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United Nations Population Fund Background Guide 2020

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Dear Delegates,

Welcome to the 2020 National Model United Nations Conference in Washington, DC (NMUN•DC)! We are pleased to introduce you to our committee, the United Nations Population Fund (UNFPA). This year's staff is: Director Samantha L. Hall and Assistant Director Ashlee Rolheiser. Samantha L. Hall obtained her Master's in International Affairs from American University and currently focuses on strategic communications and outreach to support USAID staff in promoting data-driven development programs in USAID partner countries. Ashlee Rolheiser is completing her Master of International Affairs and Diplomacy from the United Nations Institute for Training and Research, in affiliation with the Universitat Oberta de Catalunya.

The topics under discussion for UNFPA are:

- I. Advancing Justice and Equity in Sexual and Reproductive Health and Care
- II. Addressing the Challenges of a Global Ageing Population

Operating under both the General Assembly and the Economic and Social Council, UNFPA is the leading population focused entity within the United Nations. The role of the UNFPA within this framework is to promote and support the access and rights to sexual and reproductive healthcare for families and individuals. The United Nations Population Fund addresses challenges related to sexual and reproductive healthcare in relation to socio-economic development and population growth by gathering knowledge, building partnerships, and implementing strategies and aid programs. To accurately simulate the committee, it is key for delegates to emulate the normative and best practice-setting approaches of the United Nations Population Fund and consider how decisions can impact operations on the ground.

This Background Guide serves as an introduction to the topics for this committee. However, it is not intended to replace individual research. We encourage you to conduct additional research, explore your Member State's policies in-depth, and examine the policies of other Member States to improve your ability to negotiate and reach consensus. In preparation for the conference, each delegation will use their research to draft and submit a position paper. Guidelines are available in the NMUN Position Paper Guide.

The NMUN website has many additional resources, including two that are essential both in preparation for the conference and as a resource during the conference. They are:

1. The NMUN Delegate Preparation Guide, which explains each step in the delegate process, from pre-Conference research to the committee debate and resolution drafting processes. Please take note of the information on plagiarism, and the prohibition on pre-written working papers and resolutions. Delegates should not discuss the topics or agenda with other members of their committee until the first committee session.
2. The NMUN Rules of Procedure, which includes the long and short form of the rules as well as an explanatory narrative and example script of the flow of procedure.

In addition, please review the mandatory NMUN Conduct Expectations on the NMUN website. They include the conference dress code and other expectations of all attendees. We want to emphasize that any instances of sexual harassment or discrimination based on race, gender, sexual orientation, national origin, religion, age, or disability will not be tolerated. If you have any questions concerning your preparation for the committee or the conference itself, please contact the Under-Secretary-General Emma Ogg at usgemma.dc@nmun.org or Secretary-General Daniel Sweeney at secgen.dc@nmun.org.

We wish you all the best in your preparations and look forward to seeing you at the conference!

Sincerely,
Samantha L. Hall, Director
Ashlee Rolheiser, Assistant Director



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Committee Overview

Introduction

The United Nations Population Fund (UNFPA) was established in 1967 as the United Nations Fund for Population Activities and formally began its operations in 1969, the year that the United Nations (UN) General Assembly declared the right of parents to plan their families, an issue in which the UNFPA directly assesses.¹ With an emphasis on protecting human rights, especially for vulnerable populations, UNFPA has a key role in the UN's population initiatives by supporting safe childbirth, family planning, and by promoting gender equality, with emphasis on women and girls' rights to sexual and reproductive health.² To reflect its leadership in addressing population policy issues within the UN system, UNFPA was officially renamed the United Nations Population Fund in 1987, while retaining its original acronym.³ UNFPA's *Strategic Plan 2018-2021* prioritizes four core areas of interconnected work: sexual and reproductive health rights and services, adolescent and youth empowerment, gender equality and women's empowerment, and population data for development.⁴ These core areas include issues such as family planning and contraception, emergency and humanitarian crisis situations, obstetric fistula, HIV infections, and poverty.⁵ Across the globe, UNFPA supports reproductive health care services and provides materials for over 20 million women a year in 150 Member States.⁶ Additionally, UNFPA works to end sexual and gender-based violence (SGBV), which affects one in three women globally, and female genital mutilation (FGM), which affects 3 million girls annually.⁷ UNFPA also supports efforts to end child marriages and unwanted teen pregnancies.⁸

Governance, Structure, and Membership

In 1993, UN General Assembly resolution 48/162 changed the reporting mechanisms for UNFPA.⁹ Where it had previously reported to the United Nations Development Programme (UNDP), UNFPA began reporting directly to the General Assembly with additional policy guidance from the Economic and Social Council (ECOSOC).¹⁰ Further governance and structural shifts resulting from General Assembly resolution 48/162 included transforming the UNDP and UNFPA's joint 48-Member State Governing Council into a 36-member Executive Board.¹¹ The Member States on the board serve on a rotating basis of two years with representation from each regional block.¹² The regional block memberships consist of eight African states, seven Asia-Pacific states, four Eastern European states, five Latin American and Caribbean states, and 12 Western European and other states.¹³ The Board holds an annual session, regular sessions, and pre-session consultations.¹⁴ It is the responsibility of the Board to provide administrative, financial, and intergovernmental support and to supervise programs and activities within its thematic areas.¹⁵

Financially, UNFPA is fully supported by voluntary contributions from Member States, intergovernmental organizations, private sector groups and foundations, and individuals; it does not receive funds from the

¹ UNFPA, *About Us*, 2020; UNFPA, *Frequently Asked Questions*, 2020.

² Ibid; UNFPA, *How We Work*, 2020.

³ Ibid.

⁴ UNFPA, *Strategic Plan 2018-2021*, 2018.

⁵ UNFPA, *Humanitarian Action 2017 Overview*, 2017; Ibid; Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ UN General Assembly, *Further Measures for the Restructuring and Revitalization of the United Nations in the Economic, Social and Related Fields (A/RES/48/162)*, 1994.

¹⁰ Ibid.

¹¹ Ibid.

¹² UNFPA, *Executive Board*, 2020; UNFPA, *Members of the Executive Board*, 2020.

¹³ Ibid.

¹⁴ UNFPA, *Schedule of Meetings*, 2020.

¹⁵ Ibid.

UN regular budget.¹⁶ In 2018, total contributions made to UNFPA reached \$1.255 billion, the highest gross contribution revenue made by the UNFPA to date.¹⁷ Of the total, \$872 million went toward UNFPA's core programmatic efforts, such as the UNFPA Supplies program and the UNFPA Maternal Health Thematic Fund, which incorporates the Campaign to End Fistula.¹⁸ In its efforts to be transparent, UNFPA publishes how it allocates funds to its core areas of work annually.¹⁹ In 2018, gender equality initiatives were allocated the most resources of any core area and accounted for approximately 44.4% of UNFPA's expenditures.²⁰

To be an effective UN development agency, UNFPA contributes to intergovernmental and inter-agency processes by participating in debate and by giving policy recommendations on approximately 150 relevant agenda items in the General Assembly.²¹ UNFPA also participates in regional intergovernmental commissions of ECOSOC and collaborates with other entities such as the World Health Organization.²² UNFPA is one of four founding members of the UN Development Group created in 1997 by the Secretary-General to improve coherence of UN development efforts at the Member State level.²³ UNFPA is also a member of the UN Chief Executives Board for Coordination, which meets twice annually and serves as the main instrument within the UN system to coordinate the actions and policies of the executive heads of various entities.²⁴ Additionally, UNFPA works with civil society organizations, including faith-based and women's advocacy organizations, through the Civil Society Advisory Panel that was formed in 2013.²⁵ These partners serve as policy advocates, healthcare providers, and sources of up-to-date scientific research to guide UNFPA's work.²⁶

Mandate, Functions, and Powers

ECOSOC resolution 1084 (XXXIX) (1965) and UN General Assembly resolution 2211 (XXI) (1966) both highlight that the challenges in reproductive health services, as they relate to socio-economic development and population growth in developing countries, should be addressed through a specialized agency within the UN.²⁷ In response to these observations, the Secretary-General established UNFPA to address population matters for the international community.²⁸ Adopted in ECOSOC resolution 1763 (1973), UNFPA's mandate calls for gathering knowledge, recommending policies, and building capacity to assist national, regional, and interregional responses to global population needs and family planning.²⁹ The mandate empowers UNFPA to raise awareness and provide aid to developing countries to address population challenges and implement strategies in accordance with national plans and priorities.³⁰ The mandate also underscores UNFPA's efforts in data collection and developing context-specific approaches and programs, both of which act as crucial steps to achieving the Sustainable Development Goals (SDGs).³¹

¹⁶ UNFPA, *Funds and Funding*, 2020; Ibid.

