

National Model United Nations • New York

Conference A

30 March – 3 April 2014



Documentation of the Work of the  
United Nations Population Fund

# Committee Name

## Committee Staff

Director	Dinah Douglas
Assistant Director	Aly El Salmy
Chair	Yannick Stiller
Rapporteur	Eileen Austin

## Agenda

1. *Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health*
2. *Impact of Urbanization on Implementation of the ICPD Program of Action*
3. *Strengthening the International Response to New Trends in Migration*

## Delegate Awards

- *China*
- *Guatemala*

## Resolutions adopted by the committee

<b>Document Code</b>	<b>Topic</b>
UNFPA/1/1	<i>Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health</i>
UNFPA/1/2	<i>Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health</i>
UNFPA/1/3	<i>Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health</i>
UNFPA/1/4	<i>Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health</i>
UNFPA/1/5	<i>Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health</i>
UNFPA/1/6	<i>Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health</i>
UNFPA/1/7	<i>Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health</i>

## Summary Report

During the first session the agenda was set within the first hour without suspension with 17 delegations for and 13 delegations against. The order of the agenda was set at 1-2-3, with Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health as the first topic discussed. This was indicative of the willingness of the body to reach a consensus as early as possible so as to move straight to discussing the topic at hand.

During the second session Iran motioned to suspend the meeting for one hour. During formal session Guatemala introduced the idea of a UN Medical Mentoring Program, similar to the Peace Corps. Also, China proposed a Safe Birth Incentive Program for more hospitalized births. Additionally, Montenegro brought up age and abortion and their link to maternal health. Finally, the Republic of Korea, Russian Federation, and Nepal proposed obstetric fistula awareness. In terms of motions made, Cuba Guatemala, and Liberia motioned to suspend the meeting.

During the third session the content of the working papers was discussed. Germany advocated for family planning to avoid unwanted pregnancies while Canada called for the empowerment of women, as well as support for health organizations that practice clinical trials to avoid HIV transmission from mother to child. Also, Angola promoted the idea of bringing the hospital to women through mobile clinics. Liberia motioned for a suspension of the meeting for 75 minutes. The first working paper was submitted by a working group, led by Iran and Guatemala, that focused on information and infrastructure. China advocated for an incentivizing program that would encourage women to seek attention, medical or otherwise, to assist with childbirth. Iran proposed extending the ideas developed throughout committee to refugee camps around the world.

The second working paper was submitted by a working group, led by China and Fiji, that advocated for a “mind, body, and wallet” approach to improve maternal health. A third working paper was submitted by a working group, led by Guatemala and Iran, that emphasized midwifery initiatives. A fourth working paper was submitted by a working group, led by Ecuador and Nepal, that was focused on data collection and reproductive health education. A fifth working paper was submitted by a working group led by Armenia and Bulgaria, which focused on secondary education. Bulgaria motioned to suspend the meeting.

During the fourth session the delegates continued to discuss the content of their working papers. Ethiopia advocated for programs that would aim to end early marriage so that there would be fewer young girls getting married and having children. Liberia asked to focus on gender-based violence, human trafficking (specifically women), and ending sexual violence. Iran promoted the idea of looking upon midwifery as a legitimate career so that more young women would aspire to that position. Bulgaria motioned to suspend the meeting for one hour. A sixth working paper was submitted by a working group led by Cuba and Indonesia that focused on security and terrorism in terms of maternal health.

A seventh working paper was submitted by a working group led by Germany and Finland which emphasized family planning and reproductive health. The United States motioned to suspend the meeting for 45 minutes. An eighth working paper was submitted

by a working group led by Angola and Fiji which focused on refugees and IDPs. A ninth working paper was submitted by a working group led by Guatemala and France which emphasized bringing an end to sexual and gender-based violence. Fiji called for a broad and collaborative approach to resolving the issues brought before the committee by using language that promoted cooperation instead of competition. Additionally, Germany brought the practice of female genital mutilation to the attention of the committee and the threat it poses to maternal health. Pakistan motioned to suspend the meeting.

During the fifth session Angola argued that money is not a sufficient incentive for women, and that it is more important to have a safe environment for women to give birth. The sponsors and signatories of papers WP/UNFPA/1/A and WP/UNFPA/1/C completed a merger. During formal session Canada called for sexual and reproductive rights internationally while the United States of America advocated for an increase in education. Also, Pakistan reiterated the importance of traditional values in local communities, specifically addressing contraception. Pakistan called for respecting local tradition and taking a culture based approach when writing working papers. Finally, the Republic of Korea boasted country level frameworks regarding maternal health and asked for country specific requirements that will make consensus regarding maternal health possible. Ecuador motioned for a suspension of the meeting.

During the sixth session the delegates continued to advocate for the content of their working papers in order to foster as many paper merges as possible. Liberia argued that incentives are not conducive to mothers in developing countries because if women cannot make it to hospitals that are far away, then incentives would not make a difference and then advocated for mobile clinics. Canada detailed a domestic biometric data system that would report suspicious activity over the border (in terms of human and sexual trafficking) and emphasized the importance of information sharing between Member States. Sweden warned against transparency and the ultimate destination of funds that may be put in hands of local governments not regulated by the UNFPA, and that working papers should include language that addresses this issue. Pakistan motioned for a suspension of the session.

During the seventh session the delegates continued to discuss the content of the working papers with the hope that many paper mergers would be possible. During suspension many new working paper drafts were submitted to the dais. A merger between WP/UNFPA/1/F and WP/UNFPA/1/H was formed. An immediate suspension of the meeting for 30 minutes was proposed by Cuba. The dais accepted draft resolutions DR/UNFPA/1/1 and DR/UNFPA/1/2. The dais accepted draft resolution DR/UNFPA/1/3. With three draft resolutions accepted by the dais the speeches given by delegates turned to voting strategy. Delegates were asking to adopt DR/UNFPA/1/1 and DR/UNFPA/1/2 by acclamation. Pakistan motioned to suspend the session.

