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27 – 31 MARCH 2016

Documentation of the Work of the Commission on the Status of Women (CSW)

Courage
for **peace**



Compassion
in **action**

CONFERENCE B

Commission on the Status of Women (CSW)

Committee Staff

Director	Ariane Larouche
Assistant Director	Andrea Jacoby
Chair	Lia Hansen
Rapporteur	Daniel Crist

Agenda

- I. The Impact of Sexual and Gender-Based Violence on Reproductive Health
- II. Women's Empowerment and the Link to Sustainable Development
- III. Furthering Women's Participation in and Access to Information and Communication Technologies

Resolutions adopted by the Committee

Code	Topic	Vote
CSW/RES/1/1	The Impact of Sexual and Gender-Based Violence on Reproductive Health	Adopted without a vote
CSW/RES/1/2	The Impact of Sexual and Gender-Based Violence on Reproductive Health	34 votes in favor, 0 votes against, 3 abstentions
CSW/RES/1/3	The Impact of Sexual and Gender-Based Violence on Reproductive Health	32 votes in favor, 0 votes against, 5 abstentions
CSW/RES/1/4	The Impact of Sexual and Gender-Based Violence on Reproductive Health	33 votes in favor, 4 votes against, 0 abstentions
CSW/RES/1/5	The Impact of Sexual and Gender-Based Violence on Reproductive Health	30 votes in favor, 0 votes against, 7 abstentions
CSW/RES/1/6	The Impact of Sexual and Gender-Based Violence on Reproductive Health	28 votes in favor, 1 vote against, 8 abstentions

Summary Report

The Commission on the Status of Women held its annual session to consider the following agenda items:

- I. The Impact of Sexual and Gender-Based Violence on Reproductive Health
- II. Furthering Women's Participation in and Access to Information and Communication Technologies
- III. Women's Empowerment and the Link to Sustainable Development

The session was attended by representatives of 37 Member States.

On Sunday, the committee adopted the agenda of I, III, II to discuss "The Impact of Sexual and Gender-Based Violence on Reproductive Health." By Tuesday, the Dais received a total of six proposals covering a wide range of subtopics including education, female genital mutilation, public awareness, national action plans, legal issues, data collection, telemedicine, sexual and reproductive health, and access to legal services. Speeches made by the committee championed the spirit of both advancing women globally and reaching greater cooperation in action against sexual and gender-based violence, as well as giving women access to the tools necessary to take action.

On Wednesday, six draft resolutions had been approved by the Dais, two of which had amendments. The committee adopted six resolutions following voting procedure, one of which received unanimous support by the body. The resolutions represented a wide range of issues, including education, public awareness, female genital mutilation, national action plans, telemedicine, legal issues, and access to legal services. The work of the body was efficient, concise, and innovative. The CSW addressed the topic with the proper respect and dedication that the issue faced by women globally deserved.



Code: CSW/RES1/1

Committee: Commission on the Status of Women

Topic: The Impact of Sexual and Gender-Based Violence on Reproductive Health

1 *The Commission on the Status of Women,*

2
3 *Guided by Article 1(3) of the Charter of the United Nations (UN), which reaffirms the human rights of all people*
4 *regardless of sex or gender,*

5
6 *Respecting the sovereignty of all Member States, keeping in mind Article 1(2) of the Charter, which reaffirms the*
7 *sovereignty and equal rights of all states,*

8
9 *Cognizant of Goals 4 and 5 of the Sustainable Development Goals (SDGs), which call for access to education and*
10 *childhood development, as sexual and reproductive education is an important part of childhood development, and is*
11 *important for the prevention of the spread of HIV/AIDS and other sexually transmitted infections,*

12
13 *Highlighting Article 12 of the International Covenant on Economic, Social, and Cultural Rights (ICESCR), which*
14 *affords all people the right to the highest possible standard of health, including freedom from violence and access to*
15 *health care, and the need to respect and uphold cultural integrity when addressing these matters,*

16
17 *Reaffirming Article 15 of the Convention on the Elimination of All Forms of Discrimination against Women*
18 *(CEDAW), which calls for equal legal access for men and women, as legal access is important to the elimination of*
19 *sexual and gender-based violence (SGBV),*

20
21 *Recognizing the involvement of state-led and international organizations which aim to increase the capacity of low-*
22 *income Member States through South-South cooperation, as highlighted in General Assembly resolution 70/222,*
23 *which is necessary for the provision of healthcare for realizing women and girls' right to sexual and reproductive*
24 *health (SRH) without being victims of violence,*

25
26 *Upholding the Declaration on the Elimination of Violence Against Women as the first international set of standards*
27 *upholding, and protecting women's dignity and right to sexual and reproductive health (SRH),*

28
29 *Recalling Strategic Objective D of the Beijing Declaration and Platform for Action, as it condemns violence against*
30 *women and promotes empowerment through the full realization of their human rights,*

31
32 *Recognizing the Doha Declaration on the TRIPS Agreement and Public Health as it underlines the need for*
33 *increasing access to affordable medication in developing countries to combat public health concerns resulting from*
34 *HIV/AIDS,*

35
36 *Reminding Member States that female genital mutilation (FGM) is recognized by the World Health Organization*
37 *(WHO) as a form of SGBV,*

38
39 *Recalling Commission on the Status of Women (CSW) resolutions 51/2 of 9 March 2007, 52/2 of 7 March 2008,*
40 *and 54/7 of 12 March 2010, and General Assembly resolutions 67/146 of 20 December 2012 and 70/132 of 17*
41 *December 2015 that refer to practices of SGBV, including but not limited to FGM,*

42
43 *Alarmed by the fact that 35% of women and girls globally are victims of SGBV, as noted by WHO, which impacts*
44 *their health, self-respect, wellbeing, and independence and violates their right to SRH,*

45
46 *Gravely concerned by the fact that, according to WHO, 35 million people globally are currently living with*
47 *HIV/AIDS and its consequent impact on women's SRH,*

48

49 *Deeply disturbed* by the prominence of SGBV and the detrimental effects it has on SRH, as stated in the WHO 2013
50 report, titled “Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate
51 Partner Violence and Non-Partner Sexual Violence,”

52
53 *Recognizing* the International Conference on Population and Development (ICPD), held in Cairo, Egypt, in
54 September 1994, and the importance it places on women’s access to and knowledge of maternal rights, family
55 planning, and their sexual and reproductive rights,

56
57 *Reaffirming* the ICPD Program of Action, which states that gender equality cannot be achieved without promoting
58 and protecting the right of women to the highest attainable standard of physical and mental health, which includes
59 SRH, as expanding access to this information and health services creates an environment that enables women’s
60 empowerment,

