDS, and rape prevention,
9

10 *Affirming* the need for collaboration and cooperation amongst women and girls who serve as
11 local leaders in the development of ideas and strategies for addressing issues of women's
12 rights, maternal health, HIV/AIDS, rape prevention, and the further promotion of women's
13 empowerment,
14

15 *Recognizing* the importance of the role that international cooperation plays in the creation of
16 effective strategies for the empowerment of women in development,
17

18 *Realizing* the significant and positive role that local women's voices and perspectives can
19 play in promoting awareness of, and serving as, educators about issues relating to maternal
20 health,
21

22 *Observing* the connection between rape and the increasing feminization of HIV/AIDS, and
23 that HIV/AIDS has a disproportionate impact on women and contributes significantly to
24 MMR, especially in underdeveloped countries,
25

26 *Fully believing* that the involvement of women on a community level in HIV/AIDS
27 awareness and education is crucial in addressing the HIV/AIDS crisis, while keeping in mind
28 the need for full community involvement in supporting women who are rape victims, and
29 women who have contracted HIV/AIDS as a result of rape,
30

31 *Welcoming* the incorporation of men in anti-rape education and expanded cooperation
32 between men and women in addressing rape, sexual violence, and sexual health,
33

34 *Noting with alarm* the role that paramilitary and rebel groups play in using rape as a weapon
35 of war, classified as a crime against humanity, and perpetuating and the further oppression of
36 women,
37

38 *The Commission on the Status of Women,*
39

- 40 1) *Supports* the establishment of National Women's Empowerment Programs (NWEPs)
41 within Member States, functioning as a collaboration between national-level and
42 local-level government and NGOs, in which local communities would designate or
43 elect women leaders to participate in one of several initiatives devoted to an area

- 44 related to women's maternal health and empowerment, such as anti-rape advocacy,
45 HIV/AIDS education and sexual health awareness, and leadership development:
46
- 47 a) The advocacy campaigns, curricula, and courses of action for NWEP projects
48 would be developed and determined by a national-level committee and taught
49 on a local level by the designated or elected women leaders;
50
- 51 2) *Invites* Member States to develop mentorship and leadership programs in which
52 communities would delegate or elect local women who can educate and provide
53 young girls with the resources, support, confidence and motivation to become
54 community leaders, thus, supporting the increased presence of women in local,
55 national, and international leadership positions;
56
- 57 3) *Recommends* the creation of NWEP programs in which local communities would
58 meet annually to nominate a number of girls based on population and women leaders
59 from their community proportionate to the population of the community to attend a
60 yearly summit in their respective country's capital where they can discuss the current
61 issues they face and share advocacy strategies and move toward a unified national
62 plan for women's empowerment:
63
- 64 a) Funding for these initiatives would come from the UN Women Fund for
65 Gender Equality and Italy and be distributed to the NWEPs within the
66 Member States receiving the funding, who would then allocate these funds to
67 local communities that have been deemed to be in need;
68
- 69 4) *Encourages* NWEPs to develop women's maternal health programs in which
70 communities would designate or elect local women as leaders who can educate other
71 women and their partners about maintaining healthy relationships, pregnancy,
72 nutrition, and family planning:
73
- 74 a) Funding for these initiatives would come from the United Nations Population
75 Fund (UNFPA)'s Maternal Health Thematic Fund and Germany which would
76 be distributed to the Member States receiving the funding who would then
77 allocate these funds to local communities that the State deems to be in need;
78
- 79 5) *Suggests* that NWEPs establish HIV/AIDS education and sexual health awareness
80 campaigns, operating on a community-by-community basis, in which communities
81 would designate or elect women leaders who can educate women in their community
82 and their partners about safe sex practices, prevention of the transmission of
83 HIV/AIDS, hold workshops for adults, presentations for children in schools, special
84 programming for women who have contracted HIV as a result of rape, and provide
85 well-being and social support for community members who are HIV positive and
86 those who have contracted HIV as a result of rape:
87
- 88 a) Funding for these initiatives would be provided by the United Nations
89 Development Program (UNDP), the Joint United Nations Program on HIV
90 and AIDS (UNAIDS) in conjunction with The Global Fund, and the United
91 States of America, and be distributed to the NWEPs within the states