During the final session Pakistan motioned to close debate therefore the delegation moved into voting procedure. There were seven draft resolutions on the floor for consideration. DR/UNFPA/1/1 was adopted by acclamation which was proposed by Liberia. DR/UNFPA/1/2 (with two friendly amendments) was also adopted by acclamation, proposed by China. DR/UNFPA/1/3 (with one friendly amendment) was adopted by acclamation, proposed by Germany. DR/UNFPA/1/4 (with three friendly amendments)

was adopted by a roll call vote with 16 in favor, one abstention, and 14 against. There was an unfriendly amendment proposed to DR/UNFPA/1/5 which did not pass.

DR/UNFPA/1/5 was adopted by a roll call vote with 13 in favor, 11 abstentions, and seven against. DR/UNFPA/1/6 was adopted by placard vote with 26 in favor, two against, and four abstentions. Pakistan motioned to divide operative clause four from DR/UNFPA/1/7, which failed. DR/UNFPA/1/7 was adopted by roll call with 14 in favor, 13 abstentions, and four against. Outstanding position paper awards went to, Montenegro, and Angola. Outstanding delegation awards went to China and Guatemala. Guatemala motioned to adjourn the meeting.



Code: UNFPA/1/1  
Committee: UNFPA

Topic: *Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health  
The United Nations Population Fund,*

*Guided by the purposes and principles of the United Nations Charter,*

*Noting with deep concern the rate at which mothers are not surviving the birthing process around the world,*

*Deeply conscious of the need for a broad and effective approach to the issue of maternal health,*

*Reaffirming the importance and urgency of achieving the Millennium Development Goals (MDG), as specified in A/RES/55/2 by 2015, especially MDG number five regarding maternal mortality,*

*Paying tribute to the work of the Maternal Health Thematic Fund providing technical and financial support in order to assist country health systems,*

*Strongly reaffirming the goals set out in the International Conference on Population and Development (ICPD) Programme of Action, especially the reduction of maternal mortality and increasing the usage of sexual and reproductive health services,*

*Emphasizing Economic and Social Council's (ECOSOC)'s Eliminating Preventable Maternal Mortality Through the Empowerment of Women (E/CN.6/2010/L.6) clearly stating the need to continue to raise awareness about maternal mortality,*

*Recalling the Monterrey Consensus of the International Conference on Financing for Development stating developed country's commitment to official development assistance (ODA) contributions,*

*Further emphasizing the importance of increasing rural women's awareness of their rights and health care options in the spirit of A/RES/52/93,*

*Recalling resolution A/RES/65/188 (2010) emphasizing the importance of efforts to end obstetric fistula,*

*Aware of the key importance of skilled birth attendants for reducing the maternal mortality rate, reflected in the indicator number 17 of MDG number five,*

*Reaffirming UNFPA's Maternal Mortality Update 2006 pointing out the inadequacy of most approaches towards a rapid increase of skilled attendants at birth,*

*Confident that new demand-side approaches toward decreasing maternal mortality have a high potential to achieve a major success as seen by the Ministry of Health in the People's Republic of China,*

*Acknowledging A/RES/65/234, especially paragraph 5c, stressing the existing inequalities regarding safe childbirths between rural and urban populations,*

*Confident that diet, in particular the rate of vitamin and mineral deficiencies, plays a key role in reducing the rate of maternal mortality by increasing health, as according to the Guidelines on Food Fortification with Micronutrients (2006) by the World Health Organization and the Food and Agricultural Organization of the United Nations*

*Noting with satisfaction that food fortifications programs have proven efficient on a domestic scale in combating iron deficiency during pregnancy, which is linked to an increase in maternal mortality, as seen in the Flour Fortification Initiative in Fiji,*

1. *Establishes the Safe Birth Incentive Program (SBIP) for a pilot phase until the end of 2016, which upon request of a state*
  - a. *will use UNFPA's country and regional offices, which will*

- i. set up a country specific subsidies scheme together with national health administrations, utilizing expertise about regional peculiarities in order to maximize the effectiveness of the subsidies, for women, specifically from rural areas if they have hospitalized deliveries,
        - ii. give policy advice, all necessary funding, as well as assistance in the implementation of the established subsidies scheme,
      - b. shall be administered and financed by the existing funds of the UNFPA's Maternal Health Thematic Fund (MHTF), that will create an internal department for incentive-based projects, at its headquarters in New York City, which
        - i. will coordinate between country offices and will handle all administrative tasks not delegated to the regional or country offices,
        - ii. will decide upon the first 12 pilot countries with an existing MHTF country office, based on the greatest possible variety of different maternal mortality ratios and relative geographic location,
        - iii. will allocate the budget for each country depending on the needs and available resources,
      - c. shall be reviewed and evaluated in the beginning of 2017 by an independent, non-affiliated expert group to be set up by the department for incentive-based projects, based on:
        - i. a reduction of the national maternal mortality rate,
        - ii. its efficiency based on cost-benefit calculations,
        - iii. its vulnerability concerning corruption,
      - d. shall be scaled up and considered for the post-2015 development agenda if deemed appropriate by its review,
2. *Decides* to create the Incentives-for-Awareness National Task (InfANT) project under the auspices of the MHTF of UNFPA, which will assist national administrations and provide all necessary means upon request to establish pilot projects until the end of 2016 to:
  - a. conduct presentations with the objective to raise awareness on diseases related to maternal health, particularly Obstetric Fistula and HIV/AIDS, and provide advice on prevention, particularly proper nutrition, and treatment, as well as where appropriate facilities can be accessed,
  - b. give country-specific subsidies, such as but not limited to food, monetary incentives, or vouchers for health services to women attending those presentations to encourage their participation,
3. *Instructs* the UNFPA's Executive Director to assemble a joint expert group in partnership with the Food and Agricultural Organization, consisting of 20 experts on Food Fortification on an ad-hoc basis, which will upon request of a Member State:
  - a. offer policy advice for the creation of tax incentives in order to stimulate food producers, of especially flour, to fortify their products with at least 40 milligrams of nutrients per kilograms of food, particularly iron and zinc,
  - b. formulate recommendations for including the importance of nutrition for maternal health in the post-2015 framework,

4. *Calls upon* all countries to honor their commitments to achieve the goals of the ICPD Programme of Action, especially goal number 1, providing universal access to family planning and sexual and reproductive rights;
5. *Calls upon* developed countries to fulfill their financial commitment to pay 0.7% of their GDP as official development assistance in order to foster projects aiming at maternal mortality.





