NMUN • NY

UNITED NATIONS POPULATION FUND
BACKGROUND GUIDE 2013

Written By: Sophie Crockett-Chaves, Molly Deacon

NATIONAL MODEL UNITED NATIONS

nmun.org

17 - 21 March - Conference A
24 - 28 March - Conference B

POSITION PAPER INSTRUCTIONS

Two copies of each position paper should be sent via e-mail by 1 MARCH 2013

1. TO COMMITTEE STAFF

A file of the position paper (.doc or .pdf) for each assigned committee should be sent to the committee e-mail address listed here. Mail papers by 1 March to the e-mail address listed for your particular venue. Delegates should carbon copy (cc:) themselves as confirmation of receipt. Please use the committee name, your assignment, Conference A or B, and delegation/school name in both the e-mail subject line and in the filename (example: GA1st_Cuba_ConfA_MarsCollege).

2. TO DIRECTOR-GENERAL

• Each delegation should send one set of all position papers for each assignment to the e-mail designated for their venue: positionpapers.nya@nmun. org or positionpapers.nyb@nmun.org. This set (held by each Director-General) will serve as a back-up copy in case individual committee directors cannot open attachments.
Note: This e-mail should only be used as a repository for position papers.

• The head delegate or faculty member sending this message should cc: him/ herself as confirmation of receipt. (Free programs like Adobe Acrobat or WinZip may need to be used to compress files if they are not plain text.)

• Because of the potential volume of e-mail, only one e-mail from the Head Delegate or Faculty Advisor containing all attached position papers will be accepted.

Please use the committee name, your assignment, Conference A or B, and delegation/school name in both the e-mail subject line and in the filename (example: GA1st_Cuba_Conf A_Mars College).

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THE 2013 NATIONAL MODEL UNITED NATIONS

SPONSORED BY THE NATIONAL COLLEGIATE CONFERENCE ASSOCIATION

17–21 March (Conference A) & 24–28 March (Conference B) • http://www.nmun.org

Dear Delegates,

Welcome to the 2013 National Model United Nations Conference. As part of the volunteer staff for the United Nations Population Fund, we are aiming to facilitate your educational experience at the conference in New York. This year's Directors are Sophie Crockett-Chaves (Conference A), and Molly Deacon (Conference B).

Sophie Crockett-Chaves graduated from Royal Holloway, University of London in July 2012, with a Bachelor of Arts in Politics and International Relations. She is currently working for the Permanent Mission of Brazil to the United Nations Office in Geneva. Her main research interests are issues relating to UN Peacekeeping Operations, Humanitarian Affairs, and Human Rights. This is her third year as part of the NMUN staff.

Molly Deacon graduated in 2012 from Wells College with a Bachelor of Arts degree in International Studies, and she expects to receive her Juris Doctor degree in 2015. While her interests are variable, she has researched and written on women's and gender issues, Palestinian statehood and recognition, and applications of theory to policy. This is also her third year as staff at NMUN.

This year's topics under discussion for the United Nations Population Fund are:

1. Addressing the Custom of Child Marriage and its Impact on Girls
2. Correlations between Youth Poverty and the Prevalence of HIV/AIDS
3. Improving Sexual and Reproductive Health in Sub-Saharan Africa

The United Nations Population Fund is a UN population development agency that assists countries by using population data for policies and programmes promoting health and equal opportunity. As such, your work will be reflected in the resolutions you will adopt in committee and we hope to see this spirit encompassed in your position papers before and the working papers during the Conference.

This background guide will give you an overview of the topics at hand and the work of the Committee; nevertheless, it should only serve as an introduction to your research and preparation for the Conference. The references listed for each topic provides you a good starting point for your own research, but we highly encourage you to deepen your knowledge further, especially considering your country's position. Each delegation is requested to submit a position paper which reflects your research on the topics. Please take note of the NMUN policies on the website and in the delegate preparation guide regarding plagiarism, codes of conduct/dress code/sexual harassment, awards philosophy/evaluation method, etc. Adherence to these guidelines is mandatory.

