



CONFERENCE B

**National Model United Nations • New York**  
**29 March - 2 April 2015 (Conf. B)**



**Documentation of the Work of the Commission on Population and  
Development (CPD)**

## Commission on Population and Development (CPD)

### Committee Staff

<b>Director</b>	Tsesa Monaghan
<b>Assistant Director</b>	Estefani Morales
<b>Chair</b>	J. Royce Gengler
<b>Rapporteur</b>	Jessica Mackey

### Agenda

- I. Realizing Sexual and Reproductive Rights, Health Services, and Education
- II. Ageing Populations' Health and Participation in Society
- III. Strengthening National Health Systems

### Resolutions adopted by the Committee

<b>Code</b>	<b>Topic</b>	<b>Vote</b>
<b>CPD/1/1</b>	Realizing Sexual and Reproductive Rights, Health Services, and Education	25 votes in favor, 3 against, 9 absentions
<b>CPD/1/2</b>	Realizing Sexual and Reproductive Rights, Health Services, and Education	30 votes in favor, 0 against, 7 absentions
<b>CPD/1/3</b>	Realizing Sexual and Reproductive Rights, Health Services, and Education	Adopted without a vote
<b>CPD/1/4</b>	Realizing Sexual and Reproductive Rights, Health Services, and Education	29 votes in favor, 2 votes against, 6 abstentions

## Summary Report

The Commission on Population and Development (CPD) held its annual session to consider the following agenda items:

- I. Realizing Sexual and Reproductive Rights, Health Services, and Education
- II. Supporting Ageing Populations' Health and Participation in Society
- III. Strengthening National Health Systems

The session was attended by representatives of 37 States. On Sunday, the committee adopted the agenda in the order of I, III, II, beginning discussion on the topic of "Realizing Sexual and Reproductive Rights, Health Services, and Education."

By Tuesday evening, the Dais received a total of nine proposals covering a wide range of sub-topics including the prevention of gender based violence, encouraging greater education across multiple age groups, increasing initiatives to protect the health of mother and child, supporting non-governmental organizations in progressing sexual and reproductive rights, supporting financial assistance to governmental and non-governmental organizations, prioritizing rights in marginalized societies, family planning, and greater support to prevent and combat HIV/AIDs and STI's. The committee was working effectively, focusing largely on the role of NGO's and calling for continued cooperation and support between them while merging their working papers.

By Wednesday morning, four draft resolutions had been approved by the Dais, three of which had amendments. The committee adopted four resolutions, one of which received unanimous support by the body and was adopted by acclamation. The resolutions represented a wide range of issues including sexual and reproductive rights, health services, and education, financial assistance for governmental and non-governmental organizations, prioritizing rights in marginalized societies, maternal and infant health, reducing gender based violence, and creating culturally sensitive sexual education and health services impacting maternal health, child marriages, and female genital mutilation.

The Commission on Population and Development's efforts to synthesize and work collaboratively were successful. Their passion and dedication to the topic resulted in resolutions that were well thoughtful and displayed the in-depth research each delegation brought to session each and every day.



## National Model United Nations • NY

**Code:** CPD/1/1

**Committee:** Commission on Population and Development

**Topic:** Realizing Sexual and Reproductive Rights, Health Services, and Education

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1 *The Commission on Population and Development,*

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3 *Reaffirming* the Universal Declaration of Human Rights, specifically Articles 2 and 3, which address discrimination  
4 and the human right to life, liberty, and security,

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6 *Noting* Millennium Development Goals 3, 4, 5, and 6 and the international progress that has been made towards  
7 achieving these goals,

8

9 *Recalling* Articles 24 and 34 of the Convention on the Rights of the Child, Goal 3 and Target 3.c of the Open  
10 Working Group on Sustainable Development, and Article 12 of the International Covenant on Economic, Social,  
11 and Cultural Rights,

12

13 *Supporting* continued involvement by the World Health Organization (WHO) and the United Nations Population  
14 Fund (UNFPA) in devoting parts of their annual budgets to the issue of sexual health education and policy,

15

16 *Emphasizing* the need for continued financial support for sexual and reproductive education programs,

17

18 *Recognizing* that health is interlinked with economic and social development, and sexual and reproductive health  
19 rights are central to the achievement of global, regional, and national commitments to sustainable development,

20

21 *Drawing attention to* the increasing cost of medical care throughout the world,

22

23 *Further recognizing* the large burden that health care expenses present for Member States, especially the financial  
24 costs associated with providing health care to rural areas of the global community,

