



Code: UNFPA/1/1

Committee: United Nations Population Fund

Topic: Advancing Justice and Equity in Sexual and Reproductive Health and Care

The United Nations Population Fund,

Reaffirming its conviction to the *Charter of the United Nations* (UN) (1945) regarding its commitment to the protection of the human rights and safety of all persons in an effort towards advancing justice and equity in sexual and reproductive health care,

Recalling the UN Charter of the and the H6 Joint Report 2012-2019 of the United Nations Population Fund (UNFPA), maintaining that nothing contained in the present Charter shall allow the UN to intervene in matters which are essentially within the domestic jurisdiction of any Member State or shall require the Member States to submit such matters to be settled by the UN,

Acknowledging the determination in Article 16 of the *Universal Declaration of Human Rights* (UDHR) (1948) which solidifies that, “The family is the natural and fundamental group unit of society and is entitled to protection by society and the State”,

Further recalling the *2030 Agenda for Sustainable Development Goals* (SDGs), which acknowledge the use of enabling technology, in particular information and communications technology, to promote the empowerment of women,

Noting the importance of implementing equal reach within vulnerable communities where technological advancement and direct aid is lacking,

Recognizing relevant UN entities and agencies, for the purpose of meeting the “three zeros” and pushing progress towards the SDGs by 2030,

Realizing that according to the World Health Organization (WHO), an estimated 3 million girls are at risk of female genital mutilation (FGM) annually,

Acknowledging the importance of terminating gender-based harmful practices, such as female circumcision, since according to the WHO, more than 200 million girls and women alive today have undergone female circumcision in Member States where the practice is common,

Observing the global increase in harmful acts of gender based violence (GBV) and the need to increase and improve sexual and reproductive health care,

Bearing in mind the International Conference on Population and Development (ICPD), which highlights the importance of establishing guidelines to succeed in advancing equity and justice in sexual reproductive health and care,

Having regarded the need of all Member States to have access to adequate medical care and quality healthcare professionals,

Deeply conscious that according to the International Planned Parenthood Federation (IPPF), 60% of global adolescents are unaware on how to prevent pregnancy and are unable to optimally access to sexual and reproductive health services or education,

Stressing the importance of cooperation between Member States in implementing collaborative efforts to assist those who are affected by GBV and need reproductive healthcare,

Concerned regarding the unique inaccessibility of quality healthcare and education in rural areas and refugee camps, affected by issues of transportation and access to technology,

Recognizing the need for underdeveloped rural communities to have regional facilities which provide educational opportunities to better inform the populous on reproductive healthcare and rights,

Acknowledging that the *Beijing Platform for Action* outlines the right for women to access legal services and universal access to sexual and reproductive health and care,

Emphasizing the need for immediate aid to be brought to remote and often inaccessible locations,

Aware of the importance of ending FGM and the work of the Sahel Women's' Empowerment and Demographic Dividend Project for Africa (SWEDD) to address women's empowerment and health,

Highlighting the foundation of the UNFPA that every individual has the right to make their own choices about varying levels of sexual and reproductive health,

Stressing the importance of understanding cultural and financial differences, as well as providing specific adequate information and care for each individual Member State involved,

Reaffirming concern for equity in Sexual and Reproductive Health and Care (SRHC) as a principle that has not been fully actualized,

1. *Calls upon* Member States to begin a follow up to the UNFPA 2018 - 2021 Strategic Plan, that seeks to further establish the UNFPA stance on current world matters regarding GBV, family planning and access to sexual and reproductive health;
2. *Recommends* Member States to utilize regional advisors to observe and advise the UNFPA on the most effective ways to meet each region's specialized needs and provide logistical expertise for accomplishing its goals;
3. *Recommends* Member States to implement an educational measure in accordance with each Member States' cultural priorities in order to prevent GBV and promote access to reproductive care for all women;
4. *Welcomes* the assurance of gender equality by having Member States voluntarily continue to periodically report to the committee about:
 - a. The existences of services for women who are victims aggression or abuse;