¹⁷ UNFPA, *UNFPA Supplies*, 2019.

¹⁸ UNFPA, *UNFPA Supplies*, 2019.

¹⁹ Ibid.

²⁰ Ibid.

²¹ UNFPA, *UNFPA in the UN System*, 2020.

²² Ibid.

²³ Ibid.

²⁴ Ibid.

²⁵ UNFPA, *Partnering with Civil Society*, 2020.

²⁶ Ibid.

²⁷ UN ECOSOC, *Work Programmes and Priorities in Population Fields (E/RES/1084(XXXIX))*, 1965; UN General Assembly, *Population Growth and Economic Development (A/RES/2211(XXI))*, 1966.

²⁸ Ibid.

²⁹ UN ECOSOC, *United Nations Fund for Population Activities (E/RES/1763(LIV))*, 1973.

³⁰ Ibid; Ibid; Ibid.

³¹ Executive Board of UNDP, UNFPA, UNOPS, *Report of the Annual Session 2017 (DP/2017/28)*, 2017; Executive Board of UNDP, UNFPA, UNOPS, *Report of the First Regular Session 2017 (DP/2017/13)*, 2017; UNFPA, *Sustainable Development Goals*, 2020.

In 1994, Egypt hosted the International Conference on Population and Development (ICPD), one of the largest intergovernmental conference on the topic, with 179 Member States and over 11,000 participants from governments, UN specialized agencies and organizations, intergovernmental organizations, non-governmental organizations, and the media.³² The outcome of the conference was the ICPD *Programme of Action* (PoA), which focuses on improving lives of individuals through strengthened global partnerships, which address sustainable development and advocate for sexual and reproductive health services and rights.³³ This built upon previous initiatives, including the 1984 International Conference on Population held in Mexico City, the outcome documents from the 1992 UN Conference on Environment and Development, and the 1993 World Conference on Human Rights.³⁴ Through a set of 15 principles, the ICPD PoA provides guiding actions for Member States that support the mandate of the ICPD to uphold human rights and gender equality, achieve sustainable lifestyles and development, and implement appropriate population-related policies regarding economic development and poverty challenges.³⁵

Guided by the aforementioned conferences and the *2030 Agenda for Sustainable Development* (2030 Agenda), UNFPA particularly focuses on SDGs 3 (good health and well-being), SDG 4 (quality education) and SDG 5 (gender equality).³⁶ Insufficient maternal healthcare is the leading cause of death of women and girls in many developing countries, thus UNFPA has focused its attention on SDG 3 by implementing training for midwives and providing education and resources to prevent sexually transmitted infections.³⁷ Relatedly, under SDG 4, its mandate to build knowledge, and its capacity under ECOSOC resolution 1763 (1973), UNFPA is committed to bringing “comprehensive sexuality education” to all girls and boys.³⁸ Such education includes body self-awareness, safe sex and contraception alternatives, and healthcare during pregnancy.³⁹ UNFPA recognizes that knowledge is a crucial tool not only to promote healthy sex and pregnancy, but also to combat SGBV.⁴⁰ Under SDG 5, UNFPA uses education and advocacy campaigns to work towards their goals of ending child marriage and FGM, two practices that limit progress towards the full realization of human rights of women and girls.⁴¹ UNFPA’s emphasis on education in addition to care access highlights the organization’s priority of youth engagement, because teaching and providing care for girls (and boys) sets youth on a path for improved sexual health and gender equality in the long-run.⁴²

Recent Sessions and Current Priorities

In July 2019, UNFPA published an updated *Strategy for the 2020 Round of Population and Housing Censuses (2015-2024)*, with the intent to leverage this data for future development strategies.⁴³ As the world population continues to grow, UNFPA is grappling with ways to promote family planning in ways that simultaneously are culturally-sensitive and respect human rights.⁴⁴ One such program UNFPA supports is Egypt’s “Two Is Enough” campaign, which uses financial incentives and family planning education to encourage citizens to keep the birth rate close to the replacement rate of 2.1 children per couple.⁴⁵ Such initiatives highlight the delicate balance that UNFPA seeks as it pursues goals of managing population dynamics while respecting both human rights and different cultural values regarding family.⁴⁶ As the sensitive topics that UNFPA grapples with are commonly considered as taboo, retrieving

³² UNFPA, *Programme of Action of the International Conference on Population and Development*, 2014.

³³ Ibid; Ibid.

³⁴ UNFPA, *International Conference on Population and Development*, 2020.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ UNFPA, *UNFPA Strategy for the 2020 Round of Population and Housing Censuses (2015-2024)*, 2019.

⁴⁴ UNFPA, *Culturally Sensitive Approaches*, 2020.

⁴⁵ Masri, ‘Two Is Enough,’ Egypt Tells Poor Families as Population Booms, *Reuters*, 2019; Michaelson, Experts Urge Egypt to Rethink Two-child Population Strategy, *The Guardian*, 2019.

⁴⁶ Ibid.

accurate data, or helping to provide updated support and the creation of new protections and rights remains difficult.⁴⁷ UNFPA must remain culturally sensitive in its approaches to sexual and reproductive health, remaining cognizant that sensitivities to these topics will change as cultures evolve.⁴⁸

In 2020, UNFPA published the *Humanitarian Action 2020 Overview*.⁴⁹ The Overview summarizes 2019 finances and results as well as outlines the necessary funding, action items and plans, and country snapshots for 2020.⁵⁰ Women are at the forefront of 2020's goals, with UNFPA aiming to reach 48 million women and girls around the globe, offering assistance in areas that are facing emergencies, such as Bangladesh and Yemen.⁵¹ Of the 48 million that UNFPA aims to reach and offer assistance to, 34 million are of sexual reproductive age and 4 million of those women are pregnant.⁵² In 2020, UNFPA published *Ensure universal access to sexual and reproductive health and reproductive rights* to examine the global progress towards achieving SDG targets 5.6.1 and 5.6.2 by analyzing the establishment of legal and regulatory frameworks for sexual and reproductive health and rights, as well as women's reproductive decision-making in Member States.⁵³ Furthermore, the publication analyzes existing laws that enable or restrict women's and men's "full and equal access" to sexual and reproductive health services.⁵⁴ With UNFPA's complementary examination of Member States' existing reproductive and sexual health laws, there is opportunity for the expansion of positive programmes to aid sexual and reproductive rights.⁵⁵ While significant barriers still remain across Member States' legal systems, one of the key take-aways is that there has been significant improvement in laws regarding women's sexual and reproductive rights.⁵⁶

UNFPA was slated to hold programs in April, however, due to the COVID-19 pandemic, sessions and informal meetings were either moved online or have been postponed.⁵⁷ However, despite all of this, UNFPA is still scheduled to hold their 2020 Annual Session on June 1, with the potential for it to be postponed or held virtually.⁵⁸ The agenda includes the Annual Report of the Executive Director to present the integrated midterm review and progress report on implementation of the *Strategic Plan 2018-2021*; the statistical and financial review of 2019; the report on the recommendations of the Joint Inspection Unit in 2019; and the evaluation of UNFPA capacity to respond to humanitarian crises.⁵⁹ In response to the COVID-19 pandemic, UNFPA released *COVID-19: A Gender Lens*, a guidance memo that provides recommendations for international actors to protect sexual and reproductive health and rights, and promote gender equality.⁶⁰ The memo emphasizes how disease outbreaks and pandemics "make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse".⁶¹ Specifically, the document stresses the need for all health workers to have personal protective equipment, ensuring the provision of accurate and supportive care for healthcare workers.⁶² UNFPA's operations during COVID-19 will focus on leveraging expertise and experience in community engagement, social mobilization, and its extensive networks to work closely with Member States, the World Health Organization, and other agencies working on health.⁶³

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ UNFPA, *Ensure universal access to sexual and reproductive health and reproductive rights*, 2020.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ UNFPA, *COVID-19: A Gender Lens*, 2020.