- 92 receiving the funding, who would then allocate these funds to local
93 communities that have been deemed to be in need;
- 94
- 95 6) *Recommends* that NWEPS create anti-rape advocacy campaigns in which local
96 communities would designate or elect women as leaders who would work within
97 their communities towards rape prevention and response plans, specifically focusing
98 on rape as a weapon of war and as a violation of basic human rights:
99
- 100 a) Funding for these initiatives would be provided by NGOs such as the
101 International Rescue Committee, Stop Rape Now, and Peace Women and be
102 distributed to the NWEPS within the states receiving the funding, who would
103 then allocate these funds to local communities that have been deemed to be in
104 need;
105
- 106 7) *Welcomes* the use of NWEPS in providing education for male leaders within local
107 communities so they can mentor young boys about the immorality and negative
108 effects of rape in their community, as well as raising awareness of the health
109 consequences:
110
- 111 a) Funding for these initiatives would be provided by NGOs such as the
112 International Rescue Committee, Stop Rape Now, and Peace Women and be
113 distributed to the NWEPS within the states receiving the funding, who would
114 then allocate these funds to local communities that have been deemed to be in
115 need;
116
- 117 8) *Encourages* Member States, the International Community, and the International
118 Criminal Court to take a more active stance in the arrest and punishment of leaders of
119 militias who are responsible for the use of rape as a weapon of war, and to prosecute
120 leaders guilty of rape as swiftly as possible;
121
- 122 9) *Welcomes* international cooperatives dedicated to enabling and encouraging
123 adolescent girls in developing countries to enroll in study abroad programs in
124 developed countries which will teach them about effective strategies for leadership,
125 reproductive rights, maternal health, anti-rape advocacy, and HIV/AIDS prevention
126 so they can take these strategies and apply them to their local communities.
127

Code: CSW/1/3

Committee: Commission on the Status of Women

Subject: *Eliminating Preventable Maternal Mortality through the Empowerment of Women*



1 *Recognizing* the approaching 2015 deadline for the Millennium Development Goals (MDGs),
2 especially noting Goals 3 and 5 concerning women's empowerment, and maternal mortality,

3
4 *Reaffirming* the Beijing Declaration and Platform for Action (BPFA) and its role as a basis for
5 women's rights and the empowerment of women, specifically Strategic Operative C. Women and
6 Health, and the Convention on the Elimination of All Forms of Discrimination against Women
7 (CEDAW) and its stress on gender-specific health policy,

8
9 *Deeply disturbed* by the fact that nearly 800 women die from preventable causes related to
10 pregnancy and childbirth a day according to the World Health Organization (WHO),

11
12 *Reaffirming* the continued commitment to implementing A/RES/56/3 and its call to strengthen
13 comprehensive health services in all Member States,

14
15 *Noting with satisfaction* the support provided by Maternal Health Thematic Fund of the United
16 Nations Population Fund (UNFPA) in the past, especially that of working with governments to
17 ensure maternal health as a central pillar within New Health Sector Development plan,

18
19 *Strongly affirms* the importance of universal access to skilled care during labor and delivery,

20
21 *Determined* to carry out the objectives of the International Conference on Population and
22 Development Programme of Action and its mission to expand maternal health services,

23
24 *Acknowledging* the success of the Investing in Midwives and others with Midwifery Skills
25 program implemented by the UNFPA and that professionally trained midwives play an essential
26 role in achieving the Millennium Development Goals,

27
28 *The Commission on the Status of Women,*

29
30 1) *Calls* for all Member States to commit themselves to working towards achieving
31 Millennium Development Goal 5.A and 5.B worldwide, and to use whatever existing
32 resources to continue their work towards these goals;