- b. Statistical data on the incidents of violence of all kinds against women and on women who are victims of violence;
5. *Recommends* the strengthening of current Red Cross educational resources and literature to educate users on FGM and GBV, as these topics are not currently addressed within the platform, through:
 - a. Educational resources including articles and journals on GBV and FGM that work to create basic knowledge on the issues;
 - b. A discussion forum that allows both survivors of GBV and FGM as well general learners to discuss the reality of the topics;
 - c. Provide opportunities to take action on the issue such as raising awareness via or reaching out to policy-makers;
 - d. Implementation by the International Federation of the Red Cross in conjunction with UN-Women with funding from the Microsoft Corporate Social Responsibility Program and the Susan Thompson Buffett Foundation which work to fund efforts to achieve Sustainable Development Goals (SDGs) 3 and 5;
6. *Suggests* strengthening the health sector response to reduce female circumcision by:
 - a. Continuing to build on the campaign that the Regional Office of the International Federation of Red Cross and Red Crescent Societies and Canadian Cooperation service launched to hold educational events or workshops held by volunteers and medical professionals that aims to explain the serious mental health and life-threatening health consequences that such practice can induce on an individual;
 - b. Collaborating with non-government organization (NGOs), such as 28 Too Many, an organization that collects information on the origins and reasons for female circumcision, to explain the socio-cultural and economic reasons why health care providers carry out the practice;
 - c. Developing policies and guidelines to ensures that healthcare providers can provide both medical care and counseling to girls and women who are victims of female circumcision with the support of the WHO;
 - d. Working with NGOs, such as the Foundation for Women's Health Research and Development (FORWARD), an African women-led organization that strives to end violence against women and girls and support those affected by female circumcision, to eliminate such practice;
7. *Suggests* all Member States participate in a medical professional exchange program between developed and less-developed Member States with the objective of training and producing skilled professionals:

- a. Performing in-person workshops following the structure of clause 7A, utilizing both volunteer forces as well as medical professionals in order to ensure proper education to areas without strong internet networks, specifically through:
 - i. Handing out pamphlets and advertising materials to ensure that individuals are aware of services offered and can utilize them to the fullest extent;
 - b. Promoting prevention within communities via utilizing victims of FGM and GBD as guest speakers to inform people of what the results of these traumatizing experiences;
 - c. To help improve the medical infrastructures of Member States whilst training with (and temporarily staffing) under-served and under-staffed healthcare workforces in more-developed countries with this program consisting of the further implementation of the idea of mobile medical professionals in which these professionals will be educated and provided with information necessary to support and benefit their Member State with knowledge pertaining to reproductive information, combating and treating sexually transmitted diseases, and prenatal and postnatal health;
 - d. To stress the continuing need for rural areas to gain access to basic healthcare while using resources from More Developed Countries to better deliver the appropriate aid;
 - e. Suggests the Distribution of physical resources such as contraceptives and sexually transmitted diseases (STD) or sexually transmitted infections (STI) tests to these more remote locations;
 - f. Working alongside NGOs such as Sexual Trauma Awareness and Response (STAR) group to fund and implement logistics of the goals outlined within this clause;
 - g. Member States are recommended to appropriate localized native peacekeeping forces to ensure the safety of the workers as well as individuals engaging with the mobile units;
8. *Encourages* the engagement of Association for Women's Write in Development to educate and help spread awareness on physical and sexual violence through:
- a. Sending volunteers especially those who are victims of sexual or physical violence to schools and colleges to talk about their experience;
 - b. Producing videos and movies about the acts of gender based violence to spread awareness about it;
 - c. Promoting educational programs in schools and colleges that acknowledge reproductive and sexual education;
9. *Invites* all Member States to collaborate through the United Nations Economic and Social Council (ECOSOC) to ensure that women and men have access to education based training:
- a. Suggests the use of a culturally dynamic education pamphlet provided to Member States and mobile nurses that is to be accessible to citizens seeking sexual and reproductive education and wellness practices including education pertaining to:

- i. Reproductive information;
- ii. In correspondence with the Federal Centre for Health and Education
- iii. Combatting and treating sexually transmitted disease;
- iv. Prenatal and postnatal health;
- v. General sexual wellness education and care;

b. Reminds the importance of providing education for both men and women on sexual and reproductive health and how it affects both genders to:

- i. Denounce all forms of violence against women and girls;
- ii. Condemn any form of sexual violence towards women;

10. *Reaffirming* the importance of vulnerable communities' recognition in regards to equal representation and emphasizing the need for immediate aid to be brought in these often inaccessible locations:

a. Recognizing the extension of already established national and regional Sexual Assault Hotline services dedicated to provision of a 24-hour anonymous platform for women:

- i. Recognizing the limitations of technological reach within developing nations;
- ii. Recommending Member States to utilize existing international hotline services;
- iii. Reminding continued financial support from Member States including supporting Member State's federal grants, NGOs, and other charitable donations;
- iv. Assuring the dedication of fellow Member State partners to authorize and encourage the establishment and reach of this hotline service through continued partnerships with regional authorities within these nations;

b. Encourages the hotline to assure provision through:

- i. Instant medical assistance through previously established medical professionals;
- ii. Connection to an emergency care facility;
- iii. Rapid care instructions directed towards each individuals need

11. *Reaffirms* the UNFPA's support of the Y-PEER programme, a peer-to-peer youth network that uses a combination of experiential learning methods, social media, and new technologies to convey health information to young people around the globe;

12. *Recommends* that a number of voluntary forums be held to determine and evaluate the success of the education program proposed in this resolution regarding the topics of reproductive health through:

a. Meeting in an annual rotation between all Member States;

b. Meeting biennially at the Hague due to its proximity to the International Court of Justice and its central global location;

- c. Inviting NGOs to participate and engage in meetings;
13. *Supports* the creation of regionalized ad campaigns to better inform developing communities on reproductive healthcare procedure and rights facilitated via the methods of the mandate of the United Nations Department of Sexual and Reproductive Health and Research (SRH);
14. *Requests* a child advocacy specialist program specific to representing victims of FGMs that:
- a. Trains personnel from Member States to act as child advocates;
 - b. Acting as liaison between potential victims of FGMs and law enforcement, lawyers, and health professionals;
 - c. Acquiring knowledge of local, regional, and State laws and being able to navigate to get victims the help they need;
 - d. Acquiring trauma sensitivity training related to FGMs;
 - e. Utilizing United Nations Children's Fund (UNICEF) and The United Nations Institute for Training and Research (UNITAR) to oversee the programme and train the advocates;
 - f. Establishing regional training centers for child advocates;
15. *Considers* the importance of including Public-Private Partnerships (PPPs) tasked primarily with the education of sexual and reproductive health and care by means of organizing youth health programs, vulnerable groups programs, workplace programs, health equity programs, and community health programs:
- a. Recommends PPPs to institute educational programs directed primarily towards the youth and vulnerable communities that are marginalized as a result of geographical or socioeconomic disparities by:
 - i. Working closely with Ministries/Departments of Education across Member States to provide foundational information regarding sexual and reproductive health and care;
 - ii. Focusing on the prevalence of sexually transmitted diseases (STDs) and means to prevent them;
 - iii. Advocating for the general well being of individuals who may be sexually active;
 - b. Provides the youth and marginalized populations with common and effective forms of contraception, as well as stressing the importance of sexual abstinence in cases where contraception cannot be accessed widespread due to funding, cultural, religious, or geographical barriers;
 - c. Developing widespread clinics across Member States able to facilitate individuals with modern forms of contraceptives funded by PPPs:
 - i. Alleviates the burden of government health facilities by targeting urban populations who may have difficulty in getting access to public health services;

- ii. Properly allocates clinics in rural areas who may be marginalized due to geographical barriers;

16. *Encourages* all Member States to allow UNFPA to measure effectiveness and make recommendations on further action through voluntarily observing governmental efforts;

17. *Further invites* relevant UN entities and agencies in Particular UNFPA to provide budgetary measures for the purposes mentioned above in accordance with the rules and procedures of the UN.



