

18 – 22 MARCH 2018

Documentation of the Work of the United Nations Population Fund  
(UNFPA)



Conference A

# United Nations Population Fund (UNFPA)

## Committee Staff

<b>Director</b>	Ismail Dogar
<b>Assistant Director</b>	Natalia Hazelwood
<b>Chair</b>	Ekataterina Tretiakova

## Agenda

- I. Sexual and Reproductive Health in Humanitarian Responses
- II. The Impact of Climate Change on Achieving Sustainable Population Growth
- III. Managing the Needs and Challenges of an Ageing World

## Resolutions adopted by the Committee

<b>Code</b>	<b>Topic</b>	<b>Vote</b>
UNFPA/1/1	Sexual and Reproductive Health in Humanitarian Responses	Adopted without a vote
UNFPA/1/2	Sexual and Reproductive Health in Humanitarian Responses	21 in favor, 0 against, 0 abstentions

## Summary Report

The United Nations Populations Fund held its annual session to consider the following agenda items:

- I. Sexual and Reproductive Health in Humanitarian Responses
- II. The Impact of Climate Change on Achieving Sustainable Population Growth
- III. Managing the Needs and Challenges of an Ageing World

The session was attended by representatives of 22 Member States.

On Sunday, the committee adopted the agenda of I, II, III, beginning discussion on the topic of “Sexual and Reproductive Health in Humanitarian Responses.” By Tuesday, the Dais received a total of 4 proposals covering a wide range of sub-topics, such as maternal health, educational initiatives, funding for midwifery programs, and women’s empowerment in refugee camps. The atmosphere in the committee was one of partnership, and by the end of the session on Tuesday evening, some working groups were moving towards voluntarily merging complementary and similar themes.

On Wednesday, 2 draft resolutions had been approved by the Dais, with no amendments. Both resolutions received unanimous support following the voting procedure. The resolutions represented an extensive range of issues, which included the implementation of midwifery training programs in refugee camps, awareness campaigns for prevention of sexually transmitted diseases, the empowerment of women in humanitarian crises, and the expansion of a mobile clinics program in crisis areas. Collaboration, ingenuity, and efficiency were visibly present, as all delegates were dedicated to finding effective and comprehensive solutions to address the complexities of the committee topic.



**Code:** UNFPA/1/1

**Committee:** United Nations Population Fund

**Topic:** Sexual and Reproductive Health in Humanitarian Responses

---

1 *The United Nations Population Fund,*

2  
3 *Guided by the purposes and principles of the Charter of the United Nations (1945) and its primary principles to*  
4 *achieve international cooperation, promote and encourage respect for human rights and for fundamental freedoms*  
5 *for all, without distinction as to race, sex, language, or religion,*

6  
7 *Recalling the Universal Declaration of Human Rights of 1948, specifically emphasizing article 2, which promoted*  
8 *dignity and worth of the human person and equal rights of men and women,*

9  
10 *Highlighting the Sustainable Development Goals (SDGs) from the United Nations (UN) General Assembly 2030*  
11 *Agenda for Sustainable Development (2015), specifically SDG 3, that ensures access to good health and well-being,*  
12 *SDG 4, that ensures quality education, SDG 5, which empowers women and girls, and SDG 10, that aims to create*  
13 *equal opportunities for everyone, regardless of gender,*

14  
15 *Recognizing the collaboration between the UN Population Fund (UNFPA) and non-governmental organization*  
16 *(NGO) representatives in humanitarian response as a key to putting an end to gender-based violence (GBV) and*  
17 *abuse,*

18  
19 *Emphasizing the right of women and girls to have sex education based on full and accurate information in*  
20 *accordance to Member States, as mentioned in the 2016 UNFPA report: *Universal Access to Reproductive Health:**  
21 *Progress and Challenges,*

22  
23 *Recognizing the impact of humanitarian actors, in efforts to implement national development politics and funds, to*  
24 *address challenges relating to healthcare services,*