25

26 1. *Invites* Member States to uphold their financial commitments to the UNFPA to the best of their financial  
27 capacity;

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29 2. *Encourages* financial partnerships between Member States, UN subsidiary bodies and global nongovernmental  
30 organizations (NGOs) to:

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32 a. Increase investments in the health and education sectors to promote sexual and reproductive health;

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34 b. Provide financial assistance to domestic NGOs that provide educational services and programs focused  
35 on sexual and reproductive health in developing states;

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37 3. *Recommends* that Member States ease the process for international NGOs to provide microloans to domestic  
38 organizations by making small businesses aware of the United Nations Global Micro Lending and other  
39 possible sources of microloans to increase investment into, and development of health care facilities and sexual  
40 and reproductive health education programs;

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42 4. *Directs* attention to the UNFPA and the World Bank as a source of providing macro-loans for the purpose of  
43 sexual and reproductive health care services in developing states;

44

45 5. *Calls upon* the Governments of Member States to establish a domestic renewable and sustainable fund to:

46

47 a. Increase investments in the public health and sexual and reproductive education sectors to increase  
48 accessibility to health facilities, programs, and services;

49

- 50           b. Provide financial assistance to domestic NGOs who provide educational services and programs  
51            focused on improving sexual and reproductive health;  
52
- 53 6. *Welcomes* the creation and sustainment of Public Private Partnerships between Governments and civil society  
54 stakeholders to decrease the financial and technical burden on Governments and assist in successful  
55 implementation of the Programme of Action of the International Conference on Population and Development;  
56
- 57 7. *Encourages* multilateral and bilateral partnerships, especially between developing and developed Member  
58 States, to provide financial assistance to sexual and reproductive health care programs implemented by national  
59 health systems.



## National Model United Nations • NY

**Code:** CPD/1/2

**Committee:** Commission on Population and Development

**Topic:** Realizing Sexual and Reproductive Rights, Health Services, and Education

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1 *The Commission on Population and Development,*

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*Taking note* of the Universal Declaration of Human Rights, in particular Article 25 pertaining to the right to an adequate standard of living, health, and well-being,

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6

*Recalling* the International Conference on Population and Development (ICPD) Programme of Action, the Millennium Development Goals, and the United Nations Population Fund Strategic Plan 2014 – 2017,

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9

*Acknowledging* the importance of sexual and reproductive services in promoting the health of the world population,

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11

*Recognizing* that affordable and accessible sexual and reproductive health services will empower communities and governments,

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14

*Recognizing* the urban-rural divide in accessing the same levels of healthcare,

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*Noting* the discrimination that many migrants face,

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*Recalling* Commission on Population and Development (CPD) Resolution 2012/1, which affirms that youth and adolescents belong to different demographic groups and trends and that they have various impacts on development, and require the consideration of the uniqueness of their groups in terms of their sexual and reproductive rights,

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22

*Deeply concerned* that marginalized groups do not enjoy equal access to human rights and sexual and reproductive services,

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25

*Deeply aware* that the prioritization of education for marginalized groups such as indigenous peoples, the poor and the youth has been lacking in consideration,

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1. *Recognizes* the inherent inequalities which exists in sexual and reproductive health (SRH) services between various groups of society as a result of socio-economic, geographic, cultural and other discriminatory factors;

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2. *Encourages* partnerships between more stakeholders in the health community such as governments, Non-Governmental organizations (NGOs), and specialized agencies to facilitate effective SRH outcomes to all sectors of society, such as the access to modern contraceptives at a lower cost, with additional participation of:

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a. Pharmaceutical companies;

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b. Hospitals and clinics;

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c. Healthcare professionals;

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d. Regional partnerships;

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e. International organizations such as the World Health Organization and the World Bank;

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3. *Encourages* all Member States to implement SRH initiatives in rural communities, including but not limited to:

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a. Infrastructure development through the creation of more clinics and hospitals;

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b. Implementation of mobile health clinics through cooperation with NGOs to provide contraceptive access, birth control, medicinal access, and antenatal and postnatal health services;