⁶¹ Ibid.

⁶² Ibid.

⁶³ Ibid.

Conclusion

From UNFPA's mandate to the 2030 Agenda, leaving no one behind requires a focus on a human rights-based approach to health and population, as well as providing financial support and programmatic contributions in the areas of gender equality, population management, and sexual and reproductive health.⁶⁴ UNFPA continues to serve as the leading entity within the UN system for population management by providing a platform for discussion and collaboration on population dynamics, sexual and reproductive health and rights, and sustainable development.⁶⁵ Through programs and strategies such as the *Strategic Plan 2018-2021* and the UNFPA Maternal Health Fund, UNFPA will continue to support the 2030 Agenda as it provides assistance to millions of marginalized families, women, and young girls with a focus on UNFPA's core four strategic areas.⁶⁶

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This document outlines UNFPA's priorities and goals for 2018-2021 and provides important background information on the most pressing issues that fall under UNFPA's mandate. This is first new strategic plan UNFPA has adopted since the adoption of the 2030 Agenda. In order to work towards achieving SDGs 3, 4, and 5, the plan pays particular attention to the topics of: 1) sexual and reproductive health services and reproductive rights; 2) adolescent and youth empowerment; 3) gender equality and women's empowerment; and 4) population data for development. Delegates can use the strategic plan to develop an understanding of current UNFPA initiatives as they discuss their own proposals at the conference.

United Nations Population Fund. (2019). *UNFPA Strategy for the 2020 Round of Population and Housing Censuses (2015-2024)*. Retrieved 5 April 2020 from: https://www.unfpa.org/sites/default/files/pub-pdf/Census_Strategy_Final_July.pdf

Pursuant to one of UNFPA's priorities in its Strategic Plan 2018-2020, leveraging population data for development, this strategy document discusses lessons learned from the 2010 round of population and housing censuses that UNFPA supported. Based on these lessons, it outlines an improved strategy for the upcoming census round, particularly to capture more accurate data on underserved populations such as migrants and persons with disabilities. With more comprehensive data that in particular provides information about vulnerable populations, UNFPA can better design and implement initiatives tailored to the needs of specific communities. Delegates can use this resource as they consider how to improve and leverage data as they address the committee's topics.

United Nations Population Fund. (2020). *COVID-19: A Gender Lens*. Retrieved 5 April 2020 from: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

With the COVID-19 crisis unfolding, there is a lot of uncertainty, especially for women and girls who are a vulnerable group to domestic and sexual violence. Delegates will find this guidance helpful to understand what UNFPA's actions are with the current crisis. Along with its recommendations to help protect women and girls in vulnerable populations, the memo emphasizes the need to protect care-givers, nurses, and other medical professionals—a sector that women have substantial representation in.

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⁶⁴ UNFPA, *State of World Population 2019*, 2019.

⁶⁵ Ibid; Ibid; Ibid.

⁶⁶ Ibid; Ibid.



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I. Advancing Justice and Equity in Sexual and Reproductive Health and Care

Introduction

Gender-based violence (GBV) and other harmful practices remain a global pandemic.⁶⁷ The United Nations Population Fund (UNFPA) outlined in their *Strategic Plan 2018 – 2021* that “one in three women will experience physical or sexual violence in her lifetime”.⁶⁸ As of 2015, one in four women between the ages of 20 and 24 reported that they were married before they were 18 years old.⁶⁹ Additionally, access to modern family planning continues to be an obstacle, as 214 million women do not have access to family planning.⁷⁰ UNFPA estimates that approximately “200 million women and young girls alive today have undergone female genital mutilation (FGM) in 30 countries, including Ethiopia, Kenya, Somalia, Tanzania, and Uganda”.⁷¹ Ninety-nine percent of all maternal deaths occur in developing nations, and more than half of those mortalities are in humanitarian and fragile environments.⁷² Furthermore, stigma and discrimination prevent survivors of sexual assault and other GBV, sex workers, persons with disabilities, and lesbian, gay bisexual, transgender, queer, and intersex (LGBTQIA+) people from accessing sexual and reproductive health and legal services that are necessary to their right to overall health and their right to sexual and reproductive health and care as outlined in the *Convention on the Elimination of All Forms of Discrimination against Women*.⁷³ Improving access to sexual and reproductive health and care boosts development at local and national levels, as preventing unwanted pregnancies contributes to reducing poverty by allowing women and families to be more productive and financially secure.⁷⁴

According to UNFPA, “every individual has the right to make their own choices about their sexual and reproductive health”.⁷⁵ UNFPA defines sexual and reproductive health as the “state of complete physical, mental and social well-being in all matters relating to the reproductive system”.⁷⁶ It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so”.⁷⁷ UNFPA also determines that in order for an individual to maintain sexual and reproductive health, they need to have access to accurate information to make informed and empowered decisions on their sexual and reproductive health, while also having access to safe, effective, affordable, and acceptable contraceptives of their choices, including abortion in Member States where it is legal.⁷⁸ UNFPA collaborates with other UN bodies, Member States, civil society, and religious leaders to educate governments and local communities on sexual and reproductive rights, health, and care to promote the access to justice and equity in legal services and reproductive healthcare.⁷⁹

⁶⁷ UNFPA, *UNFPA Strategic Plan 2018 – 2021*, 2018.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Ibid.

⁷³ UNFPA, *Speech by UNFPA Executive Director Dr. Natalia Kanem on Advancing Justice and Equity in Sexual and Reproductive Health and Care at the 9th Asia Pacific Conference on Reproductive and Sexual Health and Rights on 30 November 2017, in Ha Long Bay, Viet Nam, 2017*; UNFPA, *Statement by UNFPA Executive Director Dr. Natalia Kanem for the International Day Against Homophobia, Biphobia and Transphobia on 17 May 2019, 2019*; UN General Assembly, *Convention on the Elimination of All Forms Discrimination against Women (A/RES/34/180)*, 1979.

⁷⁴ Singh et al, *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*, 2014, p. 37.

⁷⁵ UNFPA, *Sexual & reproductive health*, 2020.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid; UNFPA, *Frequently Asked Questions*, 2020.

⁷⁹ Ibid.

International and Regional Framework

Several international frameworks guide UNFPA's mandate and operations in order to advance justice and equity in sexual and reproductive health and care.⁸⁰ The *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) went into effect in 1981, and the convention outlines a framework to eliminate discrimination against women and promote women's rights through the establishment of laws that prohibits discrimination against women; the elimination of sociocultural attitudes that promote prejudices and customary practices that promote inferiority of either sex; and ensuring access to sexual and reproductive health and care for women.⁸¹ The *Beijing Platform for Action*, established in 1995, outlined definitions of what the international community considers GBV, elimination of discrimination against women and girls, and the right for women to access legal services and protection and universal access to sexual and reproductive health and care.⁸² Following the establishment of international frameworks, Member States have also created regional frameworks, such as the *Caribbean Regional Youth Advocacy Framework on Sexual & Reproductive Health and Rights*, to promote sexual and reproductive health, care, and rights, social injustices, and GBV in their regions.⁸³

UNFPA also seeks to promote the rights of all individuals in their access to sexual and reproductive health and care, and access to legal services and protection following sexual assault, GBV, and other harmful practices.⁸⁴ The *UNFPA Strategic Plan 2018 – 2021* has three main goals: zero maternal deaths, zero unmet need for family planning, and zero GBV and harmful practices.⁸⁵ Within the Strategic Plan, UNFPA outlined four conditions (the "Core Four") necessary to UNFPA's work with local and global actors to achieve the goal of universal access to sexual and reproductive health and reproductive rights: sexual and reproductive health services and reproductive rights; adolescent and youth empowerment; gender equality and women's empowerment; and population data for development.⁸⁶