33
34 2) *Encourages* the implementation of effective national health care systems as a
35 preventative measure to maintain general health and promote regular doctor visits
36 including mammograms, gynecology check-ups and annual physicals for women and
37 girls with international organizations such as Medecins Sans Frontiere;

38
39 3) *Recommends* the implementation of national policies that create a favorable
40 framework in order to make affordable health services more accessible for all and
41 especially for those threatened by maternal mortality;

42
43 4) *Promotes* increasing the number of female representatives in national healthcare

44 commissions and governmental health departments in order to ensure that women's
45 healthcare concerns are emphasized and perpetuated in line with a female perspective,
46 along with increasing the presence of women as health workers in order to empower
47 women on a medical and economic basis and to enhance the awareness of the of the
48 matter;

49
50 5) *Recommends* that Member States, with the aid and oversight of the United
51 Nations Educational, Scientific and Cultural Organizations Advisory group on sexual
52 education, include within their health systems an emphasis on education through
53 comprehensive, gender specific public health seminars and informative literature
54 pertaining to the use of contraceptives, safe sex practices, hygiene, nutrition, and safe
55 motherhood programs, as well as the training of local women as health educators so that
56 they may incorporate site-specific information and methods;

57
58 6) *Requests* that national governments and international actors provide incentives for
59 local governments that fund well-planned and implemented programs addressing equality
60 measures in health policy

61
62 7) *Calls upon* the UNFPA to pursue and extend their programs for the training of
63 midwives as a way to provide safer conditions for women delivering and as a way to
64 empower women in the working sector;

65
66 8) *Asks* that Member States accommodate cultural standards by hosting community
67 forums on local and national levels that allow community and cultural leaders along with
68 citizens to voice their opinions and concerns in connection to these new institutions and
69 infrastructure;

70
71 9) *Endorses* increasing the availability of contraceptives to all cities and local
72 provinces in line with previous United Nations resolutions, through the aid of private and
73 public distribution centers along with the documentation of the recipient's demographic
74 information purely anonymous and solely used for informative data purposes, this should
75 be coupled with extensive social promotion of these facilities and their accommodations
76 to inform women of their existence;

77
78 10) *Calls* nations to work with the EuroNGOs in order adhere to the recommendations
79 made in this documents, specifically concerning sexual and reproductive health and rights
80 (SRHR) in an attempt to raise both the national and international standard for gender
81 equality.

Code: CSW/1/4

Committee: The Commission on the Status of Women

Subject: *Eliminating Preventable Maternal Mortality through the Empowerment of Women*

1 *Alarmed* that, according to the World Health Organization (WHO), 800 women die every
2 day due to preventable maternal mortality and 99% of these deaths occur in developing
3 nations,

4
5 *Noting with regret* that 2.5 million adolescent girls unsafely attempt to terminate
6 unwanted pregnancies,

7
8 *Noting* that those regions where the prevalence of HIV/AIDS is amongst the highest in
9 the world, also have some of the highest rates of maternal mortality exists as some of the
10 highest in the world,

11
12 *Alarmed by the fact* that 18% of maternal mortality deaths are caused by failings in a
13 woman's immune system due to HIV/AIDS, especially in sub-Saharan Africa and South
14 Asia according to the Health and Human Rights Journal,

15
16 *Guided by Millennium Development Goal 5 (MDG 5), the Global Strategy for Women's*
17 *and Children's Health, the Convention on the Elimination of all forms of Discrimination*
18 *Against Women (CEDAW), A/HRC/RES/11/8, and all other relevant documents focusing*
19 *on female healthcare and the status of women,*

20
21 *Emphasizing* that the prevalence of HIV/AIDS has undermined rural communities'
22 abilities to adequately, timely and effectively address female health concerns such as
23 maternal mortality,

24
25 *Understanding* that prior efforts to mitigate maternal mortality have focused on providing
26 obstetric care rather than preventing unplanned and high-risk pregnancies,