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- c. Professional training institutions for local health personnel in order to provide additional SRH services in clinics and hospitals;
  - d. Raising community awareness through public health campaigns and open community forums;
  - e. Provision of incentives to medical personnel to work in rural areas, by providing:
    - i. Scholarships programs;
    - ii. Residency placement programs;
    - iii. Volunteer programs;
    - iv. Updated technology, medicines and equipment to medical services providers;
4. *Recommends* that Governments promote that those affected by the Human Immunodeficiency Virus and/or Acquired Immune Deficiency Syndrome (HIV/AIDS) access SRH services, without discrimination, through:
- a. Public awareness campaigns concentrated on informing the public of the nature of the disease and the treatments available, such as:
    - i. Public events focused on the awareness of the spread of HIV/AIDS and prevention measures;
    - ii. Utilization of mass media as an outlet to educate the public through means such as, but not limited to, internet, television, and publications;
    - iii. Sexual education seminars for those who are HIV/AIDS positive, including family members and community health members;
  - b. Affordable and accessible medication and other treatment services;
  - c. Voluntary counselling in the forms of support groups and therapists;
5. *Encourages* Governments to provide financial assistance for persons living in urban regions with low socio-economic status, in relation to SRH services including:
- a. Government subsidized reproductive health services;
  - b. Enrollment of all new parents in family planning programs that will provide the necessary materials for family planning such as contraceptives and counselling services;
6. *Recommends* that in order to promote SRH to indigenous communities, Member States should consider social and economic barriers such as limited resources, lack of knowledge and cultural traditions by:
- a. Engaging in dialogue with local indigenous leaders to share knowledge and facilitate mutual understanding of cultural SRH practices;
  - b. Promoting modern SRH services in a way that considers the unique nature of their communities;
  - c. Providing access to updated knowledge, technology and medical resources;
7. *Endorses* governments to legislate on measures to prevent discriminatory practices towards migrants in relation to SRH services through discouraging initiatives that punish young migrants for becoming infected with sexually transmitted infections/ diseases (STIs/STDs) or becoming pregnant by establishing programs that provide affordable and accessible healthcare for migrant communities;
8. *Recognizes* that ageing populations need to be considered by healthcare providers, in relation to SRH services, by:



- 106 a. Providing adequate, age-appropriate sexual education which involves informing the ageing community  
107 of STIs/STDs, of their transmission and of their preventative care;  
108
- 109 b. Creating clinics especially for the elderly where age-appropriate care can be provided;  
110
- 111 c. Implementing programs in retirement homes where an increasing number of STIs/STDs are present;  
112
- 113 9. *Encouraging* the fulfillment of Member States' obligations to these marginalized groups through the  
114 implementation of educational initiatives for the full realization of all individuals' SRH rights, such as:  
115
- 116 a. Allocating funds specifically toward education programs focusing on in-country health and sexual  
117 education initiatives for adolescents, the improvement of health institutions and to support mothers and  
118 expecting parents;  
119
- 120 b. Supporting efforts of the UNFPA towards creating educational systems which will assist each Member  
121 State's youth in the prevention of STIs and unplanned pregnancies;  
122
- 123 c. Promoting the review of national school curriculum of Member States to address comprehensive  
124 sexual education for adolescents;  
125
- 126 d. Adopting community-based educational programs that promote HIV/AIDS prevention, which  
127 addresses both genders and informing the public to undermine the discrimination of those affected by  
128 HIV/AIDS.



## National Model United Nations • NY

**Code:** CPD/1/3

**Committee:** Commission on Population and Development

**Topic:** Realizing Sexual and Reproductive Rights, Health Services, and Education

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1 *The Commission on Population and Development,*

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3 *Recalling* the Universal Declaration of Human Rights, with particular attention to Article 25.2, and its focus on  
4 motherhood and childhood care, and the 1994 International Conference on Population and Development, which  
5 called for an official recognition of the rights of a person for sexual education and access to health services,

6

7 *Taking note of* the principles of the 1995 Beijing Declaration and Platform for Action, and the need to assert the  
8 right of women to health care,

9

10 *Keeping in mind* the 2008 United Nations Population Fund (UNFPA) Report “Making Reproductive Rights and  
11 Sexual and Reproductive Health a Reality for All,” which defines access to antenatal, postnatal care, sexual health  
12 and reproductive education as sexual rights,

13

14 *Further recalling* the necessity of pursuing Sustainable Development Goal 3, as presently recommended by the  
15 Open Working Group, to reduce child mortality to less than 70 per 100,000 live births, and Goal 5 to improve  
16 maternal health,

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18 *Bearing in mind* the essential nature of the overall health and well-being of the mother towards the proper  
19 development of the fetus,

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21 *Recognizing* that 14 million children are married each year, that the leading cause of death for girls ages 15-19 is  
22 childbirth, and that approximately 80% of maternal deaths could be avoided if women had access to essential  
23 maternity and basic healthcare services,

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25 *Reiterating* the concern expressed by the 2009 UNICEF Report “The State of the World’s Children” on the  
26 imperative need for increased resource allocation towards health facilities to combat alarming rates of maternal  
27 mortality,