25  
26 *Deeply disturbed by the difficulty to properly deliver sexual and reproductive health (SRH) and information in*  
27 *conflicted areas,*

28  
29 1. *Invites* Member States to apply UNFPA's *Minimum Standards for Prevention and Response to Gender-Based*  
30 *Violence in Emergencies* in order to promote the safety and well-being of women and girls in emergencies, and  
31 to provide practical guidance on GBV prevention;

32  
33 2. *Encourages* the expansion and further implementation of the Minimum Initial Service Package (MISP) in  
34 conflict areas, by:

- 35  
36 a. Identifying NGOs directly working in humanitarian assistance areas to implement MISP;
- 37  
38 b. Raising awareness about infections that can affect women in childbearing age during humanitarian  
39 crisis, by:
- 40  
41 i. Inviting national governments to work with NGOs to implement sustainable aid in  
42 humanitarian zones, to prevent and manage the consequences of sexual violence, reduce  
43 sexually transmitted infections (STIs) transmission, and increase access to neonatal and  
44 maternal healthcare;
- 45 ii. Improving the access to contraceptives in humanitarian zones to prevent unwanted  
46 pregnancies and improve long-term health;
- 47 iii. Establishing a 24/7 referral system to prevent maternal and infant mortality;
- 48

- 49 3. *Calls upon* Member States to increase access to training and education for community members, by medical  
50 professionals, in order to provide sufficient health services during humanitarian crises and to gather important  
51 health data by:  
52
- 53 a. Encouraging willing Member States to implement SRH education in their academic programs;
  - 54
  - 55 b. Increasing the involvement of trained women leaders in women’s health education, including topics  
56 such as: family planning, breast self-exams, and pregnancy to cancer screenings;
  - 57
  - 58 c. Considering the humanitarian obstacles, such as internal and external conflicts, natural disasters, and  
59 other national emergencies Member States face, in order to access essential human services such as  
60 access to contraception, STIs prevention, and high-quality reproductive health information;
  - 61
  - 62 d. Improving the access to accurate data through a registry that is collected by healthcare professionals  
63 and is updated in real time;
  - 64
- 65 4. *Proposes* the establishment of a two-step approach with the main objectives to eliminate GBV in humanitarian  
66 contexts, and ensure the preparedness of communities to humanitarian crises in fragile states, by:  
67
- 68 a. Establishing a program in partnership with UNFPA and the Inter Agency Standing Committee (IASC),  
69 by:  
70
  - 71 i. Providing humanitarian staff with the *Minimum Standards for Prevention and Response to*  
72 *Gender-Based Violence in Emergencies* published by the IASC in partnership with UNFPA, in  
73 order to educate humanitarian workers about GBV, as well as the sexual and reproductive needs of  
74 women in humanitarian settings;
  - 75 ii. Conducting trainings for humanitarian workers by teaching them to respond and prevent GBV,  
76 which occurs in the context of humanitarian settings;
  - 77
  - 78 b. Recommending the General Assembly to establish an open-ended working group that would help  
79 meeting the second goal of the aforementioned approach, in collaboration with UNFPA and the UN  
80 High Commissioner for Refugees (UNHCR), by using their emergency handbook to:  
81
  - 82 i. Ensure the establishment of the Minimum Preparedness Actions (MPAs);
  - 83 ii. Evaluate the level of preparedness in Member States at risk of humanitarian crisis, and the  
84 priorities of each Member State concerning the emergencies that can affect them, in the  
85 interest of identifying the preparedness actions needed;
  - 86 iii. Work in collaboration with Member States’ offices and regional offices using the MPAs  
87 checklist, in order to ensure the implementation of MPAs;
  - 88
- 89 5. *Suggests* Member States to increase their funding to UNFPA to ameliorate general committee actions,  
90 especially in SRH preparedness and humanitarian answers in emergency crisis, by:  
91
- 92 a. Having countries increase their donation to UN Office for the Coordination of Humanitarian Affairs  
93 (OCHA), in order to make the budget allowed to vulnerable populations wider, and offering more  
94 opportunity;
  - 95
  - 96 b. Increasing cooperation with International Organizations (IOs) such as the Organisation for Economic  
97 Co-operation and Development (OECD), in order to have more funds to be used to help in  
98 humanitarian crisis.