If you have any questions regarding your preparation for the committee and the Conference itself, please feel free to contact any of the substantive staff of the United Nations Population Fund or the Under-Secretaries-General for the Department of Human Rights and Humanitarian Affairs, Roger Tseng (Conference A) and Sasha Sleiman (Conference B). We wish you all the best in your preparation for the Conference and look forward to seeing you in March.

Sincerely,

Conference A	*Conference B*
Sophie Crockett	Molly Deacon
Director	Director

Message from the Directors-General Regarding Position Papers for the
2013 NMUN Conference

For NMUN-New York 2013, each delegation submits one position paper for each assigned committee. A delegate's role as a Member State, Observer State, Non-Governmental Organization, etc. should affect the way a position paper is written. To understand these differences, please refer to the Delegate Preparation Guide.

Position papers should review each delegation's policy regarding the topics of the committee. International and regional conventions, treaties, declarations, resolutions, and programs of action of relevance to the policy of your State should be identified and addressed. Making recommendations for action by your committee should also be considered. Position papers also serve as a blueprint for individual delegates to remember their country's position throughout the course of the Conference. NGO position papers should be constructed in the same fashion as position papers of countries. Each topic should be addressed briefly in a succinct policy statement representing the relevant views of your assigned NGO. You should also include recommendations for action to be taken by your committee. It will be judged using the same criteria as all country position papers, and is held to the same standard of timeliness.

Please be forewarned, delegates must turn in entirely original material. *The NMUN Conference will not tolerate the occurrence of plagiarism*. In this regard, the NMUN Secretariat would like to take this opportunity to remind delegates that although United Nations documentation is considered within the public domain, the Conference does not allow the verbatim re-creation of these documents. This plagiarism policy also extends to the written work of the Secretariat contained within the Committee Background Guides. Violation of this policy will be immediately reported and may result in dismissal from Conference participation. Delegates should report any incident of plagiarism to the Secretariat as soon as possible.

Delegation's position papers may be given an award as recognition of outstanding pre-Conference preparation. In order to be considered for a Position Paper Award, however, delegations must have met the formal requirements listed below and be of high substantive standard, using adequate language and showing in-depth research. While we encourage innovative proposals, we would like to remind delegates to stay within the mandate of their respective committee and keep a neutral and respectful tone. Similarly to the minus point-policy implemented at the conference to discourage disruptive behavior, position papers that use offensive language may entail negative grading when being considered for awards. Please refer to the sample paper following this message for a visual example of what your work should look like at its completion. The following format specifications are **required** for all papers:

- All papers must be typed and formatted according to the example in the Background Guides
- Length must **not** exceed two single-sided pages (one double-sided paper, if printed)
- Font must be Times New Roman sized between 10 pt. and 12 pt.
- Margins must be set at one inch for the whole paper
- Country/NGO name, school name and committee name must be clearly labeled on the first page,
- National symbols (headers, flags, etc.) are deemed inappropriate for NMUN position papers
- Agenda topics must be clearly labeled in separate sections

To be considered timely for awards, please read and follow these directions:

1. **A file of the position paper** (.doc or .pdf format <u>required</u>) **for each assigned committee** should be sent to the committee email address listed in the Background Guide. These e-mail addresses will be active after November 15, 2012. Delegates should carbon copy (cc:) themselves as confirmation of receipt.

2. Each delegation should also send **one set of all position papers** to the e-mail designated for their venue, Conference A: positionpapers.nya@nmun.org or Conference B: positionpapers.nyb@nmun.org. This set will serve as a back-up copy in case individual committee directors cannot open attachments. These copies will also be made available in Home Government during the week of the NMUN Conference.

Each of the above listed tasks needs to be completed no later than **March 1, 2013 (GMT-5)**.

Please use the committee name, your assignment, Conference A or B, and delegation/school name in both the e-mail subject line and in the filename (example: GA1st_Cuba_ConfA_Mars College).