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29 *Bearing in mind* the recommendation of UNESCO that basic emergency obstetric health care should be increased to  
30 a minimum of four facilities per population of 500,000 people, adjusted to each state’s specific circumstances,

31

32 *Noting* the essential role of education in reducing child marriage, infant mortality and maternal mortality, and the  
33 need to lower barriers to primary, secondary, and sexual education,

34

35 *Calling attention to* evidence that a girl who receives 8 years of education is 4 times less likely to be married as a  
36 child and is at a lower risk of maternal mortality and mortality of their children,

37

38 *Bearing in mind* the need to remove legislation that hinders women and young girls from access to health services,  
39 as observed by the Economic and Social Council (ECOSOC) World Programme of Action for Youth 2010,

40

41 *Reaffirming* Security Council Resolution S/RES/1325 which condemns female genital mutilation and cutting  
42 (FGM/C),

43

44 *Calling attention to* Commission on Population and Development’s Report E/CN.9/2002/6 on Reproductive Rights  
45 and Reproductive Health which emphasizes the need to eliminate discrimination faced by children born with Human  
46 Immunodeficiency Virus/Acquired Immune Deficiency Virus (HIV/AIDS),

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48 *Noting further* that respect for the differing cultures and beliefs of each Member State is essential in creating a  
49 sustainable plan for sexual and reproductive health rights and education while simultaneously respecting the  
50 sovereignty of each Member State,

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1. *Calls upon* Member States to acknowledge that sexual and reproductive health, rights, and education must remain a primary focus in the Post-2015 development agenda, in particular educating children and youth, and their communities in order to protect them from early marriage, maternal mortality, and HIV/AIDS;
  2. *Supports* collaboration between relevant health professionals and international organizations in the development of comprehensive antenatal and postnatal educational programs in order to intervene and address the knowledge gaps that result in practices which endanger the lives of mothers and children;
  3. *Urges* Member States to re-engage with midwifery experts in order to:
    - a. Establish awareness campaigns for the public, especially expectant mothers, through collaboration between experts and national health ministries to eliminate the stigma of midwifery practices through the establishment of educational initiatives;
    - b. Create national platforms that provide minimum standards of midwives' training in order to ensure adequate healthcare;
  4. *Recommends* that Member States, health ministries and community leaders carry out equipment training for health personnel to properly use materials needed to conduct suitable health treatments for pregnant women in need of greater specialized attention;
  5. *Further recommends* that Governments offer community education centers for facilitating access to information and discussion of sexual health between children and their decision makers, such as parents, religious leaders and community leaders, while taking into consideration qualities of rural populations that make providing education more difficult than in urban areas, such as lower socio-economic standards and more dispersed populations;
  6. *Encourages* the international community to respect the cultural identity and sovereignty of all Member States, in conjunction with public and civil society groups, by implementing culturally competent programs aimed towards raising awareness among youth and children and their parents, community leaders, and religious leaders, thus providing citizens of all cultures with the information necessary to make important decisions for their children's sexual and emotional health and well-being through:
    - a. Educational websites, television, radio programs and cultural community events;
    - b. Bilateral and multilateral information-sharing networks, especially between developing and developed Member States, facilitated by international organizations such as the World Health Organization, to foster the sharing and spread of information regarding the promotion of maternal health;
    - c. National and local schooling systems, where available, to discuss maternal health and early parenting education;
  7. *Invites* Member States to remain cognizant of the advice of international organizations, such as UN Women and WHO, and epistemic communities, to synthesize and make available resources and practices that focus on maternal health for the proliferation of essential information to populations in rural and developing regions, who are susceptible to complications during pregnancy;
  8. *Expresses* its hopes in reducing the gap between urban and rural access to ante-natal and post-natal care for mother and child, including disadvantaged groups within urban centers, with the goal of increasing:
    - a. Basic emergency obstetric health care to a minimum of four facilities per population of 500,000 people, adjusted to each state's specific circumstances;
    - b. Collaboration and communication among all levels of governments to effectively provide public health services at the community level;