UNFPA created the *Strategic Plan* to align its work towards the Sustainable Development Goals (SDGs) established in *Agenda 2030* (2015), particularly on the goals focusing on good health and well-being; gender equality; reducing inequalities; promoting peace, justice, and strong institutions; and stronger partnerships for the SDGs (Goals 3, 5, 10, 16, 17).⁸⁷ UNFPA also created the *UNFPA Gender Equality Strategy* that compliments the *UNFPA Strategic Plain 2018 – 2021* in UNFPA's work to promote gender equality by engaging with men and boys, addressing GBV and harmful practices in all contexts including child marriage, FGM, and son preference and undervaluing girls.⁸⁸

Role of the International System

In 2018, UN-Women and UNFPA established a tripartite agreement with Korean International Cooperation Agency to promote gender equality and women's empowerment, meet the need for universal access to family planning, end maternal deaths, GBV, and other harmful practices.⁸⁹ UN-Women and UNFPA is establishing other joint programs in Cambodia, Colombia, and Tanzania.⁹⁰ Additionally, UNFPA regularly consults with technical staff from the World Health Organization (WHO) on improving access to sexual and reproductive health and care, and provide primary and reproductive healthcare services in fragile environments, such as Mosul, Iraq.⁹¹ In order to engage more with youth, UNFPA partners with the

⁸⁰ UNFPA, *About us*, 2020.

⁸¹ UN General Assembly, *Convention on the Elimination of All Forms of Discrimination against Women* (A/RES/34/180), 1979.

⁸² UN Fourth World Conference on Women, *Beijing Declaration and Platform for Action*, 1995.

⁸³ Davis, *Caribbean Regional Youth Advocacy Framework on Sexual & Reproductive Health and Rights*, 2017.

⁸⁴ *Ibid.*

⁸⁵ *Ibid.*

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

⁸⁸ UNFPA, *UNFPA Gender Equality Strategy*, 2019.

⁸⁹ UNFPA, *UNFPA partners with Korea and UN Women to advance gender equality*, 2018.

⁹⁰ *Ibid.*

⁹¹ Relief Web, *WHO and UNFPA deliver life-saving health care to populations in Eastern Mosul*, 2016.

UN Children’s Fund (UNICEF) on activities and humanitarian assistance programs that seek to empower and educate boys and girls, such as their current partnership in Venezuela to share information and technical assistance on sexual education, access to contraceptives, and GBV to empower Venezuelan youth.⁹²

UNFPA partnered with the WHO, UN Development Program, UN-Women, and UN Office on Drugs and Crimes to launch the four-year *Joint Global Programme on Essential Services for Women and Girls Subject to Violence* to create a set of global standards and guidelines for delivering essential services, providing technical guidance on implementing these services, and building capacity of service providers to provide essential services.⁹³ The organization also works with local midwifery associations, local and national governments, civil society, and policymakers to build strong, well-trained midwifery networks and workforce to advance sexual and reproductive health and care services and education, reduce maternal mortality rates through maternal and newborn health services offered by midwives, and promote gender equality and women’s empowerment.⁹⁴

UNFPA sponsors the annual *Asia Pacific Conference on Reproductive and Sexual Health and Rights* for technical experts and policy makers to share evidence-based practices and best practices in advocacy, policy, and governance on reproductive and sexual health and rights.⁹⁵ In the past 20 years, the African Commission on Human and Peoples’ Rights has adopted protocol chapters to the *African Charter on Human and Peoples’ Rights* that include rights for women, guidelines for combatting sexual violence and its consequences, and resolutions that added “protecting against violence and other human rights violence against persons on the basis of their real or imputed sexual orientation or gender identity”.⁹⁶ The 60th session of the African Commission included a decision to mainstream sexual orientation and gender identity into their work after many years of advocacy from African-based civil society organizations and human rights defenders.⁹⁷

Promoting Access to Justice and Healthcare for Minority Groups

Discriminatory attitudes, laws, and practices expose not only women but also minority groups to violations of their human rights, and fuel stigmatization and dangerous stereotyping to these groups.⁹⁸ Laws that criminalize same-sex relationships and cross-dressing violate fundamental human rights and put millions at risk for arrest, imprisonment, and death.⁹⁹ Stigma and discrimination based on sex, race, ethnicity, sexual orientation, gender identity, HIV status, nationality, mental health conditions, occupation, and mental and physical disabilities are prevalent in healthcare settings, and can lead to the limit or denial of healthcare services.¹⁰⁰ Lack of comprehensive sexual education and advocacy fuels homophobia and transphobia that leads to discrimination, stigmatization, and violence against LGBTIQ+ people.¹⁰¹ Stigma and discrimination based on these factors also prevent access to legal services and justice for survivors of sexual and GBV.¹⁰² Dr. Natalia Kanem, the Executive Director of UNFPA, emphasizes the lack of access to sexual and reproductive health and care, as well as sexual education, stems from the stigma, discrimination, prevalence of gender-based violence, and gender inequity based in patriarchal

⁹² UNICEF, *UNICEF and UNFPA join hands to support women, girls and children in Venezuela*, 2019.

⁹³ UNFPA, *Essential Services Package for Women and Girls Subject to Violence*, 2015.

⁹⁴ UNFPA, *Midwifery*, 2020; UNFPA, *Maternal deaths declining in Morocco thanks to midwives, but more support needed*, 2020.

⁹⁵ 10th Asia Pacific Conference on Reproductive and Sexual Health and Rights, *Purposes and Objectives*, 2020.

⁹⁶ African Commission on Human and Peoples’ Rights, *Resources*, 2020; Isaack, African Commission Tackles Sexual Orientation, Gender Identity, *Human Rights Watch*, 2017.

⁹⁷ Ibid.

⁹⁸ Ibid.

⁹⁹ Ibid.

¹⁰⁰ Ibid; OHCHR, *Information Series on Sexual and Reproductive Health and Rights: Lesbian, Gay, Bisexual and Transgender and Intersex People*, 2020.

¹⁰¹ Ibid.

¹⁰² Ibid.

and religious attitudes and social norms that are “often wrapped up in culture”.¹⁰³ Patriarchal and religious attitudes and social norms also make it difficult for individuals to talk about taboo subjects, such as sexual education, universal access to family planning services and abortion, and discussing sexuality and gender identity.¹⁰⁴

UNFPA works to combat patriarchal and religious attitudes and social norms in a number of programs that focus on providing necessary sexual and reproductive health information to both women and men.¹⁰⁵ In 2011, UNFPA engaged with religious leaders and individuals in Bhutan through the Bhutan Nuns Foundation to train Bhutan Nuns and Monks in life skills education that focus on reproductive health and human rights, menstrual hygiene, and the right to live free from domestic violence.¹⁰⁶ UNFPA’s work in Bhutan continues through a local civil society organization called Respect, Nurture, Educate, and Empower Women that carry out UNFPA’s life skills trainings.¹⁰⁷ The organization created the *Engaging Men in and Reproductive Health and Rights, Including Family Planning* guidebook for partners to use when managing a project or program that engages with men on sexual and reproductive health and care.¹⁰⁸ In Ethiopia, UNFPA partners with the national government and local villages in supplying contraceptives through their UNFPA Supplies program, and engages with men and boys about sexual and reproductive health and care, family planning, and the positive impact of family planning for the general well-being of a family unit.¹⁰⁹

Sex workers are highly vulnerable to GBV, discrimination, HIV/AIDS, and other threats.¹¹⁰ According to STAR-STAR, a non-governmental organization (NGO), and UNFPA, “sex workers are regarded as offenders and immoral actors in the society, leading to stigma and discrimination against them in the health sector as well as other parts of life”.¹¹¹ Sex workers often avoid going to the police, social services, or hospitals as a survivor of sexual or GBV out of fear of discrimination or threat of arrest.¹¹² Over 90% of sex workers received healthcare services from NGOs because they trust NGOs more than traditional hospitals, but difficulties arise when sex workers try to obtain healthcare services through public hospitals and clinics.¹¹³ In response, UNFPA collaborated with other UN bodies to create a training manual for community workers and healthcare professionals to use to provide care to sex workers and men who have sex with men.¹¹⁴

Persons with disabilities are another vulnerable group that are often denied access to sexual and reproductive care and rights.¹¹⁵ Twenty percent of women with disabilities “face forced or coerced sex, denied access to contraception, subject for forced abortion or sterilization, or denied information about their bodies and rights”.¹¹⁶ Furthermore, stigmatization of persons with disabilities have led to the misconception that persons with disabilities are all asexual or unable to make decisions about their bodies, thus disempowering these individuals.¹¹⁷ UNFPA created the *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-*

¹⁰³ Ibid.