A matrix of received papers will be posted online for delegations to check prior to the Conference. If you need to make other arrangements for submission, please contact Hannah Birkenkötter, Director-General (Conference A), or Nicholas Warino, Director-General (Conference B), at dirgen@nmun.org. There is an option for delegations to submit physical copies via regular mail if needed.

Once the formal requirements outlined above are met, Conference staff use the following criteria to evaluate Position Papers:

- Overall quality of writing, proper style, grammar, etc.
- Citation of relevant resolutions/documents
- General consistency with bloc/geopolitical constraints
- Consistency with the constraints of the United Nations
- Analysis of issues, rather than reiteration of the Committee Background Guide
- Outline of (official) policy aims within the committee's mandate

Each delegation can submit a copy of their position paper to the permanent mission of the country being represented, along with an explanation of the Conference. Those delegations representing NGOs do not have to send their position paper to their NGO headquarters, although it is encouraged. This will assist them in preparation for the mission briefing in New York.

Finally, please consider that over 2,000 papers will be handled and read by the Secretariat for the Conference. Your patience and cooperation in strictly adhering to the above guidelines will make this process more efficient and it is greatly appreciated. Should you have any questions please feel free to contact the Conference staff, though as we do not operate out of a central office or location, your consideration for time zone differences is appreciated.

Sincerely,

Conference A	*Conference B*
Hannah Birkenkötter	Nicholas Warino
Director-General	Director-General
hannah@nmun.org	nick@nmun.org

Position Paper for the General Assembly Plenary

The issues before the General Assembly Plenary are: The Use of Economic Sanctions for Political and Economic Compulsion; Democracy and Human Rights in Post-Conflict Regions; as well as The Promotion of Durable Peace and Sustainable Development in Africa. The Mexican Delegation first would like to convey its gratitude being elected and pride to serve as vice-president of the current General Assembly Plenary session.

I. The Use of Economic Sanctions for Political and Economic Compulsion

The principles of equal sovereignty of states and non-interference, as laid down in the Charter of the United Nations, have always been cornerstones of Mexican foreign policy. The legitimate right to interfere by the use of coercive measures, such as economic sanctions, is laid down in Article 41 of the UN-charter and reserves the right to the Security Council.

Concerning the violation of this principle by the application of unilateral measures outside the framework of the United Nations, H.E. Ambassador to the United Nations Enrique Berruga Filloy underlined in 2005 that the Mexico strongly rejects "the application of unilateral laws and measures of economic blockade against any State, as well as the implementation of coercive measures without the authorization enshrined in the Charter of the United Nations." That is the reason, why the United Mexican States supported – for the 14th consecutive time – Resolution (A/RES/60/12) of 2006 regarding the *Necessity of ending the economic, commercial and financial embargo imposed by the United States of America against Cuba*.

In the 1990s, comprehensive economic sanctions found several applications with very mixed results, which made a critical reassessment indispensable. The United Mexican States fully supported and actively participated in the "Stockholm Process" that focused on increasing the effectiveness in the implementation of targeted sanctions. As sanctions and especially economic sanctions, pose a tool for action "between words and war" they must be regarded as a mean of last resort before war and fulfill highest requirements for their legitimate use. The United Mexican States and their partners of the "Group of Friends of the U.N. Reform" have already addressed and formulated recommendations for that take former criticism into account. Regarding the design of economic sanctions it is indispensable for the success to have the constant support by all member states and public opinion, which is to a large degree dependent on the humanitarian effects of economic sanctions. Sanctions must be tailor-made, designed to effectively target the government, while sparing to the largest degree possible the civil population. Sanction regimes must be constantly monitored and evaluated to enable the world-community to adjust their actions to the needs of the unforeseeably changing situation. Additionally, the United Mexican States propose to increase communication between the existing sanction committees and thus their effectiveness by convening regular meetings of the chairs of the sanction committees on questions of common interest.

II. Democracy and Human Rights in Post-Conflict Regions

As a founding member of the United Nations, Mexico is highly engaged in the Promotion of Democracy and Human Rights all over the world, as laid down in the *Universal Declaration on Human Rights (UDHR)* in 1948. Especially since the democratic transition of Mexico in 2000 it is one of the most urgent topics to stand for Democratization and Human Rights, and Mexico implements this vision on many different fronts.