- 107  
108 9. *Encourages* all Member States to coordinate with international organizations, such as WHO, and relevant health  
109 experts, to provide training to birth attendants for disadvantaged minority communities as a means of acquiring  
110 the appropriate competencies and expertise to carry out a secure delivery and assure a safe environment for  
111 pregnant women and their children;  
112
- 113 10. *Strongly encourages* all Member States to work together to improve access to sexual and reproductive  
114 education and health services worldwide, through, inter alia:  
115
- 116 a. The development of public and private investments in medical services and hospitals to expand access  
117 to medical care to effectively address diseases and epidemics;
  - 118 b. Collaboration with top-level private grant-making donors that support children's projects around the  
119 world;  
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- 121
- 122 11. *Suggests* that Members States prioritize universal access to ante- and postnatal health care as part of the national  
123 healthcare system aiming at the elimination of preventable maternal and child mortality or morbidity, joining  
124 efforts with WHO in promoting the accessibility of prenatal vitamins, iodine and prenatal nutrition for all  
125 women regardless of state or socioeconomic status;  
126
- 127 12. *Further recommends* that Members States, with United Nations agencies, particularly the WHO, establish  
128 strategies providing support, with consideration of the unique needs of pregnant women and new mothers  
129 suffering from sexually transmitted diseases such as HIV/AIDS and pregnancy- and childbirth related  
130 complications including obstetric fistulas, to be achieved by:  
131
- 132 a. Providing a strong state education system addressing specific health needs of mothers affected by  
133 HIV/AIDS;
  - 134 b. Increasing the proportion of local clinics to offer early interventions by implementing antenatal HIV  
135 testing and treatment for the purpose of reducing maternal and neo-natal deaths;  
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- 137
- 138 13. *Invites* Governments to provide sexual, reproductive, and mental health services in efforts to rehabilitate victims  
139 of forced child marriage and forced FGM/C, by:  
140
- 141 a. Supporting local initiatives which are equipped to effectively provide mental health counseling specific  
142 to sexual trauma;
  - 143 b. Promoting regional, multilateral media approaches that discourage discrimination of persons affected  
144 by sexual and reproductive-based violence such as those living with sexually transmitted diseases and  
145 victims of child marriage;  
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- 148 14. *Calls upon* the international community to eradicate FGM/C through:  
149
- 150 a. International partnerships between Member States and UN bodies, that enhance the capacity of  
151 Governments to implement plans of action specifically protecting women and girls from FGM/C;
  - 152 b. Educational initiatives aimed towards youth and community leaders to pursue a change in attitudes  
153 regarding FGM/C and encourages the respect for the rights of women and girls, and emphasizes the  
154 importance of education and schooling towards the development of children;
  - 155 c. Health care legislation that provides physical and mental health services to victims of FGM/C;  
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- 159 15. *Welcomes* any additional suggestions that can help strengthen the mission and form a common front in facing  
160 population health issues and reach unprecedented levels of economic growth and sustainable development as a  
161 result.



## National Model United Nations • NY

**Code:** CPD/1/4

**Committee:** Commission on Population and Development

**Topic:** Realizing Sexual and Reproductive Rights, Health Services, and Education

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1 *The Commission on Population and Development,*  
2  
3 *Acknowledging* the United Nations Charter Article 2 and the sovereign right of each individual state,  
4  
5 *Reaffirming* the Programme of Action of the International Conference on Population and Development and the  
6 Beijing Platform, and its efforts made to implement gender inclusivity, health services, and education,  
7  
8 *Recognizes* the substantial efforts of Sexual and Reproductive Health (SRH) focused NGOs regarding their  
9 progressive methods to decrease infant mortality rates through provision of prenatal care, increase the quality of  
10 maternal care, assist in the provision of SRH education, training, and employment services,  
11  
12 *Recalling* the right to universal healthcare as stated in Article 25 of the Universal Declaration of Human Rights,  
13  
14 *Aware* of the importance of education and its impact on sexual and reproductive health,  
15  
16 *Recognizing* the essential nature of pre and neonatal health for mothers across the world in order to decrease  
17 maternal mortality and child morbidity,  
18  
19 *Reaffirming* General Assembly resolutions A/RES/67/146 and A/RES/64/145 which condemn all forms of gender  
20 based violence, especially female genital mutilation and cutting (FGM/C)  
21  
22 *Recognizing* the United Nations Population Fund (UNFPA) report Adding It Up 2014 that contraceptives are a  
23 critical part of preventing unintended pregnancies and reducing the spread of sexually transmitted diseases,  
24  
25 *Recognizing* family planning as a key way to prevent unintended pregnancies and reduce the spread of sexually  
26 transmitted diseases,  
27  
28 *Taking note* that women and children in poor socioeconomic status are often the most vulnerable to gender based  
29 violence, disease and injury,  
30  
31 *Bearing in mind* the concern over the spread of Human Immunodeficiency Virus/Acquired Immune Deficiency  
32 Virus (HIV/AIDS), and the goals of the Joint United Nations Programme on HIV/AIDS (UNAIDS) of achieving  
33 90% of individuals with HIV/AIDS diagnosed, 90% on treatment; 90% virally suppressed,  
34  
35 *Noting with great concern* the high numbers of unintended pregnancies worldwide, threatening the infrastructure of  
36 each Member States health services,  
37  
38 *Respecting* the sensitive nature of this topic with cultural differences between states,  
39  
40 *Taking note of* the work that has already been done by the international community to provide high-quality sexual  
41 education and health services via such entities as the UNFPA, the Human Rights Council (HRC), United Nations  
42 Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Human Rights (OHCHR), as  
43 well as numerous Non-Governmental Organizations (NGOs),  
44  
45 *Keeping in mind* that the international community continues to be faced by incredible challenges in providing  
46 affordable and accessible sexual education to all peoples, as is laid out in the ICPD, in light of cultural, geographic,  
47 economic, and political barriers,  
48  
49 *Declaring* the importance of inclusive sexual and reproductive services for all ages,  
50