27
28 *Observing* that many efforts to decrease the number of HIV/AIDS infections have
29 resulted in efforts to educate the public about sexual and reproductive health,

30
31 *Realizing* that augmented access to education regarding rights about sexual and
32 reproductive health would greatly empower women, lower the maternal mortality ratio
33 (MMR), and eliminate high-risk pregnancy,

34
35 *Recognizing* that many sociocultural norms and traditions prevent topics regarding sexual
36 education from being openly discussed in educational facilities, amongst families, and in
37 governmental legislation,

38
39 *Having considered further* that a woman's HIV/AIDS status and/or unplanned
40 pregnancies can result in her subsequent ostracization,

41

42 *Bearing in mind* that media campaigns, grassroots movements and bottom-up approaches
43 have been extremely successful in furthering human rights campaigns globally,
44

45 *Affirming* that the global MMR is alarmingly high especially due to the preventable
46 nature of these deaths,
47

48 *Desiring* that all Member States act upon their promise of empowering women by
49 providing them with access to basic necessities and fundamental human rights such as
50 healthcare especially to mitigate maternal mortality,
51

52 *The Commission on the Status of Women,*
53

- 54 1. *Recognizes* the sovereignty of each individual Member States and acknowledges
55 the different sociocultural identities and norms as the main foundations of
56 Member States and its role in solving maternal mortality and morbidity;
57
- 58 2. *Realizes* that in areas where the rate of HIV/AIDS is high, the MMR is also quite
59 prevalent;
60
- 61 3. *Notes* that areas in which HIV/AIDS rates are high, voluntary counseling and
62 testing centers (VCTs) have been shown to make progress within those regions
63 especially regarding HIV/AIDS testing, sexual and reproductive counseling,
64 family planning and providing health education specifically targeting adolescents;
65
- 66 4. *Stresses* that these VCTs are anonymous centers that will maintain the
67 confidentiality and integrity of those who seek their services;
68
- 69 5. *Recommends* the integration of maternal mortality awareness within these already
70 created centers by:
 - 71 a. Employing health care professionals as counselors and practitioners in order
72 to maintain adequate and nondiscriminatory health care especially targeted at
73 women;
 - 74 b. Encouraging counselors to educate local peoples about reproductive and
75 sexual health;
 - 76 c. Integrating a national educational curricula while cognizant of cultural
77 traditions;
 - 78 d. Providing access to contraceptives and family planning services if the status
79 of such practices are legal within the Member States' legislation;
 - 80 e. Teaching about sexual and reproductive health by implementing flyers and
81 posters in all local languages regarding sexual and reproductive health,
82 pregnancy and HIV/AIDS within the center;
- 83
- 84 6. *Appreciates* the significance and merits of media and its impact on a populous
85 especially regarding advocacy of human rights' campaigns;
86
- 87 7. *Encourages* the promotion of a campaign through the use of media and

- 88 communication technology such as:
- 89 a. The Internet and social media by informing the community about VCTs;
- 90 b. Radio and telecommunications;
- 91 c. Banners, posters, flyers and other materials;
- 92 d. Trained healthcare professionals willing to engage in a grassroots
- 93 informational exchange with the local community;
- 94
- 95 8. *Suggests* that Member States utilize social media upon its discretion, especially
- 96 regarding particular topics to be discussed;
- 97
- 98 9. *Suggests further* that Member States offer, according to their discretion,
- 99 approximately 0.05% of their GDP as subsidies to VCT centers that are willing to
- 100 incorporate the maternal mortality program and where applicable contraceptives
- 101 and family planning services within their HIV/AIDS curriculum;
- 102
- 103 10. *Requests* Member States to work in conjunction with non-governmental
- 104 organizations (NGOs) and other UN-sanctioned bodies to create VCTs in areas
- 105 where they are not prevalent;
- 106
- 107 11. *Asks* UN Women, the WHO, and other willing organizations to increase funding
- 108 towards this effort, especially in Member States beginning to develop VCTs;
- 109
- 110 12. *Welcomes* all Member States to augment funding towards Member States willing
- 111 to integrate these educational programs within the VCTs;
- 112
- 113 13. *Urges* all Member States to submit bi-annual reports to the Commission on the
- 114 Status of Women and the WHO regarding the:
- 115 a. Current MMR in their nation;
- 116 b. Curriculum being used in the VCTs' educational materials;
- 117 c. Number of people attending the educational programs in the VCTs;
- 118 d. Appropriation of funds being utilized to further these programs;
- 119
- 120 14. *Reminds* all Member States of the importance of eliminating and mitigating
- 121 preventable maternal mortality especially in developing Member States as a
- 122 means of empowering all women.
- 123