Code: UNFPA/1/2

Committee: United Nations Population Fund

Topic: Advancing Justice and Equity in Sexual and Reproductive Health and Care

The United Nations Population Fund,

Taking into account the zero unmet need for family planning,

Noting that the lack of access to proper maternal care and education on maternal care is the primary cause of preventable maternal death in many developing Member States, as stated by the World Health Organization (WHO),

Reaffirms the *Beijing Platform for Actions (BPA)*, which works to ensure equal rights for all women in collaboration with the WHO, as well as promote the sustainability of women by eliminating barriers such as gender-specific poverty from a multi-dimensional approach,

Defining the term progressive Member States to be those which prioritize social reform and gender equity,

Recognizing the *2030 Agenda for Sustainable Development*, specifically Sustainable Development Goal (SDG) 3, ensuring healthy lives and promoting well-being for all at all ages and SDG 5, achieving gender equality and empowering all women and girls, which allows for Member States to advance justice and provide equity in reproductive health and care,

Emphasizing that by 2030, the UN ensures universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes,

Observing the UN Committee on Economic, Social, and Cultural Rights (CESCR) explicitly affirmed that the rights to sexual and reproductive health should be an integral part of the rights to health,

Recognizing the mandate of the United Nations Population Fund (UNFPA) is to promote awareness in both developed and developing Member States, to assist in the building of population programs, address the unmet need for family planning,

Defining the term family planning to be interpreted as the healthy and responsible development of the family as well as prophylactic acknowledgment,

Recognizing the importance of having access to sexual and reproductive health information, education, and services in order to promote a healthy family,

Guided by the outline of the UNFPA, it is vital for Member States to collectively create an empowered society, where all generations are heard and the basic need for all age groups are met,

Recalling the 1994 International Conference on Population and Development (ICPD) where 179 countries adopted a 20-year program of action that continues to serve as a guide on the concepts of sexual reproductive health and care,

Emphasizing the work done in the Federal Centre for Health Education (FCHE) which has regulated and ensured proper sexual education to citizens,

Recalling General Assembly resolution 71/170 and acknowledging its success in combating GBV and contraceptive shortages through obligatory female protections and the dissemination of prophylactic medication,

Observing the increase in human immunodeficiency virus (HIV) infections among adolescents, aged 15 to 19, and increasing education on sexually transmitted diseases (STDs) through targeting both male and female population,

Having considered the struggles facing underdeveloped nations in term of sexual education and reproductive healthcare,

1. *Calling* for further cooperation with UN Women in communication with local regional and faithful leaders, with the support of The United Nations Educational, Scientific and Cultural Organization (UNESCO) and the WHO to bring awareness of the cultural differences in attitudes regarding maternal care;
2. *Encouraging* Member States to utilize the following funding allocation structure configured in order to encourage the maternal health within Member States through a funding program structured as:
 - a. Tier One, for developing Member States, which would provide funding for;
 - i. The development of programs modeled after non-governmental organizations (NGOs), such as HeForShe, that promotes male involvement in the discussion of women's reproductive health, which promotes favorable culture surrounding reproductive health;
 - ii. Developing Member States who lack access to local hospitals in order for mothers to have access to medical check-ups, appointments, and safe delivery;
 - iii. Building medical camps together with WHO and International Organization for Standardization (IOS) that may be set in place in rural areas to ensure women and young girls have accessibility to women health care such as hygienic supplies, HIV care, and ultrasound services;
 - iv. NGOs such as the International Federation of Red Cross and Red Crescent Societies (IFRC), to promote safe home births contingent upon providing birthing kits for expectant mothers as well as comprehensive training for midwives that, according to UNFPA research, can help prevent two-thirds of maternal and newborn deaths;
 - v. Supporting extending existing international NGOs, such as the Population Action International, that focuses on providing quality health care and can provide prevention control for infection that leads to maternal deaths;
 - vi. Encouraging Member States to allocate for educated and experienced mothers to teach new moms on how to properly sustain their familial health and how to avoid contracting STDs such as HIV and acquired immunodeficiency syndrome (AIDS) through a means of engaging in multisectoral collaboration and fostering partnership;