61
62 *Highlighting* the World Health Assembly resolution 53.17 of May 2000 on the prevention and control of chronic
63 diseases, which calls for the promotion of effective primary, secondary, and tertiary prevention, especially in
64 developing states,

65
66 *Bearing in mind* the efforts of the UN Entity for Gender Equality and the Empowerment of Women (UN-Women),
67 the United Nations High Commissioner for Refugees (UNHCR), United Nations Development Programme (UNDP),
68 United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), the Joint United Nations
69 Programme on HIV/AIDS (UNAIDS), and other international and state-led organizations to increase the capacity of
70 Member States in providing assistance to women in relation to SRH and SGBV,

71
72 *Calling attention to* the 13 United Nations Office on Drugs and Crime (UNODC)-supported training courses and the
73 role that they play in training police and other security sector officials responding to the needs of victims of SGBV,
74

75 *Applauding* international campaigns aimed at increasing public awareness of SGBV and its effect on women and
76 girls, including the Secretary-General’s campaign, UNiTE to End Violence Against Women,

- 77
78 1. *Encourages* Member States and local legal institutions to coordinate with UN-Women to develop mobile legal
79 aid clinics modeled after the UNHCR and UNDP’s mobile court schemes in order to provide all women with
80 access to legal representation, including:
81
82 a. The expansion of existing organizations that focus on combatting violence against women, following a
83 rights-based approach;
84
85 b. The establishment of service-oriented programs to provide legal aid to victims of violence against
86 women in multidimensional ways;
87
88 2. *Suggests* Member States continue the development of mobile clinics, including those supported by the UNFPA
89 Country Assistance Program, that work to:
90
91 a. Provide crisis intervention services, specifically in rural areas that lack access to healthcare, specialist
92 support, and counseling;
93
94 b. Train healthcare providers (doctors, nurses, and midwives) to adequately address the different facets of
95 reproductive health (identifying risk, assessing safety, and providing referral pathways) to achieve the
96 highest possible standard of care;
97
98 c. Offer first line support, both physical and psychological, to victims of SGBV;
99
100 d. Provide access to information on legal services and the options available to victims;
101
102 e. Undertake community outreach and awareness programs to ensure that the centers are accessible,
103 affordable, and confidential spaces for local women;

104

- 105 3. *Recommends* increased cooperation between public-private partnerships aimed at producing affordable
106 medications, including those pertaining to SRH-related diseases such as HIV/AIDS, in developing countries by
107 the sharing of best practices between pharmaceutical industries in the global north and global south;
108
- 109 4. *Advises* national ministries of health, local organizations, and non-governmental organizations (NGOs) to
110 cooperate with the UNFPA, UNICEF, and UNAIDS to develop mobile health clinics to provide testing and
111 treatment for SRH-related diseases, with a specific focus on HIV/AIDS;
112
- 113 5. *Encourages* the promotion of access to healthcare through the development of transportation and healthcare
114 infrastructure projects by Member States and relevant regional organizations, including:
115
- 116 a. Developing and managing healthcare facilities and victims' shelters in rural areas;
117
- 118 b. Increasing emergency and non-emergency transportation infrastructure to enable women and girls in
119 rural areas to access basic services safely and free from violence;
120
- 121 6. *Invites* ministries of health to partner with regional economic commissions and WHO in order to increase local
122 healthcare infrastructure aimed at streamlining access for women and girls to healthcare services for the purpose
123 of realizing their right to SRH;
124
- 125 7. *Further invites* Member States to cooperate with relevant public institutions and NGOs, including but not
126 limited to, Doctors Without Borders, in the training of health care professionals in order to provide education to
127 local communities on family planning, abandoning harmful practices including FGM, and promoting the right
128 of women and girls to SRH care;
129
- 130 8. *Calls for* national teacher training initiatives aimed at increasing the ability of schools to provide quality SRH
131 education, to be carried out by Member States in partnership with UNICEF's Child Friendly Schools Initiative
132 to partner with UN-Women to train teachers in sexual and reproductive education, thus enabling women and
133 men to understand how to prevent SRH-related diseases;
134
- 135 9. *Advises* Member States and their security sectors to utilize the UNODC Training Curriculum on effective police
136 responses to violence against women, in order to train police and response officials on how to respond and care
137 for victims of violence without prejudice;
138
- 139 10. *Proposes* the prevention of SGBV and the contraction of disease through initiatives including but not limited to
140 the Secretary General's campaign, UNiTE to End Violence Against Women, which called for increased active
141 participation of both men and women in preventative health education through regional awareness campaigns
142 and the increased use of health services by victims of SGBV;
143
- 144 11. *Invites* Member States to improve their capacities to prevent and to respond to SRH-related diseases by
145 cooperating with NGOs, such as Avert Association, through the sharing of information and best practices
146 related to all aspects of HIV/AIDS;
147
- 148 12. *Expresses hope* that Member States emphasize combatting SGBV in their national development plans, in
149 accordance with WHO's "Global Reproductive Health Strategy" in order to adequately address the right of
150 women and girls to SRH care;
151
- 152 13. *Invites* further collaboration between Member States and the UNFPA and UN-Women Joint Global Program on
153 Essential Services to Women and Girls Subject to Violence, which addresses SGBV not only as a socio-cultural
154 issue but also as a public health problem;
155
- 156 14. *Further recommends* all international dialogue addressing SGBV and its impact on SRH to mainstream respect
157 for local cultures, potentially achieved through all Member States signing the ICESCR;
158
- 159 15. *Suggests* Member States work in concert with all United Nations bodies and organs, regional and sub-regional
160 organizations, development banks, civil society organizations (CSOs), and NGOs to streamline efforts to

- 161 eliminate SGBV and provide quality access to SRH in order to promote an adequate standard of well-being for
162 all women and girls;
163
- 164 16. *Invites* Member States to cooperate with UN-Women Trust Fund to Eliminate Violence Against Women, and
165 consider signing and ratifying the CEDAW, as well as other regional human rights frameworks and their
166 protocols in order to affirm their commitment to combat SGBV and the impact that it has on SRH;
167
- 168 17. *Further calls upon* Member States to partner with UN-Women to develop specific national legislation to
169 criminalize acts of SGBV, with consideration of state sovereignty, customs, and religious traditions, in order to
170 create an environment where violence is not tolerated.