## National Model United Nations • NY - Working Paper Template

Code: UNFPA/1/2

Committee: UNFPA

Topic: *Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health  
The United Nations Population Fund,*

*Guided by* Chapter 9 of the United Nations Charter, which states that finding solutions to health related issues is one of the core goals of the United Nations,

*Bearing in mind* that the UNFPA aims at “delivering a world where every pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled,”

*Fully believing* in the capacity of the UNFPA and Member States to realize a world in which human dignity and universal values are honored,

*Noting* international efforts made to address maternal health since the Millennium Declaration (A/RES/55/L.2),

*Recalling* the Millennium Development Goals (MDGs) 4 and 5 (2000), which respectively aim to reduce child mortality rates and to improve maternal health, and the International Conference on Population and Development (ICPD) 20-year Programme of Action (1994), ,

*Further recalling* the Beijing Declaration and Platform for Action (1995), which states that governments should work toward increasing women’s access to healthcare and promote the dissemination of information for women’s health,

*Reiterating that* there is a link between sustainable development, the well-being of population and self-determination of every affected state according to General Assembly resolution A/RES/68/223 and many other resolutions,

*Emphasizing* the necessity of improving maternal health as it remains a precondition for further development of women and girls, but also for the development of societies,

*Acknowledging* women’s empowerment as an important factor for better reproductive health as stated in A/RES/68/227,

*Recognizing* that maternal health is a human rights issue as stated in Human Rights Council resolutions A/HRC/11/L.16/Rev.1 (2009) and A/HRC/RES/21/6 (2012),

*Supporting* the work of the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS), which focuses on reproductive health supplies in order to positively affect the quality of maternal health,

*Conscious of* the importance of the Maternal Health Thematic Fund (MHTF) in addressing significant dynamics to the maternal health issue, namely obstetric fistula and the importance of midwifery programs,

*Stressing* that the issue of maternal health is an increasingly pressing issue, especially for women living in rural areas, where mortality rates are the highest, due to the lack of adequate access to basic quality healthcare services as mentioned in A/HRC/11/L.8 (2011),

*Realizing* there is a lack of data collection regarding obstetric fistula and number of midwives in the context of maternal health initiatives,

*Taking into account* recommendation 8 of the UNFPA in its Thematic Evaluation of Support to Maternal Health, which states that the MHTF should be strengthened in its ability to provide evidence-based maternal health interventions,

*Reaffirming* the importance of knowledge sharing as an important tool for successful implementation of maternal health strategies and for the maximization of the economic and social capacities of Member States in the future,

*Referring to the Country Programme Action Plan (CPAP) for 2013-2017 and its integration of the Nepalese Government and the UNFPA to support capacity building based on census and survey data for developing localized development strategies,*

*Fully aware of the success of the CARE program in Ecuador regarding the training and certification of midwives to service rural areas,*

1. *Recommends* a global information gathering census in order to better statistically define the scope of maternal health issues, especially in rural areas since these areas are most lacking in resources, after the model of the report on the Implementation of the Programme of Action of the ICPD in Latin America and the Caribbean by the Economic Commission for Latin America and the Caribbean (ECLAC) through:
  - a. a partnership between the UN Maternal Mortality Estimation Inter-Agency Group and DevInfo funded through the MHTF which will use the previous Annual Standard Progress Reports to identify trends to develop a single document in order to better plan post-2015 policies,
  - b. expanding on existing work on maternal and infant mortality rates through the collection of further indicators and ensuring the uniformity of the parameters of this data as outlined in the World Health Organization's 2006 list of reproductive health indicators,
  - c. expanding the MHTF data collection through their regular avenues including cooperation among UNICEF, WHO and Columbia University, in the United States of America regarding accessibility to healthcare services, specifically with respect to prevalence of obstetric fistula and lack of midwives;
2. *Suggests* all concerned UN agencies and NGOs to review their former and current programs and policies with a focus on maternal health for the purpose of selecting the most effective projects in use, and implement them in Member States with severe maternal mortality rates through:
  - a. the collaboration of all necessary and relevant UN agencies and NGOs, including but not limited to: UNFPA, UNICEF, UNDP, and the World Bank,
  - b. an annual report published by each organization beginning in 2015 reviewing the strengths and weaknesses of the programs in order to find common ground for the post-2015 agenda,
  - c. the financial and technical support of all these organizations;
3. *Calls for* an improvement of infrastructure in clinics providing relevant health services by improving existing clinics and building new clinics in underserved areas as well as further investment by Member State governments into necessary medical technologies, such as vaccines and ultrasound technologies, especially in rural areas;
4. *Invites* all Member States to consider improving access to medical clinics by developing transportation infrastructure;
5. *Further invites* all Member States to use available resources from H4+ (UNFPA+UNAIDS, UNICEF, UN WOMEN, WHO and the World Bank) to apply a polyclinic system of accessible small facilities by:
  - a. increasing the number of the clinics,
  - b. providing a staff of professionals focused on the prevention of maternal mortality,
  - c. encouraging immunization through house calls and checkups in order to assist women during pregnancy,
  - d. allowing them access to affordable skilled care at the time of birth;