51 *Drawing attention* to the importance of providing comprehensive education concerning HIV/AIDS with the help of  
52 the United Nations Educational, Scientific and Cultural Organization through its global program EDUCAID,  
53  
54 *Noting* previous work done to increase awareness of sexual education curriculum and methodology in rural areas  
55 such as in the programmes undertaken by the UNFPA and the H4+ group (WHO, UNICEF, World Bank, and  
56 UNAIDS), the UNICEF and United Nations Educational Scientific and Cultural Organization's (UNESCO)  
57 partnership program, Living and Learning in a World with HIV/AIDS,  
58  
59 *Reaffirming* CPD resolution 2011/1 on Fertility, Reproductive Health, and Development, which highlighted the  
60 obligation to provide accessible contraceptives and family planning services,  
61  
62 *Calling attention to* the efforts of UNAIDS in creating awareness on the effects of sexually transmitted infections  
63 (STIs),  
64  
65 *Cognizant* of resolution E/2012/1, which emphasizes the significance of providing sexual reproductive health  
66 education to adolescents to deter STIs,  
67  
68 1. *Reaffirms* the sovereign right of each Member State to implement recommendations, consistent with national  
69 laws and cultural differences, with full respect for religious or ethnic variances in population;  
70  
71 2. *Welcomes* Member States who support NGO efforts regarding SRH issues within their borders by:  
72  
73 a. Creating a safe environment for NGO development workers and activities;  
74  
75 b. Increasing logistical support where possible, such as expediting the visa process for development  
76 workers;  
77  
78 c. Assisting NGOs in meeting national and international legal standards for their operation;  
79  
80 d. Actively engaging in discourse with NGOs;  
81  
82 3. *Encourages* Member States to develop National Action Plans that increase capacity building measures,  
83 implement best practice sharing methods, and collaborate with local government;  
84  
85 4. *Emphasizes* the importance of education on safe sex practice to impede the spread of sexually transmitted  
86 infections through programs or public private partnerships;  
87  
88 5. *Notes* that educating youth and adolescents about natural reproductive processes, such as menstrual cycles,  
89 starting at a pre-pubescent age with respect to the social and mental development of children;  
90  
91 6. *Encourages* training on the proper use of contraceptives and methods of family planning to prevent unwanted  
92 pregnancies;  
93  
94 7. *Calls upon* the international community to share knowledge about educational programmes such as the UNFPA  
95 Youth Strategic Plan 2014-17 in order for Member States to implement within their own educational systems  
96 comprehensive sexuality education, thereby empowering young people and promoting informed decisions about  
97 their sexuality and health and increasing accessibility and availability of quality sexual and reproductive health  
98 information and education in accordance with the ICPD;  
99  
100 8. *Recommends* that all Member States continue to focus on providing robust sexual education services despite the  
101 barriers that are common in developing states through the help of such entities as UNICEF, UNFPA and  
102 ECOSOC by including information about gender inequalities within classrooms, schools and sexual education  
103 programmes to raise awareness of sexual and reproductive rights and health information for young populations;  
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- 105 9. *Stresses* the importance of educating students in primary and secondary schools under the jurisdiction of each  
106 Government's Ministry of Education regarding gender equality and the concerned about Sexually Transmitted  
107 Infections (STIs) in order to prevent the consequences of such wide-spreads infections by:  
108
- 109 a. Promoting the UNESCO's strategy on HIV and AIDS, which approach comprehensive Sexuality  
110 education (CSE);  
111
  - 112 b. Implementing the UNAIDS Inter-Agency Task Team (IATT) that supports and promotes leadership to  
113 increase health education and HIV prevention with the collaboration of governments and local  
114 agencies;  
115
  - 116 c. Taking into consideration the Standards of Sexuality Education that have been established in the WHO  
117 guidelines;  
118
- 119 10. *Endorses* the reduction of adolescent birth rates (ABR) by:  
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- 121 a. Increasing school enrollment and access to education;  
122
  - 123 b. Removing gender barriers for access to education in a safe and stable environment;  
124
  - 125 c. Implementing sexual education within school curriculums and community structures in accordance to  
126 the preference of each Member State;  
127
- 128 11. *Further encourages* Member States to improve access to contraceptive services for all on a national and  
129 international level by:  
130
- 131 a. Emphasizing that financial assistance be provided to developing countries in order to improve and  
132 access to contraceptives;  
133
  - 134 b. Encouraging the utilization of already-existing programs to provide equitable access, quality, and  
135 choice of contraceptives by evaluating country specific needs;  
136
  - 137 c. Achieving a general education on reproductive health care for a better understanding on the use of  
138 contraceptives through:  
139
    - 140 i. An awareness campaigns that highlights and promotes the importance of contraceptive  
141 methods through community outreach programs;
    - 142 ii. The implementation of education programs on sexual and reproductive health in schools
    - 143 iii. UN bodies and NGOs for expertise such as UN Women;  
144
- 145 12. *Recommends* that Member States collaborate with organizations such as the UNFPA in order to enhance  
146 awareness of breastfeeding health by:  
147
- 148 a. Reaffirming international guidelines such as the United Nations Children's Fund (UNICEF) Global  
149 Strategy for Infant and Young Child Feeding global strategy that provide training workshops for  
150 mothers in order to enhance maternal health;  
151
  - 152 b. Urging international agencies to utilize collaborative vaccine and immunization programmes to  
153 eradicate sudden infant death syndrome;  
154
  - 155 c. Promoting maternal health frameworks that promote the nutritional advantages of breastfeeding;  
156
- 157 13. *Recommends* more public private partnerships which seeks to promote collaboration between local governments  
158 and the private sector to create public private partnerships in order to provide greater access to family planning  
159 services;  
160