Code: CSW/RES/1/2

Committee: Commission on the Status of Women

Topic: The Impact of Sexual and Gender-Based Violence on Reproductive Health

1 *The Commission on the Status of Women,*

2
3 *Guided by the Beijing Declaration and Platform for Action (BPfA), and the Convention on the Elimination of All*
4 *Forms of Discrimination Against Women (CEDAW), to promote women’s empowerment to improve sexual and*
5 *reproductive health (SRH),*

6
7 *Fully believing* the increase of data collected by United Nations Global Gender Statistics program and Member
8 States reporting statistics as shown in the Gender Statistics report from the Economic and Social Council’s
9 (ECOSOC) Statistical Commission concerning sexual and gender based-violence (SGBV), promotes of effective
10 gender mainstreaming policies and programs to reduce SGBV,

11
12 *Reaffirming* Sustainable Development Goals (SDGs), particularly Goal 5.b in order to empower women through
13 access to information and communication technologies (ICTs), and increase women’s access to gender statistics and
14 ICTs not only encouraging gender equality, but also encouraging women to initiate progress on SGBV specifically
15 involving sexual reproductive health by educating women on the status and situation of women,

16
17 *Affirming* through Security Council resolution 2242 (2015) that implementing programs to involve women in data
18 collection and statistics on the impact of SGBV will raise awareness of the causes and effects of rape and female
19 gender mutilation and cutting, and further highlight the issues of gender inequality as well as promote the inclusion
20 of women in the technological sphere as mentioned in Security Council resolution 1325 (2000),

21
22 *Acknowledging* the work committed by the United Nations Statistics Division, the United Nations Entity for Gender
23 Equality, Empowerment of Women (UN-Women), and the Expert Group on Gender Statistics to comprehensively
24 create gender statistics and data that focuses on sex as the single most important classification, demonstrates gender
25 issues, considers the diversity of women, the variety of needs that women have, and gender biases and minimum
26 indicators for gender issues to promote the usage of gender statistics and gender data through the “Gender Statistics
27 Manual,”

28
29 *Recognizing* the initiative on 11 May 2011 at the Ministerial Session on Gender and Development of the
30 Organisation for Economic Co-operation and Development (OECD) that launched the Evidence and Data for
31 Gender Equality project (EDGE), which seeks to generate comparable gender indicators on health, education, and
32 employment, and the importance of creating ongoing projects that mirror the efforts of EDGE to specifically aim to
33 find data on women who are victims of SGBV, and its effect on their SRH,

34
35 *Commends* the Gender Statistics Program for their work in increasing and providing more support for working
36 towards creating gender statistics, and improving data collection within their “Gender Statistics Manual”, and the
37 global program, Beyond Access, that ensures women’s access to technology in rural areas through the use and
38 creation of libraries,

39
40 1. *Recommends* Member States to promote the gathering and analyzing of gender statistics using the Global
41 Gender Statistics Program and the guidelines of the Evidence and Data for Gender Equality to further
42 understand and comprehend the current status of women within their own State by:

43
44 a. *Emphasizing* expansion and investments on the technical support for data collection by:

- 45
46 i. *Supporting* work with the inter agency technical support team in individual States that request
47 fortification in data collection mechanisms and technology to get SGBV data on SRH;
48 ii. *Following* the Abbis Abba Action Agenda and paragraph 70 of General Assembly resolution
49 70/1 on “Transforming Our World: the 2030 Agenda for Sustainable Development” calling
50 for a technical facilitation mechanism that not only creates a task team on science technology

- 51 and innovation, but it also recommends forums on those topics to discuss issues and
52 successes;
- 53 iii. Encouraging increasing technical support and increase data collection on SGBV in areas that
54 are considered difficult to reach or urgently need data to help facilitate international support
55 aid such as areas in conflict and issues such as the refugee crisis;
- 56
- 57 b. Strengthening data collection coordinating systems by:
- 58
- 59 i. Increasing female representation and female leadership within these data coordinating
60 systems;
- 61 ii. Setting goals and objectives for any data that needs to be collected, using financing mechanisms
62 to support data collecting systems and help setting budgets for reproducing data on a regular
63 basis depending on the need and the type of data;
- 64
- 65 2. *Invites* Member States and other relevant bodies to inform citizens on how to improve sexual reproductive
66 health, by using international databases such as Global Database on violence against women, which can provide
67 real time information on SGBV;
- 68
- 69 3. *Encourages* to utilize multilateral efforts for gathering qualitative and quantitative information on SGBV by
70 respecting the state sovereignty:
- 71
- 72 a. Strengthening collection of statistical data and to analyzing all relevant to violence against women
73 by increasing the quality of data collection of all forms of violence against women with regional
74 cooperation;
- 75
- 76 b. Gathering statistics information with relevant bodies to receive the data from grassroots level and bring
77 to a national level by publishing statistics data and highlighting the priority challenges on violence
78 against women in order to make effectiveness of law, policies, and programs, and making awareness
79 from data collection;
- 80
- 81 4. *Recommends* building on the development of the technical skills of Member States specifically in production,
82 dispersion, and ability to spread data effectively and regularly to even diverse groups of women civilians who
83 require this accessible data in various forms and languages;
- 84
- 85 5. *Advocates* the application of programs to increase women's access to technology in needed regions where
86 women do not have sufficient access by enabling trained women to aid in collecting gender statistics within
87 their regions;
- 88
- 89 6. *Encourages* existing facilities such as libraries containing computers, tablets, and other necessary materials
90 within Member States to cater to women in rural areas, by allowing for bus routes in rural communities in order
91 to expand women's access to ICTs as well as allow for a larger database of data collecting within Member
92 States to increase awareness of SGBV;
- 93
- 94 7. *Invites* women to contribute to the database after extensive training in Member States to report on gender
95 related data and all forms of SGBV, where the data can be collected to increase awareness of SGBV;
- 96
- 97 8. *Suggests* Member States voluntarily build hotlines for women in collecting gender data concerning SGBV to
98 increase the statistics by reporting the information about women's right situation to Member States, and later to
99 UN-Women expert group on gender statistics.