6. *Endorses* until the development of a more permanent healthcare infrastructure a system of mobile clinics supported by a cooperation among local governments, specialized UN agencies and NGOs present in the target areas that:
  - a. provide a medically sterile environment in which to give birth, and medical supervision by doctors and attendants (from both the local population and international volunteers) before, during, and after birth,
  - b. receive funding from the Official Development Assistance (ODA) program and the Maternal Health Thematic Fund;
7. *Calls upon* all Member States to introduce their entire populations, and especially women and youth to all medical developments and innovations which they can access by:
  - a. spreading information through presentations in key locations,
  - b. strengthening the current media campaigns by taking advantage of new technologies in the appropriate countries,
  - c. following the model of Jacaranda Health in Kenya, which uses mobile phones to provide health services;
8. *Supports* the creation by Member States, with the expertise of the UNFPA, of adolescent and youth charters in line with the Nepali Adolescents and Youth Charter for the Post-2015 Agenda, tailored to each country's specific development needs and cultural values, including:
  - a. Promoting the prevention of adolescent pregnancy through sexual education,
  - b. Empowering women by improving accessibility to family planning resources,
  - c. Financial support from the UNFPA;
9. *Encourages* all governments to engage in dialogue with local leadership in order to ensure cultural acceptance and use of new medical developments and innovations;
10. *Recommends* a focus on providing Member States with tools to ensure a sufficient amount of medical professionals for maternal health by:
  - a. establishing programs to educate more medical professionals, especially educating more locals as midwives to provide women giving birth with a secure and trustworthy environment and educating previously trained nurses and midwives further on reproductive health, hygiene, and pre- and post-natal care,
  - b. encouraging NGOs and other involved actors to combine with these efforts by providing experts as educators and as field operators;
11. *Further suggests* Member States develop comprehensive strategies regarding the promotion of midwife education by:
  - a. Developing midwife training certification programs within existing hospitals or medical service structures,
  - b. Sending experienced doctors to rural areas for the purpose of training midwives in those regions;

12. *Underlines* the need for all willing and able Member States to incentivize skilled medical professionals to stay within their regions in order to avoid exodus of medical personnel;
13. *Draws attention* to the fact that in order to increase the efficiency and effectiveness of programs in reaching rural populations, there is a need for further collaboration of NGOs with Member States' local and national governments;
14. *Calls for* financial contributions and cooperation from all willing and able Member States through the fulfillment of their commitment to the official development assistance (ODA) program towards the implementation of the objective of improving women's health all over the world;
15. *Remains* committed to the matter of maternal health through meaningful partnerships such as:
  - a. fellow United Nations agencies, like H4+,
  - b. any additional private sector partnerships like the UN Global Compact (UNGC),
  - c. UNFPA-Member State government partnerships after the model of UNFPA-Nepal;
16. *Encourages* Member States to use and expand the existing funding mechanisms through the MHTF and the World Bank for the expansion of their maternal health policies,
17. *Proclaims* that maternal health issues should be kept at the top of the international agenda in the preparation for the Post-2015 planning process.



Code: UNFPA/1/3

Committee: UNFPA

Topic: *Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health The United Nations Population Fund,*

*Reaffirming* the United Nations Charter (1945), the Convention on the Elimination of all Forms of Discrimination against Women (1979), the International Conference on Population and Development and its Programme of Action (1994), the International Convention on Economic, Social and Cultural Rights (1966), Human Rights Council resolutions A/HRC/RES/21/6 (2007) and A/HRC/RES/23/2 (2013),

*Emphasizing* the Millennium Development Goals, specifically Goal 5 which deals with the improvement of maternal health,

*Believing* that rights-based family planning plays a major role in achieving Millennium Development Goal 5,

*Acknowledging* the clear nexus between the individual education level and the age of first pregnancy as well as the number of children women are having, indicated by a Monthly Vital Statistics Report published by the National Center for Health Statistics (1997) and a Policy Research Working Paper by the World Bank Group (2009),

*Considering* UNFPA's "Stop Early Marriage Campaign" which recognizes that early marriage is detrimental to young women and their future children, as it poses both mental and physical risks to maternal health,

*Fully alarmed* that female genital mutilation/cutting (FGM/C) has become a severe threat to sexual and reproductive health and recalling the UNFPA-UNICEF Joint Programme on FGM/C: Accelerating Change (2007),

1. *Supports* rights-based family planning by:
  - a. Encouraging United Nations agencies, civil societies, the international community, and the private sector to donating funds for reproductive health and family planning,
  - b. Providing services such as "Youth Friendly Corners" in health facilities, which would increase information sharing about HIV/AIDS and sexual and reproductive health initiatives, intending to reduce the spread of sexually transmitted diseases and the number of unintended pregnancies among young people and financing projects that aim to prevent and treat HIV/AIDS,
  - c. Encouraging Member States to apply for and implement grants from The Global Fund to Fight AIDS, Tuberculosis and Malaria, embedded in the context of a technical support program called BACKUP initiative (Building Alliance, Creating Knowledge and Updating Partners) to receive HIV/AIDS services,
  - d. Making family planning and maternal health a priority in the local government programs,
  - e. Establishing regional centers within participating states where the public will have the opportunity to receive sexual and reproductive health information and services, regardless of gender, respecting privacy, confidentiality and non-discrimination,
  - f. Offering a wide range of family planning options providing individuals with the knowledge necessary to build healthy relationships and to improve sexual and reproductive health, fully aware of the cultural sensitivity of this issue;
2. *Suggests* accessible education for improving maternal health by:
  - a. Initiating campaigns on local levels to reconsider gender roles within societies by encouraging girls to stay in schools,
  - b. Establishing programs on local levels to provide adequate resources, including increasing numbers of teaching personnel;
3. *Encourages* awareness building campaigns by:

- a. Supporting UNFPA's "Stop Early Marriage Campaign" which spreads awareness about different sides of early marriage and teaches young men and women about the consequences of early marriage,
  - b. Organizing unique, participatory, and big-impact events to enhance the understanding of the policy-makers, stakeholders and the public in early marriage and the "Stop Early Marriage Campaign",
  - c. Emphasizing that ending early child marriage will help states to reach the Millennium Development Goals and should be a high priority in the post-2015 agenda;
4. *Expresses its hope* to further continue the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C) and to expand it to more Member States upon their request, in order to eradicate FGM/C in the longer term by:
- a. Encouraging all Member States to participate in the Joint Programme on FGM/C which has completed its work in 2012 and had positively contributed to change processes on FGM/C at the global, national and community levels in the 15 participating countries,
  - b. Further encouraging the UNFPA, UNICEF, WHO, and relevant NGOs to work in collaboration with States Ministers of Health to provide medical analyses and expertise about the effects of FGM/C,
  - c. Recommending to include the FGM/C issue in public statements, declarations and action plans to increase the awareness at global, regional, national and local levels and to change the public perception on FGM/C respecting cultural differences,
  - d. Adopting national policies to eradicate of FGM/C to save young lives.