¹⁰⁴ Ibid.

¹⁰⁵ UNFPA, *Nuns and monks break the silence on sexual and reproductive health and rights in Bhutan*, 2019.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

¹⁰⁸ UNFPA, *Engaging Men in Sexual and Reproductive Health and Rights, Including Family Planning: Why using a gender lens matters*, 2017.

¹⁰⁹ UNFPA, *Men in rural Ethiopia show that family planning is not just a women’s issue*, 2017.

¹¹⁰ UNFPA, *Sex workers face high HIV risks – and high barriers to care*, 2019; UNFPA, *Partnering with Sex Workers in Viet Nam to Contain the HIV Epidemic and Protect Human Rights*, 2011.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ UNFPA, *Youth with disabilities face staggering loss of rights*, 2016; UNFPA, “We have sexual desires, too”: *Young women with disabilities demand access to information and services*, 2019.

¹¹⁶ Ibid.

¹¹⁷ Ibid; Ibid.

Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities report that provides guidelines for health providers to provide services to address GBV and sexual and reproductive health and rights for women and young persons with disabilities.¹¹⁸ The organization also supports the work of NGOs and programs that seek to promote the rights of persons with disabilities and empower these individuals.¹¹⁹ However, continued promotion of harmful attitudes, lack of necessary legal frameworks and support, and inadequate access to healthcare and other social services hinder progress in achieving universal access to sexual and reproductive health and care.¹²⁰

Elimination of Gender-Based Violence and Other Harmful Practices

Zero child marriage, GBV, and other harmful practices is one of the three goals of the *UNFPA Strategic Plan 2018 – 2021*.¹²¹ Other harmful practices include FGM and sociocultural attitudes that promote discrimination and violence linked to race, sex, language, or religion.¹²² UNFPA collaborates with civil society and national governments to not only implement programs, policies, and legislation that promote the elimination of GBV and other harmful practices but also works with these stakeholders to address the root causes.¹²³ In Azerbaijan, UNFPA found that “nearly a quarter of Azerbaijani women reported experiencing some form of violence, yet fewer than 1% sought help from public services”.¹²⁴ Stigma, insufficient legal protections, and lack of services were challenges in discussing violence.¹²⁵ As a response, UNFPA launched an initiative in 2016 to educate men on how to end GBV and eliminate the attitudes that fuel GBV.¹²⁶ UNFPA also worked with the Azerbaijan government to create an effective system to refer survivors of violence to services, including medical care, counseling, and legal support.¹²⁷ UNFPA has conducted other initiatives and programs in Indonesia, Benin, Burkina Faso, Bhutan, Chad, Cote d’Ivoire, Mali, Mauritania, Niger, and Myanmar that mirror the Azerbaijan initiative, but are adapted for country, religious, and cultural contexts.¹²⁸ UNFPA also collaborates with local civil society to provide care and legal assistances to survivors of GBV.¹²⁹ However, GBV continues to be an ongoing issue due to the prevalence of attitudes that fuel GBV and the lack of legal frameworks, enforcement, and legal and social support needed to reach zero GBV globally.¹³⁰

Another harmful practice that UNFPA is working to eliminate globally is child marriage.¹³¹ UNFPA conducts their work through educating men and women on sexual and reproductive health issues, promoting legislation that prohibits child marriage, and supporting programs and projects that challenge patriarchal and religious attitudes, and social norms that fuel gender discrimination and GBV.¹³² The Sahel Women’s Empowerment and Demographic Dividend (SWEDD) project is funded by the World Bank and receives technical support from UNFPA in order to engage with men, women, youth, and religious groups to educate individuals about sexual and reproductive health, the dangers of child marriage,

¹¹⁸ UNFPA, *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities*, 2018.

¹¹⁹ Ibid; UNFPA, “We have sexual desires, too”: *Young women with disabilities demand access to information and services*, 2019.

¹²⁰ Ibid.

¹²¹ Ibid.

¹²² UNFPA, *Issue 5: Harmful Practices*, 2020.

¹²³ UNFPA, *UNFPA Strategic Plan 2018 - 2021*, 2018; UNFPA, *UNFPA Engagement in Ending Gender-based Violence*, 2016.

¹²⁴ UNFPA, *Men take a stand against gender-based violence in Azerbaijan*, 2017.

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ Ibid; UNFPA, *Real men respect women, says school for husbands in Burkina Faso*, 2019; UNFPA, *Not just a women’s issue: Men in Myanmar take on gender-based violence*, 2016; UNFPA, *In Indonesia, family support groups tackle roots of gender violence*, 2018.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Ibid.

¹³² Ibid.

gender equality, and women’s empowerment.¹³³ In Mauritania, the SWEDD project worked with imams and community leaders to host radio programs and faith-based outreach efforts to educate local communities that child marriage is *haram* – forbidden by Islam.¹³⁴ Over 370,000 people in rural Mauritania have participated in training sessions held by imams to learn about the dangers of child marriage and the importance of ending GBV and FGM.¹³⁵ UNFPA also worked with South Sudan in 2019 to create a national action plan to end child marriage, establish special courts against GBV and other harmful practices, and policy advocacy to raise the minimum age of 18 years old in national laws.¹³⁶

FGM is an additional harmful practice that often coincides with child marriage, GBV, and gender inequality.¹³⁷ UNFPA and other UN agencies collaborated with many countries to establish legislation banning FGM and develop national action plans to support the abandonment of FGM practices.¹³⁸ However, laws are not enough to eliminate FGM, and UNFPA works with local civil societies and communities to promote “collective abandonment”.¹³⁹ Collective abandonment occurs when a community as a whole chooses to no longer engage in FGM, and this practice works in eliminating FGM, gender discrimination, and the fear of condemnation and ostracization from the community if a family refuses to have their daughters cut.¹⁴⁰ UNFPA also works with midwives in local communities to promote sexual and reproductive healthcare and education, including education on how FGM does not have any medical benefits and can cause medical complications, including death.¹⁴¹ UNFPA and UNICEF established the *UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation* to promote the abandonment of FGM and provide care for women and girls living with the consequences of post-FGM operations.¹⁴² Since the program’s creation in 2008, over 30 million individuals and 20,000 communities have publicly denounced FGM and abandoned the practice.¹⁴³ Despite UNFPA and its partners’ work, it is estimated that 68 million more women and young girls will be cut between 2015 to 2030 if current FGM rates continue.¹⁴⁴ Although many countries outlaw FGM, enforcement of the law is weak and prosecutions are rare when families and individuals violate anti-FGM laws.¹⁴⁵

Conclusion

UNFPA focuses on three key goals outlined in the *UNFPA Strategic Plan 2018 – 2021*: zero maternal deaths, zero unmet need for family planning, and zero GBV and harmful practices.¹⁴⁶ The organization works closely with Member States, national governments, the private sector, civil society, and local communities to create programs, policies, and legislation that promote sexual and reproductive healthcare services and education, and combat harmful attitudes and social norms that fuel GBV, child marriage, and other harmful practices.¹⁴⁷ While legislation and national laws may be in place to prohibit GBV, child marriage, FGM, and other harmful practices, patriarchal and religious attitudes and social norms continue to fuel them.¹⁴⁸ UNFPA and its partners continue to work together to meet the three goals in the *UNFPA Strategic Plan 2018 – 2021*, and the organization has established programs and projects that can lead to greater opportunities of outreach to fully achieve the three goals.¹⁴⁹

¹³³ UNFPA, *In Mauritania, imams take to radio waves to say child marriage is against Islam*, 2019.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ UNFPA, *Fighting for girls’ rights to say no to child marriage in South Sudan*, 2019.

¹³⁷ Ibid.

¹³⁸ UNFPA, *Top 5 things you didn’t know about female genital mutilation*, 2019.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

¹⁴¹ Ibid; Ibid.