Code: CSW/RES/1/3

Committee: Commission on the Status of Women

Topic: The Impact of Sexual and Gender-Based Violence on Reproductive Health

1 *The Commission and the Status of Women,*
2
3 *Keeping in mind* Goal 5 of the Sustainable Development Goals (SDG), and Target 5c emphasizing the essential need
4 to strengthen domestic policies and legislation in regards to gender equality and women’s empowerment
5 highlighting the need for equal representation at all levels of decision-making and political, economic, and public
6 life,
7
8 *Noting* the continued efforts by Member States to fulfill Strategic Objective D1 of the *Beijing Declaration and*
9 *Platform for Action* addressing the elimination of violence against women,
10
11 *Highlighting* the long-term health effects of female genital mutilation (FGM) as outlined in General Assembly
12 resolution 67/146 and the prevailing attitudes towards FGM that justifies the support of the practice as described in
13 United Nations Children’s Fund’s (UNICEF) report, “FGM/Cutting: A Statistical Overview and Exploration of the
14 Dynamics of Change,”
15
16 *Recalling* previous efforts of Member States in establishing national plans of action as recommended in *Declaration*
17 *on the Elimination of Violence Against Women* to promote the overall empowerment of women,
18
19 *Drawing Attention* to United Nations Population Fund’s (UNFPA) “Reproductive Health Effects of Gender Based
20 Violence: Policy and Program Implications” outlining the culture of silence and the negative effects it poses to
21 reproductive health,
22
23 *Considering* the 2011 UNFPA framework, “Making Reproductive Rights and Sexual and Reproductive Health a
24 Reality for All” and the relative shortcomings of the framework in addressing solutions for children facing sexual
25 gender-based violence (SGBV),
26
27 *Bearing in mind* the recommendations of the World Health Organization’s (WHO) 2013 report “Responding to
28 Intimate Partner Violence and Sexual Violence against Women,”
29
30 *Guided by* various international documents, as well as Member State’s national legislation recognizing the rights of
31 women and children, as mentioned in the *Convention on the Rights of the Child* (1989), and the *Convention on the*
32 *Elimination of all Forms of Discrimination Against Women* (CEDAW) (1979),
33
34 *Cognizant* of the need for governments to end domestic violence, and SGBV against women through comprehensive
35 legislation that punishes violators of SGBV that provides a holistic and prompt response, as noted in the Secretary-
36 General's Campaign UNiTE to End Violence Against Women,
37
38 *Acknowledging* the important work that the United Nations Development Program’s (UNDP) “Gender and conomic
39 Policy Management Initiative” does to support the construction of gender-specific policies within national
40 legislation, by providing capacity developing workshops that promote economic equality,
41
42 *Observing* the lack of acknowledgment regarding femicide as a current core set of statistical indicators on violence
43 against women in the United Nations Commission on the Status of Women’s (CSW) Expert Group Meeting on the
44 Prevention of Violence against Women and Girls (2012),
45
46 *Recognizing* that women and girls, both in rural and urban areas are subjected to SGBV often lack the ability, and
47 feasibility to utilize health and legal services, as noted in UNFPA’s Addressing Gender Based Violence (2009),
48

49 *Commending* the efforts of the UNICEF and UNFPA in the co-facilitation of the Area of Responsibility on Gender-
50 Based Violence within the Global Protection Cluster, especially in their aims to hold perpetrators of SGBV
51 accountable,

52
53 *Recognizing* The United Nations Entity for Gender Equality and the Empowerment of Women's (UN-Women)
54 signing onto the *Tbilisi Declaration* (2015) as a vehicle for transformative change towards the overall enhancement
55 of gender equality, and Member States utilizing the Declaration as a model on a regional level for effective measure
56 to achieve gender mainstreaming in Member States' national and international policy processes,

57
58 *Taking note* of individual's falling victim to SGBV due to their gender identification, and the lack of the United
59 Nations Women's HeForShe Campaign to address gender identification, as noted in the United Nations High
60 Commissioner for Refugees' (UNHCR) follow-up and implementation of the *Vienna Declaration and Program of*
61 *Action* (2011) drawing attention, to Chapter Three: Violence,

62
63 *Acknowledging* the UN-Women Safe Cities Global Initiative (2015) and the clear connection between lowering
64 SGBV cases and the severity of cases, as a direct result of legislation passed in Member States improving city
65 infrastructure to better protect groups that may be affected by SGBV,

66
67 *Alarmed* by the fact official development assistance (ODA) target – 0.7% of gross national income (GNI) – of
68 Member States contribution is often not met, as recorded by United Nations Millennium Project, commissioned by
69 the United Nations Secretary-General,

- 70
71 1. *Encourages* all Member States to develop national action plans regarding the protection of victims of SGBV
72 through developing sustainable cooperation with UN-Women, non-governmental organizations (NGOs), and
73 other Member States by supporting:
74
75 a. Specialized hotlines coordinated by Member States, and NGOs for victims of domestic or other forms
76 of SGBV through which they can anonymously be connected to specialized lawyers who provide
77 information about shelters, other state services, legal remedies for future protection from domestic and
78 other SGBV such as, restraining orders, healthcare services, psychological help and contact
79 information of relevant state and NGOs concerned with sexual and gender based violence both in rural,
80 and urban areas;
81
82 b. Member State and NGO single-sex run shelters for immediate protection for individuals facing SGBV,
83 both in urban and rural areas, where women can provide information on potential legal proceedings;
84
85 2. *Advises* Member States to enact legislation providing preventative measures to end violence against women in
86 accordance with the UN-Women's COMMIT Initiative (2012), which was launched leading up to the 57th
87 CSW, by Member States making concrete pledges to take action on ending violence against women through
88 legislation;
89
90 3. *Recommends* femicide be included into the core set of statistical indicators as established in the Expert Group
91 Meeting on the Prevention of Violence Against Women and Girls held in Thailand in 2012 attended by WHO,
92 UN-Women, UNICEF, UNDP, and other relevant United Nations organizations, aimed at increasing the
93 accuracy of the statistics of gender-based murders through the creation of specific registries and studies on the
94 issues by national governments by:
95
96 a. Prioritizing femicides on the public agenda by including the concept frequently in academic, legal,
97 social, and political discourse to raise awareness of femicide as a severe form of SGBV;
98
99 b. Training law enforcers, police, and investigation authorities to detect signs of femicide to show
100 transparent and accurate statistics on femicide as demonstrated in the Latin American Model Protocol
101 for the investigation of gender-related killings of women (femicide/feminicide) (2014);
102
103 4. *Invites* Member States to incorporate accessible, community-based secondary education programs educating
104 both males and females on the importance of healthy relationships to help prevent SGBV within families by:

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- a. Developing programs similar to the Voices against Violence sponsored by the World Association of Girl Guides and Girl Scouts and UN-Women educating young females on SGBV by means of age appropriate activities incorporated into remote area outreach initiatives, as well as formal education;
 - b. Utilizing studies comparable with “Engaging Men to Prevent GBV: A Multi-Country Intervention and Impact Evaluation Study” which collaborates with the Men Engage Alliance (United Nations Trust Fund to End Violence Against Women) that provides state-specific targeted group education challenging gender discriminatory societal norms;
5. *Encourages* all Member States to reaffirm their commitment to fulfill the *Beijing Declaration and Platform for Action* Strategic Objective H.2. of incorporating gender mainstreaming into government's legislation, policies, and programs through assistance of the Office of the Special Adviser to the Secretary-General on Gender Issues and Advancement of Women (OSAGI) by:
- a. Undertaking concrete action to enhance female representation in the political and economic realm of all Member States, such as temporary special measures for the realization of de facto gender equality in public life;
 - b. Enhancing the gender perspective in both times of peace and conflict through the genuine implementation of the agenda of Security Council resolution 1325 (2000) and its subsequent resolutions on ‘Women, Peace and Security;’
 - c. Developing gender awareness measures to transform discriminatory societal norms and gender stereotypes in order to surmount discriminatory attitudes in our societies;
 - d. Cooperating with civil society and women’s and community-based organizations operating on the local, regional, national, and international level for the empowerment of women and girls;
6. *Encourages* Member States to incorporate gender into their efforts of achieving all SDGs by taking note of the UN-Women Position Paper: “Monitoring Gender Equality and the Empowerment of Women and Girls in the 2030 Agenda for Sustainable Development: Opportunities and Challenges” (2015) presenting suggestions for statistical indicators on gender mainstreaming;
7. *Suggests* Member States, and relevant United Nations Organizations, and NGOs seeking to protect the rights of children, as described in the 60th session of the CSW (2016) be actively involved in the sharing of best practices on the topic of addressing SGBV pertaining to women and children, through conferences as demonstrated through the Conference on the Prevention and Eradication of Violence against Women and their Children: Using Best Practice Approaches for International Solutions (2016);
8. *Appeals* Member States to support WHO’s “Guidelines on Preventing Early Pregnancies” into national legislation for the education of women, and girls, aiming at providing assistance to community leaders to educate women concerning the dangers of adolescent pregnancy;
9. *Encourages* Member States to network with NGOs and Women-run organizations to facilitate job and career fairs as well as conferences for women who have been victims of SGBV to be empowered as well as to allow them to be reintegrated into society as meaningful citizens post SGBV trauma by:
- a. Following the suggestions by the United Nations Organization for the Coordination of Humanitarian Affairs (OCHA) SGBV framework, which calls for the devotion of resources specifically for women who are victims of SGBV, and the pairing of UN-Women with NGOs such as the Justice and Reconciliation Project and the Women’s Advocacy Network to provide economic empowerment, leadership training and microloans among other benefits to allow SGBV victims to successfully transition back into society;

- 160 b. Focusing on the protection or access to services, justice, economic security or citizenship as
161 demonstrated effectively Commissioned by the United Nations Development Fund for Women
162 (UNIFEM) and UN-Women providing technical support;
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- 164 10. *Further expanding* UN-Women’s HeForShe Campaign, which highlights the need for both men and women to
165 be included in the promotion of gender equality aimed at improving the lives of women and men upon the focus
166 of people who experience intersectional oppressions in particular individuals with gender identification
167 dilemmas;
168
- 169 11. *Invites* Member States to incorporate secondary education programs educating individuals on the importance of
170 healthy relationships to help prevent SGBV within families, similar to the Iranian Family Knowledge Units;
171
- 172 12. *Invites* Member State’s contributions to the United Nations regular budget for 2016 be reevaluated to ensure
173 that state contribution is in proportion to state GNI in an effort to effectively implement the United Nations
174 initiatives and subsequently the UN-Women’s initiatives to combat SGBV with the assistance of NGOs (UN-
175 Women Trust Funds for Gender Equality);
176
- 177 13. *Promotes* immediate response measures to be taken by Member States in collaboration with experts from NGOs
178 and UN-Women aimed at strengthening Member States national policies regarding access to psycho-social,
179 medical, and legal services for victims of SGBV modeled after the Vital Voices’ “Global Partnerships Gender
180 Based Violence Emergency Response and Protection Initiative” implemented throughout the Latin American
181 Region;
182
- 183 14. *Calls upon* Member States to improve their State’s infrastructure, through collaborating with regional and
184 global civil society organization (CSOs) aimed at reducing SGBV, and serves as a model the “Better Urban
185 Transport and Access to Public Services Program” executed regionally that effectively demonstrated improving
186 infrastructure such as single sex buses, and single sex police task forces enhanced SGBV victim’s access to
187 social services;
188
- 189 15. *Calls upon* Member States to fully eradicate FGM through the use of enacting legislation to criminalize the
190 practice of FGM as recommended in the “UN UNFPA-UNICEF Joint Program on Female Genital
191 Mutilation/Cutting: Accelerating Change” (2008-2017);
192
- 193 16. *Recommends* utilizing the UNDP’s Gender and Economic Policy Management Initiative, to fortify national
194 policies and legislation framework to include a gender-sensitive rights-based focus.



Code: CSW/RES/1/4

Committee: Commission on the Status of Women

Topic: The Impact of Sexual and Gender Based Violence on Reproductive Health

1 *The Commission on the Status of Women,*
2
3 *Recognizing the Declaration of Sexual Rights of 2014 by the World Association for Sexual Health, stating the right*
4 *to be free from all forms of violence and coercion and the right to the highest attainable sexual health standards,*
5
6 *Keeping in mind that access to sexual and reproductive health (SRH) and eliminating violence against women are*
7 *demonstrative of the targets specifically laid out in Goal 5 of the Sustainable Development Goals (SDGs),*
8
9 *Deeply concerned with the prevalence of sexual gender-based violence (SGBV) around the world, as 35% of women*
10 *have experienced either physical and or SGBV according to UN-Women,*
11
12 *Highlighting the serious SRH consequences victims of SGBV face as described in the United Nations Population*
13 *Fund (UNFPA) report, “Addressing Violence Against Women and Girls in Sexual and Reproductive Health*
14 *Services,”*
15
16 *Congratulating the previous efforts made by Member States and United Nations bodies to alleviate issues pertaining*
17 *to SGBV and promoting reproductive health,*
18
19 *Responding to the lack of physicians and trained professionals around the world, especially in rural areas and*
20 *conflict-stricken regions, as described in the World Health Organization’s (WHO) “2013 Recommendations for*
21 *Rural Health Worker Retention,”*
22
23 *Commending the Global Fund for Women for its work in ending violence against women through its initiatives and*
24 *alliances with regional and international bodies, in efforts to ensure women’s rights to safety, liberties, political*
25 *participation, and freedom from violence,*
26
27 *Considering the need for medical assistance for victims of SGBV, especially in efforts to promote SRH as an*
28 *objective of the Global Observatory for eHealth to ensure accurate and effective measures,*
29
30 *Recognizing the definition of telemedicine adopted by WHO in 2007, as delivering healthcare services to distant and*
31 *remote areas by medical professionals using information and communication technologies (ICTs) to exchange*
32 *medical information including diagnoses, treatment and prevention, as well as education , in order to advance the*
33 *overall health of women and girls,*
34
35 *Taking into consideration the Second Global Survey on e-Health, Telemedicine Opportunities and Developments in*
36 *Member States report from 2010, conducted by WHO, which addresses how telemedicine can help overcome*
37 *distance and time barriers between health providers and patients in remote areas, increase access to health services,*
38 *and reach under-served populations,*
39
40 *Recalling strategic objective B.3 of the Beijing Declaration and Platform for Action (BPfA) and the Geneva Plan of*
41 *Action, which advocates for the accessibility of technology to women, and extending SRH services through ICTs,*
42
43 *In accordance with the platforms laid out by the International Telecommunications Union (ITU), which allocates*
44 *technological resources and infrastructure in under-served communities to increase ICT connectivity due to the fact*
45 *that 4 billion people do not have access to internet according to the ITU,*
46
47 *Noting the World Telecommunication Standardization Assembly (WTSA-12), which adopted resolution 78 on*
48 *Information and Communication Technology Applications and Standards for Improved Access to e-Health,*
49 *following the World Health Symposium where ITU was delegated the main role in collaborating with WHO to*