**Code:** UNFPA/1/4

**Committee:** United Nations Population Fund

**Topic:** *Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health The United Nations Population Fund,*

*Guided by the purposes and principles of the United Nations,*

*Emphasizing the importance of the 2013 Report of the Secretary General of the UN, "A Life of Dignity for All,"*

*Bearing in mind that the fifth Millennium Development Goal (2000) and the post-2015 goal to reduce maternal mortality is a key step to establish long-term economic and social development,*

*Reaffirming the UNFPA Executive Board's commitment to establish a post-2015 framework on maternal health,*

*Emphasizing the essential tenet of UNFPA's mission statement is to ensure that every pregnancy is wanted and every birth is safe,*

*Viewing with appreciation the collaboration with UNICEF, the World Health Organization, UNAIDS, and UN Women in implementing innovative programs to reduce maternal mortality,*

*Emphasizing the fact that education has a key role in fostering awareness on improving knowledge of safe sexual practices,*

*Emphasizing the need for a coordinated coherent, and integrated approach to reduce the spread of HIV/AIDS diseases and reaffirming the key role of the anti-retroviral therapy in combating this disease,*

*Recalling resolutions A/RES/68/138 and A/RES/68/137, the UN Charter principles of gender equality to condemn domestic and sexual violence, and believing that a reinforced commitment to raise awareness for this issue is necessary,*

1. *Encourages* Member States to consider a triangular cooperation approach between governments, local communities, and UN organizations, as well as non-governmental organizations,(NGOs), to implement data gathering and sharing in order for local communities to identify pregnant women and assess their needs;
2. *Further invites* all States to create a volunteer community-based program, called CCPTR (Coalition of Children, Parents, Teachers and Religion) in schools in order to achieve a high level of development, dealing with habit formation, health, nutrition, and sexual information with the following guidelines:
  - a. The guideline will create a community-based program enabling the unification of stakeholders: children in education, parents, teachers, and religious or cultural groups in order to create a consensus in the community and allow open discussion about sexual education and health,
  - b. This program will introduce a consensus-based standard program on basic sexual education,
  - c. Creates informative campaigns in secondary schools sponsored and developed by participating States' education departments,
  - d. The CCPTR ensures cultural-based approaches that would be sensitive to local traditions and beliefs to allow actors to collaborate and participate in UN agencies programs on maternal health especially in rural areas as maternal mortality rates are higher in comparison to urban areas,
  - e. This program sponsored and developed by the UNFPA will raise awareness about the dangers that may occur as a result of unsafe practices to terminate pregnancy;
3. *Confirms* that the 1994 International Conference on Population and Development (ICPD) Programme of Action should be the guideline for the post-2015 framework on maternal health;

4. *Encourages* the establishment of state-administered mobile units (SMUs), which are able to reach rural populations with the goal to provide proper pre- and post-natal health care;
  - a. State administered mobile units will contain teachers to certify midwives and communities,
  - b. SMUs will establish a connection between doctors and trained professionals to talk with the local communities about safe sexual practice and delivery,
  - c. Introduces an emergency transportation program for premature births and women requiring greater assistance with births to hospitals free of charge,
  - d. Creates a coalition between the World Health Organization, World Bank, United Nations Children's Fund (UNICEF), NGOs, and private donations in order to reduce government cost,
  - e. Establish a universal outline related to the frequency dependent on the number of trained medical staff available and in cooperation with NGOs involved in SMUs;
5. *Stresses the need* for wide diffusion of the anti-retroviral therapy as key action to eliminate the HIV disease and so invites all Member States to include this in their operative agenda and to:
  - a. Endorses the current multilateral cooperation between states, UN agencies and NGOs, with UNAIDS, in the goal to prevent HIV from large scale cross-border crossing,,
  - b. Promotes distribution of anti-retroviral therapy via universal accessibility and availability through SMUs and clinics,
6. *Invites* Member States to reconfirm their commitment to raise the \$17 billion estimated by the ICPD Programme of Action, and proportional to each nation, in order to successfully implement maternal health services where needed;
7. *Further* invites all Member States to create campaigns fully funded by the UNFPA aiming to raise awareness about existing systems and services in order to implement a safer environment for women while increasing consciousness;
8. *Affirms* the UNFPA Executive Board's commitment to continue addressing the goal of accessibility of maternal health services.





Code: UNFPA/1/5

Committee: United Nations Population Fund

Topic: *Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health The United Nations Population Fund,*

*Aware of* the increasing number of refugee and internally displaced persons (IDP) worldwide, due to both conflict and disasters, manmade or natural,

*Acknowledging* the ever-growing presence of undocumented refugees and IDPs throughout the world, who, as a consequence of lacking documentation, cannot legally benefit from government-offered services such as health care,

*Deeply concerned* by the dramatic consequences of political conflict, especially terrorism, and disasters, both manmade and natural, which cause population displacement and isolation of communities from health care services,

*Affirming* the importance of following the principles of the Millennium Development Goals (2000) along with the mission of UNFPA as an outline to clarify the correlation between maternal health and political conflict, especially terrorism, and disasters, both manmade and natural,

*Aware of* the post-2015 fifth agenda point for maternal health,

*Emphasizing* the disastrous effects of chemical and biological warfare, as well as the use of radioactive rounds, as mentioned in A/RES/67/51, on maternal health,

*Fully aware of* the occurrence of terrorist attacks on maternal health clinics and the effects of such attacks on the safety of current and potential female patients,

*Confident* in A/RES/68/161 and maintaining A/RES/68/159 regarding cultural identity investigation,

*Bearing in mind* that pregnancy and birth do not cease for conflict and disasters, nor will they cease after the 2015 time limit,

*Noting with regret* the deplorable nature of the areas in which refugees and IDPs reside, where women are especially at risk for pregnancy complications,

*Particularly concerned* about the lack of access to pre- and postnatal health care services for refugee and internally displaced women, especially within formal and informal camps,