**Code:** UNFPA/1/2

**Committee:** United Nations Population Fund

**Topic:** Sexual and Reproductive Health in Humanitarian Responses

---

1 *The United Nations Population Fund,*

2  
3 *Guided by the Article 25 of the Universal Declaration of the Human Rights (UDHR) (1948), granting every human*  
4 *being the right to health and medical care, especially article 2 stressing the need for special care and attention during*  
5 *motherhood and childhood, and equal social protection in or out of wedlock,*

6  
7 *Reiterating Sustainable Development Goal (SDG) 3.7, that aims to provide the entire world with sexual and*  
8 *reproductive healthcare services by 2030,*

9  
10 *Recalling SDGs 4, 5, 10, and 16 regarding quality and inclusive education, gender equality, reducing the*  
11 *inequalities, and fortifying the peace in established refugee institutions,*

12  
13 *Reaffirming Economic and Social Council (ECOSOC) resolution 2017/14 of 11 December 2017, concerning*  
14 *the strengthening of the coordination of emergency humanitarian assistance of the United Nations (UN),*

15  
16 *Taking into consideration the Convention on the Elimination of All Forms of Discrimination against Women*  
17 *(CEDAW) (1979), which recognized the need to focus efforts on gender equality and affirmed the woman's right to*  
18 *reproductive choice,*

19  
20 *Endorsing the Midwifery Program Guidance (MPG) implemented by the UN Population Fund (UNFPA), aimed at*  
21 *scaling up quality midwifery policies and services around the world,*

22  
23 *Calling attention to the crucial role of family planning, and acknowledging the work of the family planning*  
24 *(FP2020) initiative,*

25  
26 *Aware of the increasing incidence of sexually transmitted infections (STIs) and the high rate of unsafe abortion,*  
27 *especially in the developing world and in countries where safe legal abortion in emergency situations is unavailable,*  
28 *which often occur due to lack of awareness,*

29  
30 *Bearing in mind the importance of the civil society when humanitarian crises occur, and awareness and quality*  
31 *education on sexual and reproductive health (SRH),*

32  
33 *Expressing deep concern about the disproportionate vulnerability of women and adolescents concerning SRH*  
34 *education and services, especially in humanitarian settings,*

35  
36 *Reaffirming the need for funding from willing Member States and non-government organizations (NGOs) for the*  
37 *financing of sexual and reproductive health services,*

38  
39 *Further recalling the Mobilizing Men initiative that raises awareness on gender-based violence (GBV),*

40  
41 *Being aware of an increasing number of humanitarian crises in which SRH issues tend to be neglected,*

42  
43 *Recognizing the need for improvement in the pre-existing mobile clinics organization, and existing services points*  
44 *all around the world,*

45  
46 *Realizing that the funding of UNFPA could be illiquid for an immediate response to a humanitarian crisis,*