¹⁴² UNFPA, *UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation*, 2019.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Batha, *What is female genital mutilation? Where does it happen?*, *Reuters*, 2017.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid; Ibid.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

Further Research

When considering how UNFPA can bolster its efforts in achieving the three goals in the *UNFPA Strategic Plan 2018 – 2021* and the SDGs, delegates should consider the following: How can UNFPA strengthen its existing programs and projects in advancing justice and equity in sexual and reproductive health and care? What are other ways UNFPA can engage with men, young girls, and religious and faith leaders to promote education of sexual and reproductive health and GBV? How can Member States enforce existing laws that outlaw FGM? How can UNFPA further engage with national governments to promote universal access to sexual and reproductive health and care to vulnerable groups? What actions are Member States taking to advance access to sexual and reproductive healthcare for vulnerable groups?

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https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_LGTG_WEB.pdf

This short informational document provided by OHCHR allows readers to have a better understanding of the LGBTQIA+ community and their rights to sexual and reproductive healthcare. This document outlines the barriers LGBTQIA+ community members face in accessing adequate healthcare, and the ways the UN is helping to break down those barriers. Delegates can review this document to have a better understanding of how the LGBTQIA+ community is a marginalized population, and use it as a tool to explore how their Member State is promoting sexual and reproductive rights for the LGBTQIA+ community.

United Nations Population Fund. (2017). *Engaging men in sexual and reproductive health and rights, including family planning: Why using a gender lens matters*. Retrieved 10 March 2020 from:

<https://www.engenderhealth.org/pubs/gender/gender-toolkit/>

This UNFPA guide serves as a tool for individuals creating projects and programs that seek to engage with men and young boys on sexual and reproductive health and rights. This interactive guide details why using a gender lens matters when engaging with men and boys on discussing sexual and reproductive health and care, including family planning, and puts them in the roles of client, agents of change, and supportive partners. Delegates can use this interactive guide to understand how UNFPA is guiding partners on engaging with men and boys.

United Nations Population Fund. (2018). *UNFPA Strategic Plan 2018 – 2021*. Retrieved 14 February 2020 from: <https://www.unfpa.org/strategic-plan>

This strategy written by UNFPA outlines the 2018 – 2021 programming and activities UNFPA seeks to undertake to address gender and sexual-based violence, end gender inequality, and promote access to sexual and productive healthcare for all. Within this strategy, readers can learn the different ways UNFPA engages with international actors in order to accomplish their goals. Delegates will find this document useful as a means to understand current UNFPA programming and activities and compare it to their research as a Member State.

United Nations Population Fund. (2018). *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities*. Retrieved 10 March 2020 from: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GB_V_SRRH_FINAL_19-11-18_0.pdf

This guidebook serves as an essential tool for healthcare practitioners and individuals managing projects and programs that seek to provide healthcare to follow to ensure they provide universal healthcare services to all. The guidelines outline ways practitioners can



talk to persons with disabilities and their caretakers about sexual and reproductive health and rights, the signs and dangers of gender-based violence, and ways to empower persons with disabilities in their rights to sexual and reproductive health. Delegates can use this resource in understanding the sensitivities in talking to persons with disabilities about sexual and reproductive health and rights.

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The UNFPA Gender Equality Strategy is the organization's most up-to-date strategy on how to promote gender equality around the world. Specific topics include engaging with men and young boys, addressing gender and sexual-based violence, promoting access to sexual and reproductive rights, and engaging with marginalized populations. As gender equality is part of UNFPA's mandate, not only will delegates have a better understanding of UNFPA's mandate, but they will also learn how the organization is seeking to promote gender equality.

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II. Addressing the Challenges of a Global Ageing Population

“In the 2030 Agenda for Sustainable Development, world leaders pledged ‘to ensure that all human beings can fulfill their potential in dignity and equality and in a healthy environment’, leaving no one behind. This can only be achieved by ensuring the best possible health and well-being for older people.”¹⁵⁰

Introduction

The world population is growing faster than ever before in human history, which includes the global ageing population.¹⁵¹ Between 2015 and 2030, the number of people over the age of 60 is projected to increase to 1.4 billion, with the World Health Organization (WHO) estimating that the number of people aged 60 years or older will rise to 2 billion by 2050.¹⁵² The United Nations (UN) recognizes that if this trend is not followed by changes in policy and protection for the elderly, severe limitations on economic growth and social inclusivity will be a reality.¹⁵³ The global elderly community faces economic, social, and health challenges due to global ageing.¹⁵⁴ Depression, due to feelings of helplessness and hopelessness, is common in the elderly community, which affects the livelihood, participation in society, and typical daily routines of these individuals.¹⁵⁵ A decrease in the participation of social activities is a contributing factor to social isolation, which can lead to risk factors as severe as early death.¹⁵⁶ Many countries are not prepared for the challenges which come with an ageing population and maintaining a healthy and balanced society.¹⁵⁷ This includes the necessities of developed and substantial social security, assistance with mobility, adjusting to rapid urbanization, dependable healthcare and illness prevention methods, and integration into society with training and education.¹⁵⁸

Important pillars of urban living and development, as outlined by United Nations Population Fund (UNFPA), include implementation of human rights, enabling environments, and healthcare.¹⁵⁹ According to the WHO, the most vulnerable in the group of the elderly are the neglected, those discriminated against, the violated, and the abused.¹⁶⁰ Motivated by and building upon the 2002 *Madrid International Plan of Action on Ageing* (MIPAA) and Sustainable Development Goals (SDGs), the *Decade of Healthy Ageing 2020 - 2030* proposal involves incorporating the opinions and suggestions of the elderly population.¹⁶¹ The WHO calls for action to ensure longer lives of the elderly and equal distribution for good health by governments, donors, civil society, and the private sector.¹⁶² The protection of human rights through the 1948 *Universal Declaration of Human Rights* (UDHR) and in partnership with UNFPA can create an empowered society, where all generations are heard and the basic needs for all age groups are met.¹⁶³

International and Regional Framework

The *Vienna International Plan of Action on Ageing* (VIPAA) was adopted by the UN General Assembly in 1982 through resolution 37/51, and acted as the first international catalyst for methods of thinking and

¹⁵⁰ WHO, *Addressing the needs of ageing populations*, 2019.

¹⁵¹ UN DESA, *World Population Ageing*, 2019, p. 1.

¹⁵² UN General Assembly, *Implementation of the International Plan of Action on Ageing and related activities (A/RES/45/106)*, 1990.

¹⁵³ UN DESA, *World Population Ageing 2019*, 2019.

¹⁵⁴ Rice & Estes, *Health of the Elderly: Policy Issues and Challenges*, 1984.

¹⁵⁵ HelpGuide International, *Depression in Older Adults: Signs, Symptoms, Treatment*, 2020.

¹⁵⁶ National Institute on Ageing, *Social isolation, loneliness in older people pose health risks*, 2019.

¹⁵⁷ UN DESA, *An ageing world poses new challenges for development strategists*.

¹⁵⁸ UN DESA, *Report of the United Nations Conference on Environment and Development*, 1992, pp. 26-45.

¹⁵⁹ UNFPA, *Ageing in the Twenty-first Century: A Celebration and a Challenge*, 2012, pp. 12-15.

¹⁶⁰ WHO, *Elder abuse*, 2020.

¹⁶¹ WHO, *Decade of Healthy Ageing 2020-2030*, 2020, p. 1.

¹⁶² Ibid, p. 20.