In the Convoking Group of the intergovernmental Community of Democracies (GC), the United Mexican States uphold an approach that fosters international cooperation to promote democratic values and institution-building at the national and international level. To emphasize the strong interrelation between human rights and the building of democracy and to fortify democratic developments are further challenges Mexico deals with in this committee. A key-factor for the sustainable development of a post-conflict-region is to hold free and fair election and thus creating a democratic system. Being aware of the need of post-conflict countries for support in the preparation of democratic elections, the United Mexican States contribute since 2001 to the work of the International Institute for Democracy and Electoral Assistance (IDEA), an intergovernmental organization operating at international, regional and national level in partnership with a range of institutions. Mexico's foreign policy regarding human rights is substantially

based on cooperation with international organizations. The Inter American Commission of Human Rights is one of the bodies, Mexico is participating, working on the promotion of Human Rights in the Americas. Furthermore, the Inter-American Court of Human Rights is the regional judicial institution for the application and interpretation of the *American Convention of Human Rights*.

The objectives Mexico pursues are to improve human rights in the country through structural changes and to fortify the legal and institutional frame for the protection of human rights on the international level. Underlining the connection between democracy, development and Human Rights, stresses the importance of cooperation with and the role of the High Commissioner on Human Rights and the reform of the Human Rights Commission to a Human rights Council.

Having in mind the diversity of challenges in enforcing democracy and Human Rights, Mexico considers regional and national approaches vital for their endorsement, as Mexico exemplifies with its *National Program for Human Rights* or the *Plan Puebla Panama*. On the global level, Mexico is encouraged in working on a greater coordination and interoperability among the United Nations and regional organizations, as well as the development of common strategies and operational policies and the sharing of best practices in civilian crisis management should be encouraged, including clear frameworks for joint operations, when applicable.

III. The Promotion of Durable Peace and Sustainable Development in Africa

The United Mexican States welcome the leadership role the African Union has taken regarding the security problems of the continent. Our delegation is furthermore convinced that The New Partnership for Africa's Development (NEPAD) can become the foundation for Africa's economic, social and democratic development as the basis for sustainable peace. Therefore it deserves the full support of the international community.

The development of the United Mexican States in the last two decades is characterized by the transition to a full democracy, the national and regional promotion of human rights and sustainable, economic growth. Mexico's development is characterized by free trade and its regional integration in the North American Free Trade Agreement. Having in mind that sustainable development is based not only on economic, but as well on social and environmental development, President Vicente Fox has made sustainable development a guiding principle in the Mexican Development Plan that includes sustainability targets for all major policy areas.

The United Nations Security Council has established not less than seven peace-keeping missions on the African continent, underlining the need for full support by the international community. In post-conflict situations, we regard national reconciliation as a precondition for a peaceful development, which is the reason why Mexico supported such committees, i.e. in the case of Sierra Leone. The United Mexican States are convinced that an other to enhance durable peace in Africa is the institutional reform of the United Nations. We therefore want to reaffirm our full support to both the establishment of the peace-building commission and the Human Rights Council. Both topics are highly interrelated and, having in mind that the breach of peace is most often linked with severest human rights' abuses, thus need to be seen as two sides of one problem and be approached in this understanding.

As most conflicts have their roots in conflicts about economic resources and development chances, human development and the eradication of poverty must be at the heart of a successful, preventive approach. Lifting people out of poverty must be seen as a precondition not only for peace, but for social development and environmental sustainability.

The United Mexican States want to express their esteem for the decision taken by the G-8 countries for a complete debt-relief for many African Highly-Indebted-Poor-Countries. Nevertheless, many commitments made by the international community that are crucial for Africa's sustainable development are unfulfilled. The developed countries agreed in the *Monterrey Consensus of the International Conference on Financing for Development* (A/CONF.198/11) to increase their Official Development Aid (ODA) "towards the target of 0,7 per cent of gross national product (GNP) as ODA to developing countries and 0,15 to 0,20 per cent of GNP of developed countries to least developed countries". Furthermore, the United Mexican States are disappointed by the result of the Hong Kong Ministerial conference of the World Trade Organization, which once more failed to meet the needs of those, to whom the round was devoted: developing countries and especially African countries, who today, more than ever, are cut off from global trade and prosperity by protectionism.