- 161 14. *Invites* the body to reaffirm General Assembly resolution A/RES/67/146 to intensify efforts of eradicating  
162 female genital mutilation by working all Member States;  
163
- 164 15. *Emphasizes* the need for international community to cooperate to reduce the spread of HIV/AIDS and increase  
165 detection and treatment;  
166
- 167 16. *Deplores* the stigma associated with individuals with HIV/AIDS, existing in the form of harassment and legal  
168 barriers to care, employment and transportation as well as discrimination;  
169
- 170 17. *Recognizes* the need for education to empower individuals with HIV/AIDS with awareness of their rights;  
171
- 172 18. *Encourages* the World Bank to instigate further collaborative initiatives with states to work with programs that  
173 target high risk sectors of the population most susceptible to HIV/AIDS;  
174
- 175 19. *Recommends* all Member States pursue the goal UNAIDS of 90-90-90: 90% of individuals with HIV/AIDS  
176 diagnosed; 90% on treatment; 90% virally suppressed, to put HIV/AIDS on track to being reduced and  
177 controlled;  
178
- 179 20. *Emphasizes* the need to prevent the transmission of HIV/AIDS from mother to child by:  
180
- 181 a. Encouraging AIDS screening tests during the pregnancy in accordance with family planning strategies;
  - 182
  - 183 b. Following global guidelines on HIV/AIDS prevention and testing in order to decrease the transmission  
184 of the disease;
  - 185
  - 186 c. Encouraging post-natal medical follow-ups to avoid and decrease infections;
  - 187
  - 188 d. Insisting on the importance of avoiding HIV mother to child transmission by promoting the use of  
189 Antiretroviral (ARV) drugs during the stage when infection can occur;
  - 190
- 191 21. *Suggests* the international community implement multilateral efforts in cooperation with NGOs and  
192 governments to improve women's sexual and reproductive health rights in rural areas by:  
193
- 194 a. Providing options in order to encourage women to pursue a professional path before establishing a  
195 family;
  - 196
  - 197 b. Guaranteeing access to natural and artificial methods of birth control as well as medical assistance  
198 throughout the pregnancy respecting cultural beliefs;
  - 199
  - 200 c. Making available medical and concern, and to women who require it;
  - 201
- 202 22. *Further* encourages states to investigate Family Planning 2020s goals to reach an additional 120 million women  
203 and girls in the world's poorest countries with access to voluntary family planning education, contraceptives,  
204 and services by 2020;  
205
- 206 23. *Calls upon* the reinforcement and implementation of the UNFPA Family Planning Strategy 2012-2020, in so  
207 doing all Member States should focused on:  
208
- 209 a. Provision of information about child mortality, maternal care, HIV/AIDS;
  - 210
  - 211 b. The affordability of contraceptives;
  - 212
  - 213 c. The confidentiality for each person consulting a family planning counselling services;
  - 214