47

48 *Noting the success of* the annual funding repartition of UNFPA regarding Integrated sexual and reproductive health  
49 services, adolescents and youth, gender equality, evidence-based policy making, organizational effectiveness,  
50  
51 1. *Invites* Member States to ensure the accessibility of existing family planning initiatives in humanitarian crisis  
52 contexts, by:  
53  
54 a. Implementing risk reduction measures in regards to unsafe sex practices through enhancing family  
55 planning programs and campaigning guidelines, with respect to cultural and moral boundaries;  
56  
57 b. Designing updated country-based action plans in cooperation with the Family Planning 2020 initiative,  
58 especially for overpopulated refugee camps;  
59  
60 2. *Promotes* the creation of an education initiative aiming to improve resilience of individuals in regions and  
61 settings which are prone to crisis and have limited access to humanitarian aid, especially limited access to  
62 medical care, by:  
63  
64 a. Providing extensive knowledge of SRH matters to vulnerable populations through training carried out  
65 by advanced SRH professionals;  
66  
67 b. Aiming at educating affected individuals, enabling affected populations to provide basic first-aid  
68 services and emergency support in humanitarian crisis settings, including:  
69  
70 i. Maternal health matters such as basic midwifery training;  
71 ii. New mothers and infant health;  
72 iii. Sex education including safe sex practice, as well as knowledge of sexual rights of every  
73 individual, sexual and domestic-based violence, and sexually transmitted diseases (STDs);  
74  
75 3. *Advocates* Member States to consider the empowerment of women in humanitarian crisis responses to make  
76 them self-resilient, through education made by multiple organizations, such as the UN Entity for Gender  
77 Equality and the Empowerment of Women (UN-Women), by:  
78  
79 a. Implementing family workshops at the household level that emphasize shifting the focus from paternal  
80 hierarchy towards equal status in joint families;  
81  
82 b. Giving women the freedom to decide the presence of a third party in sexual and reproductive  
83 healthcare services, to assure the right to confidentiality and privacy about patient healthcare  
84 information;  
85  
86 c. Proliferating programs such as Women and Girls Safe Spaces (WGSS), that:  
87  
88 i. Considers their concerns and their needs in a protected and supportive environment, to assist  
89 them appropriately;  
90 ii. Offers safe and non-stigmatizing GBV response services on a psychological, legal, and  
91 medical level;  
92 iii. Collects sensitive information on issues related to women's rights, health, and services;  
93  
94 4. *Encourages* all Member States to implement the work of the governmental bodies and institutions related to  
95 education to increase knowledge and understanding of adolescents concerning:  
96  
97 a. Reproductive biology and means of contraception through educational programs specific to each  
98 region subject to humanitarian crisis;  
99  
100 b. Sexual rights of individuals in humanitarian crisis zones, by ensuring school curriculum includes  
101 comprehensive, evidence-based, and non-discriminatory sexuality education;  
102