Code: CSW/1/5

Committee: The Commission on the Status of Women

Subject: *Eliminating Preventable Maternal Mortality through Empowerment of Women*

- 1 *Acknowledging* the Convention for the Elimination of All Forms of Discrimination against
2 Women (CEDAW), and its efforts to reduce gender inequality,
3
- 4 *Noting* that the Committee for the Elimination of All Forms of Discrimination against Women
5 stemmed from CEDAW and that its composition and structure must be revised,
6
- 7 *Bearing in mind* that CEDAW has made great efforts to resolve women's issues around the globe
8 and that their contribution has been successful in fostering the empowerment of women,
9
- 10 *Noting with deep concern* that most Member States are signatories of CEDAW but only a
11 selected group of 23 Member States form the Committee for the Elimination of All Forms of
12 Discrimination against Women,
13
- 14 *Regretting* that due to the selective composition of the Committee for the Elimination of All
15 Forms of Discrimination against Women, it fails to take into account the cultural differences that
16 prevail in many regions around the world based on traditional and religious beliefs,
17
- 18 *Deploring* that the exclusion of Member States with diverse perspectives on the role of women
19 will lead to a problematic approach to those issues affecting women such as Maternal Mortality
20 Rates (MMR),
21
- 22 *Bearing in mind* that the Committee for the Elimination of All Forms of Discrimination against
23 Women could fully contribute to the reduction of MMR from a global perspective if the
24 participation and opinion of all Member States were included within the convention,
25
- 26 *Respecting* the Eastern and Western perspectives regarding the role of women including the
27 participation of men, as men are the minority within the committee,
28
- 29 *Noting with approval* A/RES/66/167, that focuses on the right to self-determination for all
30 Member States,
31
- 32 *Understanding* that a platform for discussion is necessary regarding cultural and religious
33 sensitivity,
34
- 35 *Desiring* the inclusion of all Member States in the participation of the Committee on the
36 Elimination of Discrimination against Women leads to the reduction of gender inequalities
37 through the consensus of participating parties,
38
- 39 *Reminding* that the Committee on the Elimination of Discrimination against Women has
40 established goals that could further promote the achievement of the Millennium Development
41 Goals (MDGs), specifically MDG Three, Promote Gender Equality and Empower Women, and
42 Five, Improve Maternal Health,
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44 *The Commission on the Status of Women:*

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- 1) *Proclaims* that the exclusion of Member States who are signatories on CEDAW but have been excluded from the Committee for the Elimination of Discrimination against Women has led to a disruption of the fulfillment of CEDAW's goals regarding the empowerment of women;
- 2) *Calls upon* all Member States to establish a weeklong convention that addresses the current composition of the Committee on the Elimination of Discrimination Against Women in order to understand all issues regarding the development of women including MMR from a global perspective;
- 3) *Requests* that during this convention Member States discuss ways to diversify:
 - a. Committee composition;
 - b. Committee Member State election processes;
 - c. Membership of the Committee on the Elimination of Discrimination against Women;
- 4) *Recommends* that this convention take place at least six months prior to the next meeting of the Committee on the Elimination of Discrimination against Women on July 14th, 2014, and no later than November 30th, 2013;
- 5) *Encourages* Member States to support diverse perspectives regarding the role of women in society to address the growing concern regarding the political, economic, and cultural empowerment of women by:
 - a) Introducing gender quotas within the Committee on the Elimination of Discrimination against Women;
 - b) Avoiding the consolidation of power relations within institutions and political systems working within the Committee on the Elimination of Discrimination against Women in order to make them more responsive;
- 6) *Invites* all Member States to attend this convention in order to achieve full participation on the discussion meetings of this convention;