Committee History

"Tolerance, inter-cultural dialogue and respect for diversity are more essential than ever in a world where peoples are becoming more and more closely interconnected."[1]

Introduction

The United Nations Population Fund (UNFPA), established in 1967, acts in over 150 different countries around the globe.[2] Since 1971, the Fund has been placed under the authority of the United Nations General Assembly and its mission is to "promote the right of every woman, man and child to enjoy a life of health and equal opportunity."[3] The UNFPA is a member of the United Nations Development Group (UNDG), a consortium of UN agencies created in 1997 to improve the effectiveness of the UN's development activities at a national level.[4] The UNDG's strategic priorities are to respond to the Triennial Comprehensive Policy Review (TCPR) and to the global development priorities, as well as ensuring the UN development system becomes more internally focused and coherent.[5] The UNDG has also developed and endorsed a set of strategic priorities for the period of 2010 to 2012.[6] The UNDG strategic priorities give direction to UNDG efforts at the global, regional and country level to facilitate a step change in the quality and impact of UN support at the country level.[7] Hence, these development issues become crucial to guiding UNFPA's activities and policy-making decisions.[8] It supports countries by utilizing population data to develop policies and programs to reduce poverty and to secure that "every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect."[9]

Today, the UNFPA stands as the largest global multilateral source of funding for reproductive health and population programs.[10] Its projects are carried out in cooperation with governments and non-governmental organizations and the support of the international community.[11] It further seeks to raise awareness and mobilize support and resources in order to achieve its goals.[12] This would include a UN system which would be more effective, coherent and better coordinated, that "delivers as one", the essence of its reform process.[13]

The work of the UNFPA is steered by the goals presented in its *Programme of Action*, adopted by 179 Member States at the 1994 International Conference on Population and Development in Cairo.[14] Member States agreed at the conference that meeting the population's need for health and education was a prerequisite for sustainable development.[15] These goals still stand today and are: (i) Universal access to reproductive health services by 2015; (ii) universal primary education and closing the gender gap in education by 2015; (iii) reducing maternal mortality by seventy-five percent by 2015; (iv) reducing infant mortality; and (v) increasing life expectancy.[16] These goals

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[1] Kofi Annan, Press Release SG/SM/9195 OBV/410 RD/982, 2004

[2] United Nations Population Fund, *About the UNFPA*, 2012.

[3] United Nations Population Fund, *Mission Statement*, 2006.

[4] United Nations Population Fund, *About the UNFPA*, 2012.

[5] United Nations Population Fund, *About the UNFPA*, 2012.

[6] United Nations Population Fund, *About the UNFPA*, 2012.

[7] United Nations Development Group, *UNDG Strategic Priorities*, 2012.

[8] United Nations Development Group, *UNDG Strategic Priorities*, 2012.

[9] United Nations Population Fund, *Mission Statement*, 2006.

[10] United Nations Population Fund, *UNFPA support to maternal health including the contribution of the maternal health thematic fund*, October 2010.

[11] United Nations Population Fund, *UNFPA support to maternal health including the contribution of the maternal health thematic fund*, October 2010.

[12] United Nations Population Fund, *UNFPA support to maternal health including the contribution of the maternal health thematic fund*, October 2010.

[13] United Nations Population Fund, *UNFPA support to maternal health including the contribution of the maternal health thematic fund*, October 2010.

[14] United Nations Population Fund, *Report from the International Conference on Population and Development - ICPD - Programme of Action*, 1995.

[15] United Nations Population Fund, *Report from the International Conference on Population and Development - ICPD - Programme of Action*, 1995.