- 103 5. *Suggests* all willing Member States to support and collaborate with NGOs, such as, but not limited to Frontline  
104 SMS and civil society organizations (CSOs) to initiate a comprehensive awareness campaign to be accessible to  
105 all population by:  
106
- 107 a. Encouraging female workers in humanitarian response, allowing women to feel more comfortable in  
108 confiding to the social workers and NGO personnel about the abuses they face and the health  
109 difficulties they encounter;  
110
  - 111 b. Creating challenges which all genders and all ages can participate in, such as #metoo, from the Times  
112 Up organization, and do this by using modern technologies or media channels such as text messages,  
113 television shows and series, children's books and ads;  
114
  - 115 c. Prioritizing this awareness through images, as posters, placards, pamphlets, and any visual forms of  
116 campaigning, to make it also accessible to the deaf, and people who do not have access to education;  
117
  - 118 d. Promoting awareness programs to improve sexual health and conditions in the areas needing  
119 humanitarian aid, to avoid the increase of infections, by:  
120
    - 121 i. Providing women and men with understanding of the dangers of poor environmental  
122 conditions, especially in humanitarian crises;
    - 123 ii. Providing local communities as well as local NGOs with the needed materials to educate  
124 young people on how they can exercise their right regarding their sexual life, in a safe  
125 manner;  
126
- 127 6. *Calls upon* Member States to improve awareness campaigns directed on topics such as, but not limited to risks  
128 and prevention related to STDs and use of contraceptives, and to include them in peacekeeping missions,  
129 refugee camps, and humanitarian bases;  
130
- 131 7. *Directs attention to* the improvement of the sanitary assistance in refugee camps, for displaced people in  
132 conflict zones to prevent STI transmission by:  
133
- 134 a. Including sanitary assistance in the form of materials and planning, to be made available to municipal  
135 governments and CSOs, to improve sanitary conditions and their efficiency in humanitarian zones;  
136
  - 137 b. Obtaining data of the sanitary needs of humanitarian zones by the municipalities and local NGOs, for  
138 the publishing of reports in order to better assess and allocate resources to the unique needs of each  
139 humanitarian zone;  
140
- 141 8. *Further suggests* ECOSOC, in collaboration with UNFPA and the World Health Organization (WHO), to  
142 improve the existing mobile clinics organization and delivery rooms in humanitarian crisis zones, with the  
143 collaboration of international organizations, such as the International Planned Parenthood Federation, the  
144 Danish Refugee Council, the Russian Public Health Association, Swedish International Development  
145 Cooperation Agency (SIDA), the United Kingdom Ministry for International Development, and the UN Central  
146 Emergency Response Fund, with respect to the constitutional and cultural boundaries of each Member State, by:  
147
- 148 a. Designating the deployment of field experts, particularly public health specialists, to provide  
149 immediate emergency responses in times of humanitarian crises, by facilitating a structured approach  
150 of allocating basic care within outbreak areas and prioritizing needs-based healthcare delivery;  
151
  - 152 b. Providing the medical screening supplies for the diagnosis of STIs, and prevention of these diseases for  
153 vulnerable populations;  
154
  - 155 c. Using accountable mobile clinic personnel in handling the confidential information of the population  
156 infected with STIs;  
157



- 158 d. Further utilizing these mobile clinics in humanitarian need zones in order to empower women victims  
159 of rape, sexual abuse, GBV, or any kind of discrimination in humanitarian response zones, by assisting  
160 women victims of any kind of sexual abuse or discrimination in humanitarian zones, in order to treat  
161 post-traumatic stress disorder (PTSD) and Rape Trauma Syndrome (RTS);  
162
- 163 9. *Asks* the General Assembly to install a Special Rapporteur to prevent the deterioration and occurrence of  
164 humanitarian crises, by:  
165
- 166 a. Collecting and evaluating gender-sensitive data on the provision of health services during and after  
167 humanitarian crises, to raise awareness within UN bodies to the issue and initiate its discussion;  
168
- 169 b. Initiating a registry based on information sent by trained mobile clinics and mobile delivery room  
170 personnel in humanitarian crisis zones, comprised of patients with STIs and at-risk pregnancies;  
171
- 172 c. Creating an inclusive global framework that improves pre-existing data collections, such as the Family  
173 Planning and Reproductive Health Indicators Database (FPRH) for an effective data collection during  
174 crisis;  
175
- 176 d. Promoting sharing of information on policies and regulations between Member States;  
177
- 178 e. Working in close collaboration with WHO and related NGOs;  
179
- 180 f. Submitting annual reports that include setting specific recommendations on the issues of maternal  
181 health, family planning, HIV and AIDS, and GBV;  
182
- 183 10. *Recommends* the formation of national plans of action that focus on defending women's rights, based upon New  
184 Zealand's Ministry for Women, to coordinate action with municipalities and local NGOs according to specific  
185 need-based data of the humanitarian crises, by:  
186
- 187 a. Using the aforementioned mobile clinic personnel and data collection in handling the confidential  
188 information of the population infected with STIs, to enhance the coordination regarding humanitarian  
189 efforts;  
190
- 191 b. Tracking an anonymous national record of SRH material provision and the amount of people protected  
192 from STIs;  
193
- 194 c. Monitoring gender equality in all spheres of public spaces, especially regarding humanitarian need  
195 areas, by examining federal laws and proposing amendments in a report format to the government,  
196 under its consideration, to increase, inter alia, the empathy towards sexual harassment and violence,  
197 while improving women's opportunities to overcome poverty;  
198
- 199 11. *Further requests* to ECOSOC to implement the MPG in refugee camps and crisis areas, including refugees from  
200 man-made disasters or natural catastrophes, by working in collaboration with WHO and the UN High  
201 Commissioner for Refugees (UNHCR), by:  
202
- 203 a. Recruiting staff within local communities and within the humanitarian zones, including refugee camps,  
204 in order to provide jobs within crisis areas;  
205
- 206 b. Recruiting accredited midwives with a competency-based curriculum that meet global standards  
207 agreed upon by Member States, who would provide personnel for various missions with the following  
208 guidelines to train the local staff:  
209
- 210 i. Ensure that the midwife is qualified to provide family planning counseling;  
211 ii. Utilize the Minimum Initial Service Package for reproductive healthcare services;  
212 iii. Provide qualified assistance, which is described as the process by which a woman receives  
213 adequate care during labor, delivery, and early postpartum;