*Reaffirming* the joint responsibility of host and source countries, and the entire international community, to provide health care services to refugees and IDPs,

*Having considered* the meaningful partnership between the United Nations High Commissioner for Refugees (UNHCR) and the Islamic Republic of Iran (2011), which saw the extension of suitable health care to all documented refugees, including women, through the provision of financial assistance, and which resulted in drastic improvements in the health of refugee women both inside and outside camps,

*Recognizing* the importance of documenting refugees and IDPs, especially women, in order to ensure properly managed health care,

*Having considered further* the successful model of the Border Management Information System (BMIS, 2003) and the Personal Information and Registration System (PIRS, 2003) implemented by the International Organization for Migration (IOM), which saw a more efficient documentation of migrants in participating countries,

*Welcoming* the cooperation and working in conjunction with governments, NGOs, and United Nations agencies like the UNHCR, Human Rights Council (HRC), World Health Organization (WHO),

*Expressing concern* regarding many countries' inability to bring Millennium Development Goal (MDG) 5 to fruition by the set deadline of 2015,

*Recalling* the UNHRC's Safe Mother and Baby program for funding and addition support,

*Fulfilling* the need for structures with medical supplies, sterile medical kits, and trained emergency personnel, where feasible,

*Realizing* the need to register and monitor displaced pregnant women in order to supply them with the support they need,

1. *Calls for* the implementation of a documentation program, after the successful model the BMIS and PIRS, focused specifically on refugee and internally displaced women;
2. *Calls attention* to the urgent need for maternal health services for displaced women;
3. *Further proclaims* the imperative need for a worldwide United Nations-Member State collaboration after the model of the aforementioned pilot partnership project between the UNHCR and The Islamic Republic of Iran;
4. *Creates* the United Nations International Safety Group (UNISG) taskforce, designated to:
  - a. Implement the successful model the BMIS and PIRS in the promotion of maternal health among displaced women,
  - b. Assess the refugee and IDP demographic through census data gathering, while focusing particularly on the female displaced population,
  - c. Record the availability of medical resources, such as supplies, skilled personnel, and emergency vehicles, for displaced women inside and outside refugee and IDP camps, and, based on these assessments, considers the deployment of medical units to said camps, as needed;
5. *Creates* the Endowment for People Fighting for Future Life (EPFL), overseen directly by the UNFPA, in order to finance the UNISG with the assistance of UN agencies and Civil Society Organizations (CSOs);
6. *Seeks* to ensure access to qualified personnel, including midwives, to monitor pre- and postnatal care needs in refugee and IDP camps;
7. *Draws attention to* the importance of reducing the effects of radiation caused by peaceful and non-peaceful sources on maternal health, by:
  - a. Collecting data on previous radiation exposure victims and analyzing the link to birth defects and non-communicable diseases affecting pregnancy,
  - b. Exploring the work of the World Health Organization in investigating the effects of radiation on fetuses and infants, in consideration of their report regarding the 2011 tsunami and earth quake,
  - c. Following the International Atomic Energy Agency (IAEA), who developed the International Action Plan for Radiological Protection of Patience, stating that radiation exposure has an impact on pregnant women;
8. *Calls upon* Member States to be particularly aware of the obstacles that refugee and IDP women face regarding maternal health;
9. *Encourages* all Member States to follow the standards set by A/RES/68/159, in order to allow individual cultural identities to remain intact while investigating crimes against women;
10. *Underlines* the importance of addressing MDG 5 as both a pre- and post-2015 target and in the context of post-conflict areas, emergency zones, refugee camps, and IDP settlements;

11. *Encourages* the active participation and commitment of Member States and partner NGOs to implement these recommendations.



Code: UNFPA/1/6  
Committee: UNFPA

Topic: *Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health  
The United Nations Population Fund,*

*Emphasizing* the UNFPA's mission to deliver a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled,

*Reaffirming* the declaration of maternal mortality as a human rights issue as stated by the Human Rights Council 16 June 2009 resolution (A/HRC/11/L.16/Rev.1),

*Acknowledging* General Assembly resolution A/RES/52/93, which calls for Member States to address the need in rural communities for maternal health care providers,

*Aware of* the advanced resources and medical training of the Global North, contrasted with the lack thereof in the Global South,

*Convinced* that skilled midwives functioning in or very close to the community can have a drastic impact on reduction of maternal mortality and the improvement of maternal health,

*Having examined* the 2011 State of the World's Midwifery Report that identified 38 countries desperately in need of midwives, and identified 22 countries that needed to double the midwifery workforce by 2015 to achieve Millennium Development Goal 5,

*Noting* that although 58 of the world's least developed countries account for 91 percent of global maternal deaths, the International Confederation of Midwives (ICM) is still not involved in about 40 percent of those 58 countries, mainly located in sub-Saharan Africa, the Middle East, eastern Europe, central America, and central Asia, where just 17 percent of the world's professional medical care providers are accounted for,

*Fully aware* of the pilot study by Matin and LeBaron (2004) which shows that due to a lack of female maternal health care providers or midwives, women with conservative religious and cultural beliefs have refused professional medical care to avoid unnecessary close contact with men,

*Noting with deep concern* the findings of the International Organization for Migration that nearly one in 10 tertiary-educated adults born in the developing world, which are between one-third and one-half of the developing world's science and technology personnel, now live in the developed world,

*Further recalling* the studies in developing countries such as Ecuador and Jamaica, which show that health care providers' knowledge is lacking, with test scores between 40 and 65 percent of pre-specified norms, and in countries such as Ghana, as few as 17 per cent of hospital births met the international standards of good clinical practice,

*Bearing in mind* that the UNFPA and ICM initiated Investing in Midwifery Programme (IMP) was completed in 2013, and made achievements including better equipped midwifery schools, the formation of new midwifery associations, the improvement of midwifery trainers and tutors, the completion of regional needs assessments and gap analyses, the launch of global midwifery competencies and standards in education and regulation,

*Recognizing* that the global community has yet to fully implement the ICM established set of educational regulations based on the six benchmark principles of: necessity, effectiveness, flexibility, proportionality, transparency, accountability and consistency,