- 83 7) *Reaffirms* the need to reach a consensus to improve current MMR through attempting to
84 reform areas affecting women based on the stance of their State regarding traditional
85 customs and religious beliefs;
86
- 87 8) *Further requests* that all participatory Member States be attentive towards the
88 relationship of women within all levels of society including culture and religion within
89 the private sphere, households, and family;
90
- 91 9) *Further encourages* understanding of cultural and religious factors developed among
92 Member States that would allow for cooperation with women’s organizations regarding
93 issues related to gender equality;
94
- 95 10) *Urges* the correction of the imbalances in terms of State participation and the unequal
96 recognition of a State’s belief in the role of women in society within the Committee on
97 the Elimination of Discrimination against Women;
98
- 99 11) *Approves* the implementation of gender balances from cultural, political, social, and
100 religious standpoints imposed by the current members of the Committee on the
101 Elimination of Discrimination against Women;
102
- 103 12) *Supports* the inclusion of all Member States that are currently unrecognized in their
104 divergence on political, social and religious opinion.
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Code: CSW/1/6

Committee: Commission on the Status of Women

Subject: *Preventing Maternal Mortality through the Empowerment of Women*

- 1 *Recognizing* the essential role of Non-Governmental Organizations (NGOs) in each Member
2 State to provide educational opportunities for all people,
3
4 *Noting with deep concern* the lack of accessible health facilities that provide affordable services,
5
6 *Keeping in mind* the measures outlined in the Convention on the Elimination of All Forms of
7 Discrimination against Women (CEDAW) and it's commitment to the empowerment of women,
8
9 *Reaffirming* the results of the United Nations Fourth World Conference in 1995, the Beijing
10 Platform for Action (BPFA) which promotes education and training for all stakeholders such as
11 parents, decision makers, opinion leaders at all levels of the communities including religious and
12 traditional authorities to unite for the achievement of maternal health and the empowerment of
13 women,
14
15 *Noting with deep concern* the inadequacies in the current programs dealing with maternal
16 mortality,
17
18 *Noting with approval* the success in Rwanda and Eritrea regarding the incorporation of women in
19 the representative process,
20
21 *Fully believing* in the use of communicative methods and all forms of media to educate citizens,
22
23 *Further acknowledging* the guidelines set forth in the International Conference of Population and
24 Development's Program of Action,
25
26 *Fully aware* of the impact that primary and secondary educational facilities can have on
27 communities,
28
29 *Emphasizing* the importance of international cooperation in the achievement of all Millennium
30 Development Goals (MDGs), specifically Goals 3 and 5 concerning the empowerment of women
31 and the eradication of preventable maternal mortality,
32
33 *Emphasizing* the importance of access to clean water for pregnant women in all regions,
34
35 *Keeping in mind* the necessity of specificity regarding unique problems of Member States from
36 an international perspective,
37
38 *Seeking* international healthcare experts to collaborate about medical techniques and research,
39
40 *Fully believing* that information sharing between Member States' healthcare professionals are
41 essential,
42
43 *Taking into consideration* the benefits of partnerships between Member States through the use of

44 Non-Profit Organizations, including increased employment for citizens of participating member
45 states, organized allocation of funds through a non-biased entity, and the merits of increased
46 diplomacy in a non-political domain,
47

48 *Strongly affirms* the improvement that Sexual and Reproductive Rights (SRHR) could have on
49 the lives of women worldwide,
50