- 214 iv. Provide appropriate training for the midwife to make decisions on whether to transfer women  
215 and newborns with complications to receive hospital-based obstetric care, and provide an  
216 active management of human resources in terms of deployment, and providing support to  
217 midwives in their practice and a clear definition of their tasks;
- 218 v. Accreditation of midwives should be based upon competences that meet global standards, in  
219 the field of social, epidemiological, and cultural context of maternal and newborn care,  
220 including:
- 221
- 222 1. Pre-pregnancy care and contraception;
- 223 2. The provision of care during pregnancy;
- 224 3. The provision of care during labor and delivery;
- 225 4. Postnatal care of the newborn;
- 226
- 227 c. Asking willing Member States to increase their contribution to the Maternal Health Thematic Funds  
228 for the implementation of the MPG in refugee camps;
- 229
- 230 12. *Asks* Member States and UN bodies to ensure complete transparency regarding the reception and application of  
231 funding, and endorse the Organisation for Economic Co-operation and Development-Development Assistance  
232 Committee (OECD-DAC) monitoring the distribution of funds, through the collection of data by:
- 233
- 234 a. Extending the OECD-DAC collection of data from census-taking, migration, trafficking, and social  
235 protection, to also include participation to sexuality education and emergency response within SRH,  
236 improving the analysis through its specificity;
- 237
- 238 b. Generating trust through the transparent application of funds, by improving efficiency and reliability of  
239 UNFPA and its projects;
- 240
- 241 c. Emphasizing the simplification of funding allocation streams for SRH through international  
242 cooperation, in order to improve the efficiency of humanitarian responses by reducing transaction costs  
243 and redundancies;
- 244
- 245 13. *Endorses* establishing measures for the improvement concerning the accountability of the receiving Member  
246 States and NGOs, which provide UNFPA with the ability to grant or deny additional funding, by:
- 247
- 248 a. Proclaiming that the further donation of funds to recipient nations and NGOs will only transpire if the  
249 initial financial resources have been utilized according to the standards of effectiveness, by:
- 250
- 251 i. Declaring that at least 70% of the resources must directly benefit the people in crisis;
- 252 ii. Asking that the reports on spending given by participating entities are accurate and truthful,  
253 which will be identified by reviewing if independent audits were conducted;
- 254 iii. Assuring that the remaining 30% is accounted for through annual public reports to UNFPA;
- 255
- 256 b. Affirming that NGOs which have, upon retrospective control, not allocated the funds according to the  
257 goals and projects designated by UNFPA, may be temporarily or permanently not considered for future  
258 funding by UNFPA;
- 259
- 260 14. *Encourages* the increase of funding for Integrated sexual and reproductive health services of the annual UNFPA  
261 budget from 61.7% to 65% to facilitate humanitarian response, and recommends Member States and NGOs help  
262 facilitate the increase of expenses incurred, due to these new initiatives by increasing contributions to the Fund.