*Underlining* the propensity for a lack of communication between rural midwives and other trained medical professionals,

1. *Requests* that Member States encourage multilateral cooperation in midwifery education through the creation of the United Nations Medical Mentoring Programme (UNMMP) which will involve the following:
  - a. Sending all appropriately qualified medical graduates with training in obstetrics and gynecology to developing countries who opt into the program to train midwives in proper maternal health

techniques with sensitivity to local and cultural traditions as guided by the regional ICM officer, providing for the exchange of successful practices between developing and developed Member States,

- b. Working in conjunction with national and local governments as well as banks to arrange forgiveness of the student loan debt to be repaid during the term of volunteer service, and in situations where this is not possible, setting aside funds to repay the student loan debt incurred by recently graduated medical students in the field of obstetrics and gynecology who volunteer to mentor in midwifery training programs in developing countries, and
    - i. designating 10 percent of the total loan debt as the amount to be repaid upon completion of the first year of volunteer service with the percentage increasing by 5 percent for each successive year in the program,
    - ii. the selection of candidates based on qualifications and relevant experience is to be made by a group of seven UNFPA delegates assigned by the Executive Board,
    - iii. with initial funds to be provided through the UNFPA budget at an amount of two million dollars, supplying funding for 100 doctors initially, with hopes to increase that number as the program moves forward and proves successful,
    - iv. as the program develops and works in conjunction with programs such as Harvard University's Maternal Health Task Force, funding can be provided to the UNFPA by private donors as well as through donations from successful alumni of the program,
  - c. Offering internship opportunities with UNMMP for students currently enrolled in related medical programs and
    - i. providing accommodation for the interns,
    - ii. allowing interns to both gain experience and pass along their training,
  - d. Presenting opportunities for midwives-in-training to go abroad for a short period of time and shadow medical personnel to learn new techniques that can be implemented upon their return to their home country as well as
    - i. allowing for local midwives to implement advanced treatment techniques in conjunction with their own cultural understanding of patients in their home countries,
    - ii. stipulating a set time frame of six months for all shadowing experiences to avoid loss of skilled medical personnel in developing countries,
    - iii. leaving room for expansion into other medical related fields should the program prove effective in midwifery;
2. *Encourages* Member States to create domestic education programs modeled after Canada's Innulitisivik Midwifery Education Programme in order to educate more midwives by:
- a. legitimizing traditional midwifery practices amongst the people of rural communities;
  - b. creating a framework to pass on midwifery traditions in conjunction with modern safe birthing practices;

3. *Endorses* the provision of satellite mobile phones to certified midwives in developing countries where midwives are often operating in sites with limited access to professional medical facilities, and
  - a. supplying these phones based on the Aceh Besar Midwives Mobile Phone Project model currently implemented in Indonesia working alongside the NGO World Vision International to provide these phones under an expansion of the currently existing structure, with:
    - i. the number of phones to be provided being dependent upon the amount of donations received, and
    - ii. working in conjunction with mobile phone recycling programs to provide a larger number of phones,
  - b. increasing communication between OB/GYNs and midwives, providing a link to Emergency Obstetric Care,
  - c. also connecting midwives to other midwives in order to more easily share experiences, successes, and failures;
4. *Calls* for Member States to establish midwifery databases that include:
  - a. Expanding and implementing in other regions of the world pre-existing systems for midwifery registration and daily logs of activities modelled after the South-eastern Europe Health Network Improving Maternal and Neonatal Health Project, while
    - i. calling for the creation of a paper form to be filled out by all midwives in rural areas detailing their midwifery activities;
    - ii. requiring these forms to be sent to UNFPA regional offices to be entered into an electronic database,
  - b. Equipping midwives with information and communications technologies, such as the previously mentioned mobile phones to allow midwives to have constant contact with nearby health care systems and
    - i. making participation possible for women to access the health care they need,
    - ii. providing critical maternal and child health information to as many individuals in poverty as possible especially in rural areas;
5. *Urges* Member States to promote partnerships between professional midwifery organizations, medical institutions, and political institutions to:
  - a. share registered information regarding illnesses and death,
  - b. gather and sort information by categories such as region, age, ethnicities, and culture,
  - c. analyze the data for research purposes on causes of death concerning maternal health;
6. *Approves* the continuation of the Investing in Midwifery Program for a five year period, as part of the international post-2015 agenda, in accordance to the following guidelines:

- a. Country Midwifery Advisors (CMAs), who reside in the country of need, will continue to be employed by the UNFPA, and work to identify gaps in a Member State's standards of midwifery education, practice regulation, and professional midwifery association activity,
  - b. the number of regional ICM officers will be increased to a minimum of two officers for each of the four regions who will provide technical support to CMAs from the nearest of the four ICM regional offices, and be able to travel to the areas in need of personal advisement if necessary,
  - c. the program will continue to be funded by the UNFPA and the Maternal Health Thematic Fund, along with contributions by Member States' local and national governments, and non-government organizations;
7. *Calls for* each of the regional ICM offices to work with one different national, professional midwifery association each year to host annual week-long Platform for Exchange conferences including:
  - a. the CMA of the host country as the presiding officer,
  - b. attendance of representatives of the Ministry of Health and other relevant national health groups, professional midwifery associations, midwifery education institutions, relevant regulatory bodies and UN agencies,
  - c. evaluations of the implementation of the midwifery standards of practice set forth by the ICM Global Standard for Midwifery Education regulations,
  - d. dialogue with Member States in the region who are willing to work towards identifying a means of gaining the support necessary to achieve the international standard of midwifery practice,
  - e. evaluations of areas or Member States in the region who lack professional midwifery associations as well as associations that practice at a level equal to the ICM standard,
  - f. exchanges of updated information relevant to midwifery practices, technology, and case trends of concern,
8. *Urges* Member States to provide a positive and sustainable policy environment for national and local midwifery associations through the following measures:
  - a. including representatives of local professional midwifery associations in relevant municipal policy discussions so that they may be held in high esteem as educated professionals in communities, thus encouraging mothers to seek them for medical care,
  - b. approving the administration of standardized professional midwifery badges by the national midwifery associations to all midwives who have achieved the national standard of education set by that association, which will also encourage communities to seek midwives for medical care.