51 *Bearing in mind* the indisputable importance of national NGOs when looking to confront issues
52 both domestically and regionally,
53

54 *Noting with alarm* the 1,500,000 estimated number of pregnant women worldwide living with
55 HIV/AIDS who need antiretroviral medicine to prevent mother-to-child transmission of HIV,
56

57 *Stressing* that all actions taken in order to reduce maternal mortality rates (MMR) must be done
58 at the most appropriate discretion and capability of every single Member State,
59

60 *Recognizing* that sovereignty is fundamental for each Member State,
61

62 *Understanding* the positive influences of social media campaigns, such as The Girl Effect,
63

64 *Recognizing* that women in certain areas are deprived of access to contraceptives due to social,
65 economic, or cultural barriers,
66

67 *Valuing* the UN Women's Fund for Gender Equality,
68

69 *The Commission on the Status of Women*,
70

71 1) *Expresses* its belief that education and multilateral cooperation between Member States,
72 NGOs, and United Nations bodies are the main keys to improving maternal health and
73 empowering women by providing vocational and international training programs;
74

75 2) *Calls upon* all willing and able Member States to support health readiness in facilities that
76 provide women with basic health services provided by partnerships with NGO's such as
77 Doctor's Without Borders and funded in partnership with the World Health Organization and
78 the UN Women's Fund for Gender Equality, such as:
79

80 a) Accessible and affordable doctor visitations;
81

82 b) Free prenatal care;
83

84 c) Monthly nutritional pregnancy guides;
85

86 d) Parenthood readiness counseling overseen by the World Health Organization;
87

88 3) *Expresses* its hope for women of all nations, regardless of religious and cultural norms, to
89 realize the right to a safe form of birth control, the right to the proper reproductive education,

90 and the right to quality reproductive healthcare which is has been established as a Universal
91 Human Right;

92
93 4) *Encourages* Member States to provide education about contraceptives and pregnancy in
94 health clinics, schools, and communities, funded by the Maternal Health Thematic Fund and
95 overseen by World Health Organization specifically about:

96
97 a) Birth control methods;

98
99 b) Condoms;

100
101 c) Awareness of sexually transmitted infections (STIs);

102
103 d) Nutrition and care for pregnant women;

104
105 e) Delivery in pregnancy;

106
107 5) *Further encourages* UN bodies such as the World Health Organization (WHO) and NGOs
108 such as the Red Cross along with UN-sponsored public-private partnerships improve access
109 to emergency obstetric care that focus on village and rural areas in need, especially through
110 education programs that compensate for the inadequacies in existing programs regarding the
111 special needs of women and girls, such as:

112
113 a) Sexual education;

114
115 b) Education on reproductive rights;

116
117 c) Methods of birth control;

118
119 6) *Endorses* the call for an increase in the number of female representatives in governmental
120 health departments and the overall health industry worldwide for the purposes of making sure
121 that the needs of women are acknowledged;

122
123 7) *Emphasizes* the usage of social media campaigns to educate men and women on the various
124 methods of preventing maternal mortality by:

125
126 a) Endorsing the use of technologies and social media campaigns in order to publicize
127 and educate citizens on maternal mortality, like the Campaign on the Acceleration of
128 Reduction of Maternal Mortality in Africa (CARMMA);

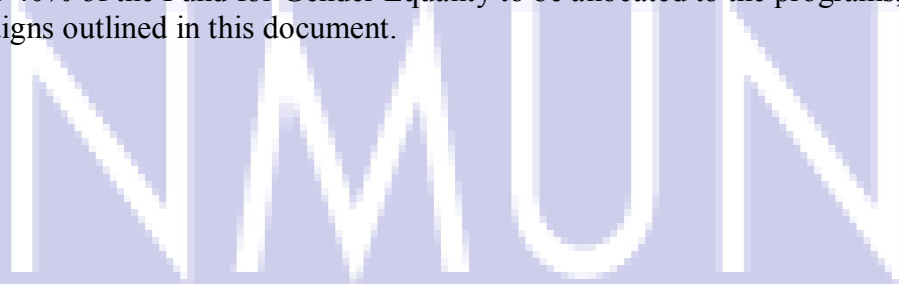
129
130 8) *Calls* for all Member States to abide and formulate national legislation regarding
131 women's sexual rights in accordance to chapter 7 and 8 of the International Conference of
132 Population and Development's Program of Action;