- b. Tier Two, for developed Member States, which would provide funding for the:
 - i. Promotion of the establishment of building birth caring medical resources with the help of Spotlight Initiative and the Joint SDG Fund;
 - ii. Expansion of the usage of hospitals and licensed obstetrics and gynecologists for safe birthing practices;
 - iii. Suggestion of Member State hospitals screen for, folic acid which has the ability to prevent birth defects, anemia, which ensures that women have enough healthy red blood cells to have a successful pregnancy, as well as Hepatitis-B to ensure that the disease is not transmittable to the child;
 - iv. Emphasizing of the need to end sex-selective infanticide by partnering with NGOs, such as the Centre for Enquiry into Health and Allied Themes which resides in India, to create programs that focus on public health, preventing the death of children;
- c. Tier Three, for progressive Member States, which would:
 - i. Provide necessary health care and education for mothers carrying children while also carrying the HIV, as well as AIDS/HIV counseling in affected communities;
 - ii. Have healthcare facilities offering family planning such as prophylactics;
 - iii. Promote the International Maternal and Child Health Foundation (IMCHF) procurement of health care personnel such as trained midwives and obstetricians qualified to reduce maternal and infant mortality;
 - iv. Encourage Member States to have the accessibility for mothers to have routinely prenatal checkups at home and in hospitals;
 - v. Suggest regional existing NGOs and civil society organizations in less developed regions that already work to provide access to quality maternal health collaborate and network with others;
 - vi. Encourage progressive Member States to follow in the footsteps of the Netherlands who have created the Funding Leadership and Opportunities for Women (FLOW 2016-2020) grant, supplying funding for the protection of women in developing Member States;
3. *Suggests* that reoccurring conferences such as the BPA and the ICPD revise their mandates to have a slightly greater focus on advancing maternal health care through resource expansion of NGOs within the timeframes specified in each conference's respective agenda;
4. *Seeks* support through funding from NGOs such as ESD Global and No Means No Worldwide to support self-defense education for Member States, with the aim of teaching non-violent forms of self-defense to people who may seek it;
5. *Endorses* culturally sensitive education surrounding gender-based violence through the recruitment of volunteers with cultural ties to communities to allow women comfort in seeking out maternal care services;
6. *Suggests* strongly providing information not only on the topic of sexual and reproductive health, but providing information on where and how these products or services, such as prophylactics and health clinics, can be reached in each Member State:

- a. By making products and/or services affordable and accessible throughout individual member states delivered through the United Nations Acquired Immunodeficiency Syndrome (UNAIDS) program;
 - b. Through organizations that implement programs with the flexibility of distributing products and services pertaining to age differentiation, such as youths and adults, while also maintaining cultural sensitivity;
7. *Reiterating* the implementation of youth-friendly health services and educational institutions as a means of creating supportive environments in the social context in which adolescents live in order to ensure the:
 - a. Inclusion of both men and women in social and reproductive health (SRH) awareness as a means of appealing to the entire population to increase funding in the future;
 - b. Contribution towards the effort of ending unmet needs for family planning and improving the inclusion of both genders in such conflicts;
8. *Considers* the contribution of the development and implementation of national action plans and programs provided by the FCHE in order to:
 - a. Aid in preventing the contraction of infectious diseases, particularly HIV/AIDS and other STDs;
 - b. Promoting child and youth health to ensure adequate health development;
 - c. Provide reproductive education and family planning;
9. *Recommends* the implementation of a Developed/Underdeveloped Partnership Program, an initiative which combines the educational expertise of a developed Member State volunteer with the cultural familiarity of a local leader:
 - a. By tailoring the educational framework to fit the customs and norms of the nation being assisted to ensure that participating underdeveloped Member States communicate the specific cultural guidelines under which its constituents operate, and that the participating developed Member States acknowledge and adhere to such guidelines;
 - b. Encouraging the initiative to be overseen by a coalition including Eastern and South African Commitment (ESA), Safeguard Young People programme, and the United States Agency for International Development (USAID).