¹⁶³ UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

policy-forming for the global ageing population and their advancement in society.¹⁶⁴ Member States were encouraged to prepare short-, medium-, and long-term goals for the implementation of the plan, which stretched over nineteen years until the next conference.¹⁶⁵ The International Conference on Population and Development (ICPD) was held in Cairo in 1994 and focused on global sustainable population growth, including creating a framework, which would map out and plan the livelihood of the elderly population.¹⁶⁶ The result of the conference was the *ICPD Programme of Action*, which recommends that governments and policymakers integrate the elderly into their plans for the future and promote policies of participation within society.¹⁶⁷ The 25th ICPD was held in Nairobi in 2019 with the focus of diversity in demographics, and included topics such as ageing and urbanization, to drive economic stimulation and accomplish sustainable development.¹⁶⁸ In 2002, Madrid hosted the Second World Assembly on Ageing, where the body adopted two documents: a Political Declaration and the MIPAA.¹⁶⁹ These documents included commitments made by governments to include the ageing population in their plans for social development, and to prioritize their physical and sociological needs.¹⁷⁰ There were over 100 recommendations which came out of the assembly that seek to address discrimination of age, and the abuse, neglect, and violence of the elderly.¹⁷¹

The *2030 Agenda for Sustainable Development*, passed in 2015, describes 17 Sustainable Development Goals (SDGs), specifying that no one should be left behind in society, including the ageing community.¹⁷² SDG 3 calls for favorable healthcare and well-being for all, regardless of age.¹⁷³ SDG 11 promotes sustainable cities and communities, and calls for cities and all human settlements to be inclusive, safe, resilient, and sustainable.¹⁷⁴ The *2018-2021 Strategic Plan* of the UNFPA is centered around the 2030 Agenda principles of protecting and promoting human rights, leaving no one behind, reducing risks and vulnerabilities, ensuing gender-responsive approaches, improving accountability, transparency, and efficiency, and strengthening the link between development, aid, and sustainability.¹⁷⁵ The WHO proposed the *Decade of Healthy Ageing for 2020-2030* in order to collaborate with different sectors to improve the lives of older people, and in February of 2020 the executive board of the WHO recommended the 73rd World Health Assembly to endorse the proposal.¹⁷⁶

Role of the International System

UNFPA is a largescale contributor to the discussion of global ageing, as the body works on the social and economic challenges that come with an ageing population.¹⁷⁷ It produces the latest world population data and projections to stay informed on trends.¹⁷⁸ UNFPA prioritizes healthcare and well-being, inclusivity, and human rights.¹⁷⁹ It also aides countries in identifying and analyzing critical data, which contributes to the success of development and policy-making.¹⁸⁰ The United Nations Department of Economic and Social Affairs (UN DESA) formats and analyzes data for the projections of the UNFPA, as well as provides intergovernmental support and capacity building.¹⁸¹

¹⁶⁴ UN General Assembly, *Question of Aging (A/RES/37/51)*, 1983.

¹⁶⁵ *Ibid.*

¹⁶⁶ UNFPA, *Report of the International Conference on Population and Development (A/CONF.171/13/Rev.1)*, 1994.

¹⁶⁷ *Ibid.*

¹⁶⁸ UNFPA, *The Nairobi Summit on ICPD25*, 2019.

¹⁶⁹ UN DESA, *Political Declaration and Madrid International Plan of Action on Ageing*, 2002.

¹⁷⁰ *Ibid.*

¹⁷¹ *Ibid.*

¹⁷² *Ibid.*

¹⁷³ *Ibid.*

¹⁷⁴ *Ibid.*

¹⁷⁵ UNFPA, *Strategic Plan 2018-2021*, 2018.

¹⁷⁶ *Ibid.*, p. 1.

¹⁷⁷ UNFPA, *Ageing*, 2020.

¹⁷⁸ UNFPA, *World population trends*, 2020.

¹⁷⁹ *Ibid.*, pp. 12-15.

¹⁸⁰ *Ibid.*

¹⁸¹ UN DESA, *Highlights 2018-2019*, 2019, p. 8.

In 2012, the UN DESA published data with 16 indicators including demographic, social, and economic factors of the elderly population at national, regional, and international levels, and updates their indicators every two years.¹⁸² UN DESA provided demographical data within the context of older persons aged 60 and older and focused on different categories, such as data on proportions on age, sex, life expectancy, marital status, and labor force involvement.¹⁸³ Additionally, UN DESA hosts annual working sessions regarding the protection of human rights of older persons, which creates policy goals focused on equality, inclusivity, and protection; these working sessions resulted in the establishment of the UN Programme on Ageing.¹⁸⁴ The UN Programme on Ageing is the focal point within the UN system on all implications of ageing.¹⁸⁵ In 2010, the UN General Assembly established the Open-Ended Working Group on Ageing to identify inconsistencies in global policy and by addressing them in a collaborative measure, including protecting the human rights of older persons in its current work.¹⁸⁶

In 1990, the UN General Assembly passed resolution 45/106 on “Implementation of the International Plan of Action on Aging and related activities” to globally adopt 1 October as the United Nations International Day of Older Persons with a new theme every year on the needs of ageing societies.¹⁸⁷ The 2019 theme was *The Journey to Age Equality*, which is aligned with SDG 10, and focused on quality of life by addressing and preventing age inequalities.¹⁸⁸ In 2014, the Human Rights Council (HRC) appointed a special expert on addressing the challenges of ageing populations, specifically regarding elder abuse.¹⁸⁹ The role of the Expert on the Enjoyment of all Human Rights by Older Persons is to assess the standards and achievement of human rights of older persons in the international community.¹⁹⁰ The expert has noted that much elder abuse and neglect of basic human rights originate from familial relationships, leaving the elderly vulnerable.¹⁹¹

Significant recent developments regarding the challenges of a global ageing population include the 2017 review of MIPAA.¹⁹² The overall intent of MIPAA was the creation of a society for all ages, and the forty-ninth session of the UN Commission for Social Development (CSocD) requested Member States support MIPAA by providing financial and technical aid.¹⁹³ The latest review was conducted to identify the lessons learned in the past decade, and to capitalize on the demographic of a more productive and prosperous older population; the review and appraisal takes place every five years.¹⁹⁴ The review process is unique, including participation from civil society and representatives of the elderly community, as well as the regional commissions and CSocD.¹⁹⁵ Although VIPAA and MIPAA have created a forum for the international community to find solutions for the elderly population, the realities of ageing are complex in developing countries as accurate and updated data is limited, and agreements between Member States for implementation have had limited impact.¹⁹⁶ UNFPA specifically contributes to the MIPAA by encouraging governments and non-government actors to establish practices outlined in the plan.¹⁹⁷

¹⁸² UN DESA, *Population Ageing and Development*, 2002.

¹⁸³ UN DESA, *DESA-DSPD UN Programme on Ageing United Nations Open Ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons*, 2011.

¹⁸⁴ *Ibid.*

¹⁸⁵ *Ibid.*

¹⁸⁶ UN General Assembly, *Towards a comprehensive and integral international legal instrument to promote and protect the rights and dignity of older persons (A/RES/67/139)*, 2012.

¹⁸⁷ *Ibid.*

¹⁸⁸ *Ibid.*

¹⁸⁹ OHCHR, *The Independent Expert on the enjoyment of all human rights by older persons*, 2014.

¹⁹⁰ *Ibid.*

¹⁹¹ OHCHR, *UN Expert Urges Public Action to Halt Abuse of Older Persons by Relatives*, 2017.

¹⁹² ESCWA, *Ageing in ESCWA Member States: Third review and appraisal of the Madrid International Plan of Action on Ageing*, 2017.

¹⁹³ UN DESA, *Madrid Plan of Action and its Implementation*, 2020; ECA, *MIPAA 2nd Review and Appraisal in Africa*, 2011.

¹⁹⁴ *Ibid.*

¹⁹⁵ UN DESA, *Review and Appraisal of the MIPAA*, 2020.

¹⁹⁶ Bennett & Zaidi, *Editorial: Three challenges in realising the MIPAA in developing regions*, 2018, p. 76-81.