50 create a global comprehensive initiative to open an environment for development and the promotion of e-health
51 standards to vulnerable populations, including women in rural areas,
52

53 *Acknowledging* the role of the United Nations Office for Outer Space Affairs (UNOOSA) and Committee on the
54 Peaceful Uses of Outer Space (COPUOS), which has extended its focus onto virtually connecting medical
55 specialists with patients and health practitioners in rural and vulnerable areas promoting telemedicine as a means to
56 provide health services to remote regions subsequently improving access to SRH services, decreasing maternal
57 mortality rates as mentioned by the UNFPA,
58

59 *Applauding* the collaborative work done by private and public entities to provide telemedicine to rural areas, such as
60 public-private-partnerships in Member States that aim to connect the state's leading clinicians to some of its most
61 deprived patients, drastically cutting down mother and child deaths,
62

63 *Emulating* efforts laid out by the Universal Service Fund, which aids Member States by allocating resources and
64 infrastructure to provide telemedicine and telecenters connected to high speed broadband, powered through
65 renewable energy to provide essential e-Health services and also provide ICT training for girls as an empowerment
66 effort in which the digital gender divide is narrowed and information to health becomes accessible through
67 technology,
68

69 *Expressing* its satisfaction with innovative approaches to increasing technological accessibility and infrastructure
70 such as Google's Project Loon, which "is a network of balloons traveling on the edge of space, designed to connect
71 people in rural and remote areas, help fill coverage gaps, and bring people online after disasters," implemented in
72 various regions around the developing world, consequently opening access to telemedicine for women in remote
73 areas,
74

75 *Recognizing* the *Declaration of Sexual Rights* of 2014 by the World Association for Sexual Health, stating the right
76 to be free from all forms of violence and coercion and the right to the highest attainable sexual health standards,
77

- 78 1. *Suggests* the implementation and expansion of the Broadband Commission for Sustainable Development
79 towards engagement in advocacy to promote and provide broadband in developing countries and rural
80 communities by donating possible technologies and providing potential affordable costs which can increase
81 connectivity to allow the implementation of telemedicine;
82
- 83 2. *Asks* for the expansion of Telemedicine Without Borders to provide its services to victims of SGBV in
84 inaccessible and rural areas in countries as well as conflict stricken regions, which lack access to medical
85 resources and knowledge;
86
- 87 3. *Invites* the Global Fund for Women to expand upon telemedicine, e-Health, and all related programs to uplift
88 SRH service initiatives and to collaborate with the UNOOSA and COPOUS to use outer space technology and
89 telecommunication to amplify the multifaceted efforts of eHealth and telemedicine;
90
- 91 4. *Further Suggests* the expansion of the Broadband Commission for Sustainable Development, which works in
92 conjunction with ITU and the United Nations Education, Science and Cultural Organization (UNESCO)
93 towards engagement in advocacy to promote and provide broadband in developing Member States and rural
94 communities by donating possible technologies and providing potential affordable costs which can amplify the
95 scope of telemedicine to provide SRH services;
96
- 97 5. *Recommends* the use of telecommunications technology to facilitate culturally-sensitive training for midwives
98 and local health providers, in efforts to improve SRH by educating on safety and sanitary measures in rural
99 areas or areas with limited access to health technology by:
 - 100 a. Utilizing multilateral partnerships to create wireless access and availability to ICT connectivity in rural
101 regions such as, Universal e-telecasters by the Universal Service Fund and from the Media
102 Development Investment Fund, project Outernet, broadcasting 1GB daily worldwide from seven
103 satellites, and plan to launch nano-satellites to improve the coverage to 10GB daily to other states in
104 need;
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- b. Asking local specialized volunteer medical professionals to provide seminars using video conferences or telephone calls, which can include but are not limited to:
 - i. Timely responses to victims of sexual gender based violence such as healing physical wounds, psychological support, and symptoms of sexually transmitted diseases;
 - ii. Information regarding pregnancy and maternal health to ensure mothers are aware healthy habits for herself and the child during and after pregnancy;
 - iii. Safety and hygiene measures during delivery and possible minor complications throughout delivery, as well as how to stabilize mothers with severe complications while professional help arrives;
 - iv. Conveying basic training on preventive medicine encompassing SRH services to local health providers and volunteers to ensure newborn children and mothers have higher survival rates, especially in times when women and children are most vulnerable;
 - c. Providing access to a collection of videos and seminars recorded by volunteer professionals, stored in websites under Who's supervision, which can have methods of treatment of different ailments as well as preventive measures that promote SRH;
 - d. Highlighting resources such as clinics and support groups, which can help with more complicated issues that cannot be addressed in remote areas;
 - e. Suggesting the participation of major telemedicine networks to provide powerful image compression algorithms to reduce file size in order to transmit health related files over low bandwidth to provide high quality imaging between rural communities and urban cities when using telemedicine as a means to address SRH;
6. *Encourages* Member States to expand educational programs to utilize telemedicine to train grassroots level organizations, civil society organizations (CSOs) and non-governmental organizations (NGOs) on streamlining knowledge and information on medical assistance to local citizens;
7. *Advises* Member States to utilize technical support of international efforts such as that of the UNFPA and NGOs, similar to those of the International Committee of the Red Cross to teach women reproductive health services such as prenatal care, assisted delivery, and emergency obstetric care during times of natural disasters, aiming to expand this range to conflict stricken regions and rural areas prone to SGBV;
8. *Encourages* health programs be properly maintained in order to provide a sustainable long-term solution to access to telemedicine, in coordination with intergovernmental organizations (IGOs), such as WHO and UN-Women in accordance with WHO's Global Observatory for e-Health;
9. *Asks* Member States to have specific, concrete commitments for e-Health initiatives by the Global Observatory for e-Health and provide capacity building as exemplified by COPUOS on courses and workshops that offer training and fellowship programs on ICTs in developing countries;
10. *Promotes* the collaboration of private-sector entities, such as Google's Loon Project with the public sector, including CSOs, and NGOs in promoting and providing infrastructure for e-Health, specifically geared to telemedicine in rural or limited access areas;
11. *Advocates* the Global Fund for Women to expand upon telemedicine, e-health, and all related programs to uplift SRH service initiatives and to collaborate with the UNOOSA and COPOUS to use outer space technology and telecommunication to amplify the multifaceted efforts of eHealth and telemedicine which will aid in improving information access to SRH and SGBV related matters;
12. *Invites* Telemedicine Without Borders to collaborate with the Commission on the Status of Women (CSW) to provide its services to victims of SGBV in remote and rural areas in Member States as well as conflict stricken regions, which lack access to medical resources and knowledge.