[16] United Nations Population Fund, *Report from the International Conference on Population and Development - ICPD - Programme of Action*, 1995.

subsequently went on to be the inspiration for the Millennium Development Goals (MDGs).[17] Whilst we approach the 20th anniversary of the ICPD in 2014 and the deadline for the MDGs in 2015, governments across the globe have renewed their commitment to the ICPD *Programme of Action* and have requested the UNFPA conduct a global review of achievements, gaps and challenges in delivering the goals outlined in the Cairo summit.[18]

Structure and Function

The National Model United Nations (NMUN) 2013 UNFPA Committee will simulate the Executive Board, which is comprised of 36 Member States and meets under the authority of the Economic and Social Council.[19] The Executive Board is responsible for the activities of the United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP) and the United Nations Office for Project Services (UNOPS).[20] The functions of the Executive Board include, but are not limited to: implementing policies created by the General Assembly and the regulation and coordination from the Economic and Social Council; receiving information and giving guidance to the chief of each fund on the work of each organization; ensuring the actions and operative strategies are consistent with policy guidelines set out in the General Assembly and ECOSOC; monitoring the performance of the UNFPA and the UNDP; deciding on administrative and financial plans and budgets; recommending new initiatives to the ECOSOC, and through the Council, to the General Assembly; and encouraging and examining new program initiatives.[21] It is important to note that prior to the Executive Board, the UNDP and UNFPA each had separate governing councils.[22] The UNFPA is under the authority of the General Assembly, as a subsidiary organ, but its policy body is under the authority of ECOSOC.[23] The Executive Board meetings follow an annual work plan devised at the start of each annual session and allow for every meeting by the Board to be split into different segments.[24] These segments are divided into the UNDP segment, the UNFPA segment, the UNOPS segment, and a joint segment, which allows for issues and discussions to be incorporated as a whole, promoting dialogue and cooperation between the Fund, the Programme and the Office services.[25]

Decision Making and Collaboration

One of the UNFPA's landmark decisions is its *Action on Midwifery* practices (2011), devising concrete priorities and plans.[26] This included most crucially the need to establish a regional resource center for midwifery, a standardized midwifery curriculum and tools based on the International Confederation of Midwives' competencies and standards of education, and encourage strong advocacy among stakeholders.[27] Other priorities included faculty development, regional accreditation tools, and developing career paths for midwives.[28] Another landmark decision of the UNFPA was its worldwide campaign against obstetric fistula and female genital mutilation.[29] The campaign drew the attention of policymakers, health officials, affected communities, and individuals, as well as the general public to the issue of fistulas and is now working in 50 countries across Africa, Asia, and the Arab region.[30] In its 2013 Annual Session, the Executive Board will be working on the implementation of the Strategic Plan, the consideration of the draft reports of selected African, Arab and Asian-Pacific countries and three agenda items: (i) Addressing the Custom of Child Marriage and its Impact on Girls; (ii) Correlations between Youth Poverty and the Prevalence of HIV/AIDS; and (iii) Improving Sexual and Reproductive Health in Sub-Saharan Africa.

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[17] United Nations Population Fund, *Overview*, 2012.
[18] United Nations Population Fund, *Overview*, 2012.
[19] United Nations Development Programme, *Information note about the Executive Board of UNDP, UNFPA and UNOPS*, 2012.
[20] United Nations Development Programme, *Information note about the Executive Board of UNDP, UNFPA and UNOPS*, 2012
[21] United Nations Development Programme, *Information note about the Executive Board of UNDP, UNFPA and UNOPS*, 2012
[22] United Nations Population Fund, *UNFPA in the UN System*, 2012
[23] United Nations Population Fund, *UNFPA in the UN System*, 2012
[24] United Nations Office for Project Services, *Annual workplan 2012 of the Executive Board of UNDP, UNFPA and UNOPS*, 2011.
[25] United Nations Office for Project Services, *Annual workplan 2012 of the Executive Board of UNDP, UNFPA and UNOPS*, 2011.
[26] United Nations Population Fund, *Landmark Action on Midwifery*, 2011.
[27] United Nations Population Fund, *Landmark Action on Midwifery*, 2011.
[28] United Nations Population Fund, *Landmark Action on Midwifery*, 2011.
[29] Campaign to End Fistula, *About*, 2012.
[30] Campaign to End Fistula, *About*, 2012.