133
134 9) *Calls upon* developed Member States and developing Member States to incorporate
135 collaborative partnerships that includes information for sharing and funding;

- 136
137 10) *Expresses* its hope for the creation of collaborations between experts on international
138 healthcare representing diverse perspectives from across the globe and participating Member
139 States to gather in Amsterdam, Netherlands every two years to discuss developing research,
140 practices, and trends related to maternal mortality in order to continue international
141 conversations and cohesion when looking to set global standards for confronting the issue;
142
- 143 11) *Endorses* programs through existing relevant NGOs and United Nations entities, such as the
144 World Health Organization (WHO) that would focus primarily on information sharing,
145 including the creation of a database accessible to every Member State in which healthcare
146 professionals may access information regarding the prevention of maternal mortality;
147
- 148 12) *Encourages* Member States to implement partnerships in which funding could be allocated
149 through NGOs in exchange for organized support and monitored progress of treatment of
150 clients, training materials, education, and guidelines provided to health workers by
151 participating Member States with their explicit consent;
152
- 153 13) *Further recommends* the implementation of programs and initiatives that aid pregnant
154 women in the access to and sanitation of water, including, but not limited to:
155
- 156 a) Improvement in water pipes and infrastructure;
 - 157 b) Creation of dams and reservoirs;
 - 158 c) Rainwater conservation;
 - 159 d) Instruction for women on time-effective and safe techniques in obtaining water in arid
160 areas;
 - 161
 - 162
 - 163
 - 164
- 165 14) *Emphasizes* the importance of the development of Sexual and Reproductive Health and
166 Rights (SRHR) and, therefore, encourages all Member States to work with the International
167 Planned Parenthood Federation (IPPF);
168
- 169 15) *Calls for* increased multilateral collaborations between national NGOs to coordinate their
170 projects and programs in order to strengthen relations between all willing and able Member
171 States and improve communications on the issue of maternal mortality;
172
- 173 16) *Urges* the WHO, along with other relevant organizations, to work with governments to
174 practice the use of modern medicines such as Highly Active Anti-Retroviral Therapy
175 (HAART) to aid in the suppression of the HIV/AIDs, and essentially preserving families that
176 have been infected especially in areas of the world with a high prevalence of the disease;
177
- 178 17) *Recommends* the establishment of “Contraception Anonymous”, which will be a website
179 created for citizens in Member States where religious and cultural norms serve as a barrier
180 for individuals seeking contraception without judgment with the following attributes:
181

- 182 a) This will be established as a subsidiary of the UN Women website as an anonymous
183 chat-line and a telephone hotline, with various specialists which will consist of
184 individuals with significant experience in the healthcare industry;
185
- 186 b) This will be funded by the Fund for Gender Equality as well as partnered with the
187 IPPF;
188
- 189 c) Assistance, contraception, or information on reproductive health will be exported
190 disguised as magazines, makeup, clothing, etc. which would be up to the discretion of
191 the user;
192
- 193 d) It will also be up to the discretion of the user in all willing and able Member State
194 from whether or not it will be dropped off at a post office or the above-mentioned
195 health clinics;
196
- 197 e) Additional guidelines for anonymity will be determined by the willing and able
198 Member State in which various methods of contraception are already legal;
199

200 18) *Designates* 40% of the Fund for Gender Equality to be allocated to the programs, platforms,
201 and campaigns outlined in this document.

The logo for NMMUN (North Macedonia Model United Nations) is displayed in white, bold, sans-serif capital letters on a solid light blue rectangular background. The letters are widely spaced and centered horizontally.