¹⁹⁷ *Ibid.*

Sustainable Urban Planning for an Ageless Society

Rapid urbanization is regarded by UNFPA as a one of the factors contributing towards inequality in society, including sustainable cities for all ages.¹⁹⁸ WHO recommends local and national governments create policies that include the needs of the ageing population within their progress in sustainability and urban planning.¹⁹⁹ Yet, cities often fail to promote and protect the rights of the elderly through social, economic, and spatial aspects.²⁰⁰

Urban planning can be approached with a strong focus on well-being throughout the entire life cycle, not only concentrated on the beginning and middle phases.²⁰¹ Although the involvement of young people can promote a well-balanced life, the ageing population also contributes to adopting healthy habits, contributing to jobs and education, and accessing health services and social security.²⁰² These suggestions can be promoted at any stage of life, however they are more relevant for vulnerable communities, such as the elderly.²⁰³ Additionally, urban planning suggests that all communities, especially urban areas have a plan for emergencies like natural disasters and political unrest so that all age groups are prepared and included.²⁰⁴ Social security does not only involve a sustainable pension for the elderly, as it also involves planning for healthcare and well-being after retirement, and inclusivity in social programs to increase their quality of life.²⁰⁵ The goal is to create a more equal society, where all individuals are respected and encouraged in safety and security.²⁰⁶

Good Health and Well-Being for Ageing Persons

The elderly are one of the most vulnerable groups in society in terms of health.²⁰⁷ As society and technology advance, implementing WHO's *Global strategy and action plan on ageing and health* and the SDGs will help bring about necessary changes in action on ageing and health that will advance the *Decade on Healthy Ageing 2020-2030*.²⁰⁸ Although longer life is a goal of UN DESA, it does not always focus on better health.²⁰⁹ Chronic physical diseases, mental illness, and vulnerability in healthcare such as cost, transportation, sufficient health personnel, palliative care, and nursing homes are all challenges, which UN DESA acknowledges.²¹⁰ According to UN DESA, there is not sufficient or equal data available to WHO or UN DESA regarding the health, well-being, or policies in place for the elderly.²¹¹ Additionally, universal health coverage (UHC) is fundamental to achieving SDG 3.²¹² Realizing SDG 3 and UHC will allow the elderly to give back to society, while increasing their economic and social capabilities and not jeopardizing their health.²¹³

During the COVID-19 pandemic, WHO advised all individuals during the outbreak to take steps to protect themselves, with a special focus on older people and people with pre-existing medical conditions who were more susceptible and vulnerable to the virus.²¹⁴ As of 12 March 2020, the fatality rate for people

¹⁹⁸ UNFPA, *Urbanization*, 2020; WHO, *Global Age-friendly Cities: A Guide*, 2007.

¹⁹⁹ Ibid.

²⁰⁰ HelpAge International, *Ageing and the city: making urban spaces work for older people*, 2016, p. 16-23.

²⁰¹ Duhi & Sanchez, *Healthy Cities and the City Planning Process: A Background Document on Links Between Health and Urban Planning*, 1999.

²⁰² WHO, *World Report on Ageing and Health*, 2015.

²⁰³ Ibid.

²⁰⁴ Osotimehin, *Sustainable Cities for All Ages*, 2015.

²⁰⁵ UN DESA, *Old age: responding to a rapidly ageing population*, 2020.

²⁰⁶ Ibid.

²⁰⁷ Ibid.

²⁰⁸ WHO, *Ageing and life-course*, 2020.

²⁰⁹ UN DESA, *Health and Well-Being in Older Age*, 2020, p. 1.

²¹⁰ Ibid, pp. 1-5.

²¹¹ Ibid, p. 5.

²¹² Ibid.

²¹³ Ibid.

²¹⁴ WHO, *Coronavirus disease (COVID-19) advice for the public: Myth busters*, 2020.

over 80 was nearly 15% in China.²¹⁵ HelpAge International provided guidance for prosperity, safety, and health of the elderly international community by supplying information on medication, health conditions, and support methods.²¹⁶ HelpAge also advocated for the defeat of ageism, protecting social security and pensions, and access to accurate and immediate healthcare.²¹⁷ The COVID-19 pandemic highlighted the gaps within the structure of society, proposing that not only is it not ageless, but there are few protection measures for the elderly in case of emergency situations, especially considering WHO's call to treat every patient with standard healthcare precautions.²¹⁸ During the pandemic, UNFPA has responded to the needs of the global community by continuing sexual and reproductive health services, with an emphasis on protecting healthcare workers; ensuring data and communication is upheld; and encouraging youth and elderly engagement in its work.²¹⁹

Conclusion

Developments in technology, social security, and healthcare have contributed to the longevity of life, and is commonly considered one of the greatest successes in human history.²²⁰ In the recent decades, research has proven that such advancements have been made in technology and healthcare that lives are being extended and mortality rates are dropping.²²¹ Historically, society has made successful leaps in healthcare and urban planning, however, there is still room for improvement.²²² Although the UNFPA has worked closely with many entities to ensure the success of the elderly in society, policy adaptation and evolution is required to ensure the achievement of the SDGs and the advancement of society to not only protect older persons' human rights but also to enable their ability to contribute to their communities.²²³

Further Research

It is important for delegates to consider the challenges that remain for the elderly community. Delegates may consider the following prompts to guide their research: What are some ways that the WHO can collaborate with other entities to ensure accurate and valid data on the elderly populations, especially in developing countries? How can UNFPA collaborate with Member States to ensure that the SDGs are met, along with striving to better the livelihood and health of the elderly community? What are Member States doing to expand healthcare access for their elders? How are Member States including the elderly population in their plans for social services? Lastly, how can elderly populations' contributions be leveraged to improve their societies?

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HelpAge International. (2016). *Ageing and the City: Making Urban Spaces Work for Older People*. Retrieved 15 February 2020 from: <http://helpage.org/download/57fb5db5e475e>

HelpAge International documents the many challenges that governments face when including the elderly in their plans for a more urban and sustainable society. Delegates this resource useful, with its many suggestions for further development and collaboration, including housing policies, transportation recommendations, and more inclusivity for the elderly in workplaces.

United Nations, Department of Economic and Social Affairs. (2011). *DESA-DSPD UN Programme on Ageing United Nations Open Ended Working Group on Ageing for the purpose of strengthening the*

²¹⁵ Chinese Centre for Disease Control and Prevention, *Study: Elderly Most At Risk From The Coronavirus*, 2020.

²¹⁶ HelpAge International, *HelpAge International initiatives on COVID-19*, 2020.

²¹⁷ Ibid.

²¹⁸ Ibid; WHO, *Standard precautions in health care*, 2007.

²¹⁹ UNFPA, *Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan April 2020*, 2020, p. 1.

²²⁰ Ibid.

²²¹ Ibid, pp. 12-15.

²²² Ibid.

²²³ UNDP, *Ageing, Older Persons and the 2030 Agenda for Sustainable Development*, 2017.

protection of the human rights of older persons. Retrieved 13 February 2020 from:

<https://social.un.org/ageing-working-group/>

This website focuses on the protection of rights for the elderly and does an excellent job of outlining the human rights issues in which the elderly community face. There are many documents compiled on the website which include useful information on the work of the Working Group. As human rights are often neglected when regarding older persons, this website is a resource on policies and recommendations regarding the protection of the elderly. Delegates will find this website helpful when seeking information of how the international system collaborates on ageing.

United Nations, Department of Economic and Social Affairs. (2019). *World Population Ageing 2019*. 16 February 2020 from:

<https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf>

This report is in the series of World Population Ageing and is essential for the UNFPA to continue its work for elder advocacy. It outlines the data in 2019 for ageing and older persons and projections for the future of the community. The report outlines the process of population ageing and the meaning of that for the global community, as well as the most marginalized, the less developed countries and major urban areas. Delegates will find it as a great resource for international data.

United Nations Population Fund. (2012). *Ageing in the Twenty-First Century: A Celebration and A Challenge*. Retrieved 15 February 2020 from: <https://www.unfpa.org/sites/default/files/pub-pdf/Ageing%20report.pdf>

This document will assist delegates with analyzing the current challenges and opportunities for older persons by reviewing policies, actions, and inactions by governments and other stakeholders. There are many programs and initiatives listed within this document which can be utilized for collaboration and the successful achievement of the SDGs. Delegates will find this document helpful for suggestions on the framework of the UNFPA and policies to assist in their own writing.

World Health Organization. (2015). *World Report on Ageing and Health*. Retrieved 15 February 2020 from: <https://www.who.int/ageing/events/world-report-2015-launch/en/>

This report provides information on the status of health and well-being in older persons as of 2015 through discussing many issues that the healthcare sector will face when society begins to see the repercussions of unpreparedness for an ageing society. This report acts as a cornerstone for the past successes and future challenges of the elderly community and sufficient health and well-being. Delegates will find that there are many policy recommendations included within the report.

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