Code: CSW/RES/1/5

Committee: Commission on the Status of Women

Topic: The Impact of Sexual and Gender-Based Violence on Reproductive Health

1 The Commission on the Status of Women,

2
3 *Emphasizing* Goal 5, Target 2 of the Sustainable Development Goals (SDG), which focuses on the elimination of all
4 forms of violence against women and girls in the public and private spheres including sexual, and other types of
5 exploitation,

6
7 *Affirming* Article 5 of the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW),
8 which encourages the elimination of sexual discrimination and the eradication of harmful gender stereotypes,

9
10 *Acknowledging* the dire need to more effectively educate men and women about the deplorable effects of sexual
11 gender-based violence (SGBV) and the high prevalence of violence against women, yet only 70% of gender-based
12 violence is reported according to the World Health Organization (WHO),

13
14 *Keeping in mind* the United Nations Children’s Fund Program (UNICEF), *State of the World’s Children*, and the
15 United Nations Human Rights Council resolution 24/L.34, which addresses the impact of child marriage on sexual
16 and reproductive health,

17
18 *Recalling* General Assembly resolutions 69/150, regarding intensifying global efforts for the elimination of female
19 genital mutilation (FGM), 69/147, regarding the intensification of efforts to eliminate all forms of violence against
20 women and girls, and 68/191, regarding improving the situation of women in rural areas, and General Assembly
21 resolution 56/128, which reaffirms the obligations of all states to fight SGBV,

22
23 *Having considered* United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) ad
24 series regarding widespread sexism and the recent introduction of the HeforShe campaign, which was successfully
25 able to engage men and boys in the efforts to achieve gender equality through 764,000 male commitments to gender
26 equality,

27
28 *Condemns* the objectification of women in media as noted in the Commission on the Status of Women’s (CSW) 57th
29 session (2013) outcome, “Report of the Expert Group Meeting on Prevention of Violence Against Women and
30 Girls,”

31
32 *Noting with despair* the harmful and long-lasting effects of FGM that includes, but are not limited to, menstruation
33 problems, infertility, hemorrhaging, and psychological trauma according to WHO,

34
35 *Noting with deep concern* the incorrectly implied perceptions of cultural and religious justifications of FGM and
36 therefore realizing the potential impact that community cultural leaders can have in lessening the prevalence of
37 FGM,

38
39 *Applauding* the improvements on the decreasing prevalence of FGM following the criminalization of FGM and the
40 implementation of several educational programs,

41
42 *Taking note* of other programs aimed at eradicating FGM such as the campaign to end FGM through Save the
43 Children, mobilization campaigns through World Vision, and adopting stronger national policies against FGM such
44 as the Joint Program on FGM by UNICEF and the United Nations Population Fund (UNFPA),

45
46 1. *Invites* Member States to create an international symposium to be hosted in Cairo, Egypt to begin the
47 International Day of Zero Tolerance for Female Genital Mutilation, February 6th, that will serve to educate
48 cultural leaders about the repercussions of FGM, with the intention of creating community-level discussions
49 featuring:

- 50
- 51 a. Influential community leaders from areas affected by FGM, so that they can receive the necessary
- 52 resources and knowledge to bring back to their communities as well as any interested;
- 53
- 54 b. Religion experts to dispel common misconceptions that FGM is a required religious practice;
- 55
- 56 c. Sexual health experts to educate invitees about the traumatic effects inflicted by FGM;
- 57
- 58 d. Speakers who can provide personable stories of how FGM affected their lives, or how choosing to not
- 59 undergo the surgery affected them socially;
- 60
- 61 2. *Welcomes* the development of national panels within Member States with equal gender representation to
- 62 monitor the content of media in relation to women, which will serve to:
- 63
- 64 a. Focus on working to exclude content that promotes or reproduces sexist stereotypical and negative
- 65 perceptions and depictions of women;
- 66
- 67 b. Measure improvements and identify gaps and progress;
- 68
- 69 c. Design future educational training and materials, which will work to provide training to media
- 70 producers in order to:
- 71
- 72 i. Increase the number of women and girls filling primary roles;
- 73
- 74 ii. Decrease the occurrence of women being portrayed as dependent;
- 75
- 76 iii. Decrease the use of sexist language;
- 77
- 78 3. *Encourages* expanding campaigns similar to My Body, I Decide, which focuses on raising awareness about
- 79 sexual and reproductive rights to youth both male and female through partnerships with other states through the
- 80 use of traditional and modern media;
- 81
- 82 4. *Suggests* Member States design and produce culturally relevant visual campaigns in conjunction with similar
- 83 national public health in order to ameliorate the awareness of SGBV and provide information on resources
- 84 available to women, similar to the Sister, Mother, Daughter campaign;
- 85
- 86 5. *Strongly supports* the engagement of males through interactive sports programs modeled after the United
- 87 Nations High Commissioner for Refugees (UNHCR) program Sports Against Sexual and Gender-Based
- 88 Violence by providing informational education and media campaigns similar to Rugby Players Say NO to
- 89 Violence Against Women;
- 90
- 91 6. *Encourages* Member States to adopt a framework similar to the community-based approach taken by the United
- 92 States Center for Disease Control’s “National Leadership Academy for the Public’s Health” to implement a
- 93 community outreach-based approach that would train and educate local and rural community leaders to actively
- 94 and accurately transmit educational information regarding women’s sexual and reproductive health and SGVB
- 95 by fostering existing local connections and trust between community leaders and the populations they serve;
- 96
- 97 7. *Endorses* the adoption of SGBV-related regional programs similar to Sexual Health Education and Treatment
- 98 program of UN-Women in Latin America and the Caribbean, which works to eradicate child marriage by
- 99 providing educational materials to Member States with high rates of underage marriage addressing the
- 100 detrimental effects on physical and mental health victims of underage marriage and the local and national
- 101 reproductive health care services available, through the assistance of United Nations regional offices;
- 102
- 103 8. *Urges* the use of online medical skills programs such as WHO’s Clinical Management of Rape Survivors E-
- 104 Program to train medical providers on counseling and treating victims of SGBV with sensitive materials;
- 105