- 215 24. *Recognizes* that the ICPD identifies family planning as essential to providing information and care involved  
216 with maternal issues and education in order to ensure that the best decisions are made regarding their health,  
217 socioeconomic situations, family and beliefs;  
218
- 219 25. *Invites* Member States to further efforts to stop child marriages by:  
220
- 221 a. Advocating Governments to pass legislation supporting the rights of youth and individuals to choose  
222 for themselves, and the establishment of minimum age laws for marriage;  
223
  - 224 b. Encouraging gender equality and respect for the rights of women and girls;  
225
  - 226 c. Recognizing and addressing the underlying causes of child marriages such as lack of educational  
227 opportunities, absences of economic opportunities and discriminatory practices against young women;  
228
- 229 26. *Recommends* that all Member States continue to focus on providing robust sexual education services despite  
230 barriers that are common in developing states through the help of such entities as UNICEF, UNFPA and  
231 ECOSOC by including information about gender inequalities within schools and sexual education programmes  
232 to raise awareness of sexual and reproductive rights and health information for young populations;  
233
- 234 27. *Stresses* the importance of educating students in primary and secondary schools under the jurisdiction of each  
235 Government's Ministry of Education regarding gender equality and the concerned about Sexually Transmitted  
236 Infections (STIs) in order to prevent the consequences of such wide-spreads infections by:  
237
- 238 a. Promoting the UNESCO's strategy on HIV and AIDS, which approach comprehensive Sexuality  
239 education (CSE);  
240
  - 241 b. Implementing the UNAIDS Inter-Agency Task Team (IATT) that supports and promotes leadership to  
242 increase health education and HIV prevention with the collaboration of governments and local  
243 agencies;  
244
  - 245 c. Taking into consideration the Standards of Sexuality Education that have been established in the WHO  
246 guidelines;  
247
- 248 28. *Recognizes* the need to promote Education and Training of Women established by UN Women to educate  
249 women and girls about their fundamental rights and aid in realizing their role in society in order to prevent them  
250 from of all forms of verbal and physical harassment, in collaboration with governments and NGOs;  
251
- 252 29. *Recommends* that Member States consult the 2010 UNFPA report, Comprehensive Sexuality Education:  
253 Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health, which provides  
254 guidance in curriculum, strategies, and equalization techniques for successful sexual education with a focus on:  
255
- 256 a. Ensuring that Member States create full analyses of the needs, opportunities and obstacles, based on  
257 full assessments of barriers and current realities;  
258
  - 259 b. Endorsing the use of the UNFPA's Framework for Action (FFA) which identifies four key elements to  
260 achieve its vision for young people;  
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- 262 30. *Advises* Governments to work in cooperation with their respective sexual educational services to increase  
263 communication with institutions of higher education in order to promote long-term projects that will incentivize  
264 students to enter the medical field by:  
265
- 266 a. Inviting medical professionals to partake in career fairs to encourage students to follow a career path in  
267 the medical area;  
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  - 269 b. Providing scholarships and financial assistance to those who choose to study a medical degree with a  
270 volunteer program in a less developed country;

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- c. Stressing the need of integration within communities, especially in rural areas, a comprehensive understanding of sexual and reproductive rights and to strengthen already existing international awareness-raising programmes and community-based initiatives concerning Sexual and Reproductive rights by engaging with such programmes promoting;
  - d. Inviting medical professionals to partake in career fairs to recommend students to follow a career path in the medical area;
31. *Stresses* that the UNFPA Family Planning Strategy 2012-2020 asserts that poverty should not be a barrier to accessing sexual education and therefore Family Planning should be cost-free;
32. *Encourages* Member States to enhance maternal health services by:
- a. Utilizing international initiatives that provide comprehensive training of midwives in order to ensure adequate health care;
  - b. Supporting international organizations such as UNFPA to aid states in financing of efficient medical facilities;
  - c. Enhancing monitoring services such as the World Health Organization's (WHO) Fellowship Programme to further transparency measures.