Code: UNFPA/1/7

Committee: United Nations Population Fund

Topic: *Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health*

*The United Nations Population Fund,*

*Recognizing* gender-based violence as a standing barrier to the realization of human rights as stated in the Convention to Eliminate all forms of Discrimination Against Women (CEDAW), and its negative impact upon goals 3 and 5 of the Millennium Development Goals (MDGs),

*Seeking* to expand upon the progress made by MDG 5 by decreasing gender-based violence which often has the effect of endangering women's lives and discouraging the utilization of reproductive health care,

*Deeply Concerned* that according to the World Health Organization, approximately 35% of women have suffered some form of sexual violence worldwide and those that do are at an increased risks of STIs, unwanted pregnancy, and unsafe and unhealthy pregnancies,

*Bearing in mind* that despite the clandestine nature of human trafficking, an estimated 2 million women are victims of trafficking and sexual exploitation annually, the consequences of which include sexual and reproductive health complications such as sexually transmitted infections (STIs) and injuries that can lead to serious infections,

*Reiterates* the ICPD program of action in regards to human trafficking by which it is considered as a form of slavery in definition of Article 3 of the United Nations Protocol on Organized Crime,

*Expressing appreciation for* the UN Global Plan of Action to Combat Trafficking in Persons which calls for fighting human trafficking through programs aimed at development and strengthening security,

*Taking into account* the measures taken by NGOs such as Survivors Foundation in Guatemala and the ARC International's GBV Legal Aid Clinic to work with survivors of gender based violence (GBV) on a legal and social level,

*Acknowledging* General Assembly Resolution 68/146 focused on empowering young women to educate themselves as there is a distinct correlation between empowerment and the prevention and elimination of violence against young women and girls as stated in the UNFPA sponsored 2002 Out Look on Violence Against Women: Effects on Reproductive Health,

*Alarmed by* Security Council Resolution 1820 which acknowledges that women and girls are often the targets of sexual violence in situations during and after armed conflict such as in the Central African Republic by which, according to the UN Special Representative on Sexual Violence in Conflict, rape, forced marriage, and sex slavery are a consequence of war,

*Expressing gratitude* for the promotion of education on GBV such as the work done by United Nations Educational, Scientific, and Cultural Organization in stopping GBV in schools which can become a catalyst for sexual violence,



*Deeply disturbed* by the extent to which harmful practices affect the health of women and girls as emphasized in the Secretary General's in depth study on all forms of violence against women, such as rape, domestic abuse, sex trafficking, and harmful traditional practices,

1. *Calls for* all Member States to respond to the Secretary General's request for information on violence against women in regard to the implementation of General Assembly resolution A/RES/63/155 and A/RES/65/209, including information on efforts to prosecute perpetrators, protect and support victims, and on strengthening legal frameworks;
2. *Requests* comprehensive statistics on violence against women, especially in the area of domestic violence where abuse may be kept private, through collaboration between organizations such as the UN Department of Economic and Social affairs, UN Women, and relevant national, local, and civil society groups, with an emphasis on:
  - a. how domestic violence has been impacted by progress made in MDG 5,
  - b. going forward, what goals should be made once the MDGs have expired in order to keep gender based-violence as it relates to maternal health at the forefront of future population development goals;
3. *Invites* the international community to work in conjunction with organizations such as UN Women to enact projects to deliver targeted protection and assistance programs in developing countries modeled after the Canadian International Development Agency's former Fight Against Sexual Violence Project, and the UNFPA's Protection from Gender Based Violence in Libya project, in order to eliminate sexual and gender-based violence in all contexts;
4. *Requests* Member States give direct assistance in sexual and reproductive health to women and children at risk of being trafficked, such as immigrants, runaways, and those living in conflict and post conflict zones, and the actual victims of trafficking through:
  - a. cooperation with relevant UN agencies, NGOs, and government and civil society agencies
  - b. already existing funds, such as was done in the UNFPA/IOM pilot project in Bosnia and Herzegovina which provided reproductive health services to trafficked women and girls living in safe houses and shelters;
5. *Reminds* Member States of their obligation to adhere to previously adopted treaties involving anti-trafficking laws and policies;
6. *Encourages* Member States to exchange preventative measures and establish legislation, such as the Development and Education Program for Daughters and Communities and the Protecting Canada's Immigration System Act, to combat the issue of human sex trafficking;

7. *Recommends* the expanded involvement of non-governmental organizations (NGOs) such as the Survivors Foundation in Guatemala and the ARC International's GBV Legal Aid Clinic to provide social and legal assistance to survivors of domestic violence in collaboration with the UNFPA;
8. *Calls upon* Member States to implement programs that combat gender based violence at a young age through extracurricular programs such as Instituto Promundo and Grassroots Soccer;
9. Urges international collaboration between Member States and relevant NGOs, UN offices, and civil society organizations such as the International Rescue Committee, as the UN office on Drugs and Crime, and ABC Nepal which:
  - a. work in conflict and post-conflict areas through the use of technical units and women's centers to rescue and rehabilitate trafficked people,
  - b. stop the trafficking of women across borders in conflict and post-conflict zones;
10. *Suggests* Member States create initiatives to eliminate sexual and gender based violence in school systems in order to create safe, nurturing and respectful learning environments through programs such as:
  - a. creating guides modeled after the United Nations Educational, Scientific, and Cultural Organization's guide for stopping violence in schools by:
    - i. providing educators with the tools to recognize and deal with gender based violence,
    - ii. educating students to avoid gender based violence,
  - b. those launched by UNESCO in 2011 in cooperation with local universities within the Democratic Republic of Congo to educate students in stopping gender based violence;
11. *Implores* Member States to take action against female genital mutilation and forced child marriage by:
  - a. implementing domestic policy similar to the Ontario FGM Prevention Task Force in order to prevent female genital mutilation, provide support for girls and women who have been subject to FGM , and to prevent instances of necrotizing fasciitis,
  - b. partnering with the relevant NGOs such as Girls Not Brides, in order to prevent forced child marriage and obstetric fistula.