- 106 9. *Emphasizes* the continued commitment of this body to eradicate all forms of violence against women, including
107 SGBV in all Member States;
108
109 10. *Reaffirms* its dedication to the mandate of this body and achieving gender equality and empowering women
110 worldwide.



Code: CSW/RES/1/6

Committee: Commission on the Status of Women

Topic: The Impact of Sexual and Gender-Based Violence on Reproductive Health

1 *The Commission on the Status of Women,*

2
3 *Highlighting* Targets 2, 3, 6 of Goal 5 and Goal 16 of the Sustainable Development Goals (SDG), to empower
4 women and promote gender equality, which together will endorse the peaceful, inclusive societies and provides
5 access to justice for all men and women,

6
7 *Viewing with appreciation* the dedication of the United Nations Entity for Gender Equality and the Empowerment of
8 Women (UN-Women) to combating the issues before this commission, and suggesting Member States that UN-
9 Women advocates for legislative and constitutional reforms to ensure women's fair access to political spheres,

10
11 *Recognizing* the importance of the United Nations Population Fund (UNFPA), and other organizations to provide
12 financial and technical support to states that need help creating their own national action plans (NAPs),

13
14 *Solemnly affirming* the *Convention on the Elimination of all Forms of Discrimination Against Women's* (CEDAW)
15 "General Recommendation on Women's Access to Justice," and highlighting the examination of how Member
16 States ensure access to justice for women,

17
18 *Expressing its satisfaction* with Member States that have implemented laws outlined in the UN-Women's
19 publication "Framework to Underpin Action to Prevent Violence Against Women" (2015), which works to improve
20 the legal framework around violence against women, including specialized police units, free legal advice, and
21 training of operators of the public system,

22
23 *Noting with satisfaction* multilateral cooperation between states, such as the Afghanistan and Finland Twinning
24 Cooperation, which aims to create a partnership to establish a functioning and sustainable coordination to prepare
25 the Afghan National Action Plan for Women, Peace, and Security, that will incorporate the existing policies and
26 activities and address current gaps,

27
28 *Recognizing* the help of state-led and international organizations, which aim to increase the capacity of low-income
29 Member States through the provision of health care for realizing women and girls' right to sexual and reproductive
30 health (SRH),

31
32 *Highlighting* the success of the Itach-Maki and District Task Forces on their capacity to education victims of sexual
33 and gender-based violence (SGBV) on their legal rights and ability to reintegrate victims into society through skill
34 training programs,

35
36 *Reaffirming* Guideline 9 of "The United Nations Principles and Guidelines on Access to Legal Aid in Criminal
37 Justice Systems" that focuses on the need for women to obtain equal access to legal aid and protection, particularly
38 to victims of SGBV,

- 39
40 1. *Calls upon* Member States to create NAPs that promote all aspects of Goals 5 and 16 of the SDGs, and
41 recommends Member States create twinning programs with the highest Global Gender Gap (G.G.G.)
42 coefficients to help states who wish to increase their G.G.G's, create national policies and legislation that
43 promotes gender equality, and pursuing the prevention of gender based violence and reproductive rights;
44
45 2. *Calls on* Member States to integrate sexual reproductive health rights (SRHR) into their national strategies and
46 at a central, regional, and community level and in all sectors by:
47
48 a. Addressing this issue of intimate partner violence as a substantial portion of deaths among pregnant
49 women, and asking that Member States address high maternal mortality rates in their NAPs;

- 50
- 51 b. Working to reduce the maternal mortality rates and increase the modern contraceptive prevalence rate
- 52 and suggesting Member States should use such tools as access to family planning and counseling
- 53 services;
- 54
- 55 3. *Reminds* Member States of existing frameworks such as CEDAW and the *Beijing Declaration and Platform for*
- 56 *Action*, encouraging all Member States to sign and ratify these documents in order to set an example towards an
- 57 effective and focused system founded on the equal rights and human guarantees of women, including
- 58 reproductive health;
- 59
- 60 4. *Solemnly affirms* CEDAW’s “General Recommendation on Women’s Access to Justice,” and recommends that
- 61 the Commission examines how Member States ensure access to justice for women, and encourages conduction
- 62 of random statistical and procedural analysis of Member States in a gender audit to ensure cooperation in the
- 63 pursuit of reduction of SGBV and furthering increase in reproductive health by:
- 64
- 65 a. Endorsing the creation of state led programs that promote the idea that everyone is equal before the
- 66 law and before the justice system;
- 67
- 68 b. Having states align international and national sharing methods to improve equality before the law to
- 69 increase the amount of crimes that are committed, and securing help for those who need it, post-
- 70 trauma;
- 71
- 72 5. *Declares accordingly* the need to enhance relevant existing NAPs aimed at eliminating SGBV through assisting
- 73 in the provision of capacity-building mechanisms in developing states to further increase the availability and
- 74 accessibility of SRH institutions;
- 75
- 76 6. *Suggests* Member States engage in best practice sharing similar to Itach-Maki, which provides legal aid and
- 77 leadership training services, in order to be implemented within UN-Women shelters as well as individual
- 78 Member States shelter to learn transferable skills that support victims of SGBV and reintegrate them into
- 79 society;
- 80
- 81 7. Suggests the expansion of United Nations supported District Task Forces and similar civil society organizations
- 82 to all Member States to provide SGBV victims with education on civil rights, legal assistance, and employment
- 83 opportunities within their national frameworks;
- 84
- 85 8. *Recommends* the further creation of regional legal frameworks such as United Nations Office on Drugs and
- 86 Crime’s Training Curriculum on Effective Police Responses to Violence Against Women to work to improve
- 87 education on how law enforcement can sensitively respond to SGBV cases and victims.