Another notable element of the UNFPA is its collaborative mechanism with other UN bodies and specialized agencies; for example, its partnership with UN Women promotes national gender policies in countries in Africa such as Cameroon.[31] Further, the partnership between the UNFPA and the World Health Organization to develop national health and development planning processes was also regarded a milestone of cooperation with the United Nations.[32]

In order to fulfill its mission and goals, the UNFPA works in conjunction with national governments, civil society, and other development partners to establish a broader base of resources and support for crucial population policies and programs.[33] The Fund, when requested, assists governments with integrating population and reproductive health issues into their planning and policymaking.[34] They provide information and data regarding a country's population, growth, characteristics, living conditions, spatial distribution, and physical resources, all of which are vital for the formulation, planning, and implementation of governmental policies.[35] Thus, collection and analysis of data becomes a crucial and fundamental part of the UNFPA's policy activities.[36] Working at the national level allows the Fund to engage deeper in policy dialogue and develop more effective strategies to reduce poverty.[37] However, the Fund also works at regional and national levels by engaging in forums and meetings as well as supporting institutions and initiatives that conduct research and analysis in population and development matters.[38]

Conclusion

In September 2011, after the successful completion of an extensive review of the UNFPA's current work and taking into account the changing context within which the Fund operates, a new Strategic Plan was adopted by the Executive Board; this Strategic Plan intends to guide the Fund's work through 2013.[39] The main focus of the new plan is to advance "the right to sexual and reproductive health by accelerating progress towards the Millennium Development Goal 5: to improve maternal health."[40] The intention is to give priority to advancing two key MDG targets: to reduce maternal deaths and to achieve universal access to reproductive health, including family planning.[41] The new strategic plan also intensified the Fund's focus on the field, which was supported by its reorganization, which included the establishment of five regional offices, supported by six sub-regional ones.[42] The aim was to locate more resources closer to local communities.[43]

The UNFPA Executive Board will have many issues to address in its forthcoming meetings, and addressing the population challenges has become more urgent than ever. It is important to bear in mind the scope and mandate of the Executive Board so as to comprehend the complexity of the challenges that lie ahead.

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[31] United Nations Population Fund, *UNFPA and UN Women Collaborate in Cameroon*, 2012.
[32] World Health Organization, *National Health and Development Planning Processes: in support of reproductive health*, 2005.
[33] United Nations Population Fund, *Linking Population, Poverty and Development*, 2012.
[34] United Nations Population Fund, *Linking Population, Poverty and Development*, 2012.
[35] United Nations Population Fund, *Linking Population, Poverty and Development*, 2012.
[36] United Nations Population Fund, *Linking Population, Poverty and Development*, 2012.
[37] United Nations Population Fund, *Linking Population, Poverty and Development*, 2012.
[38] United Nations Population Fund, *Linking Population, Poverty and Development*, 2012.
[39] United Nations Population Fund, *New Strategic Direction*, 2012.
[40] United Nations Population Fund, *New Strategic Direction*, 2012.
[41] United Nations Population Fund, *New Strategic Direction*, 2012.
[42] United Nations Population Fund, *New Strategic Direction*, 2012.
[43] United Nations Population Fund, *New Strategic Direction*, 2012.

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United Nations Development Group (July 22, 2009) *UNDG Mandates (TCPR/QCPR)*. Retrieved on August 5, 2012 from: http://www.undg.org/index.cfm?P=1022

> *The United Nations Development Group derives many of its mandates from the Comprehensive Policy Review of operational activities for development of the United Nations system, a General Assembly resolution that serves as an important instrument for the monitoring and the assessment of UN development operations. This website contains all the Policy Reviews and progress reports dating back to 1989. The reviews provide an opportunity to consider the role of UN development assistance from an integrated, long-term perspective. It also contains extremely valuable information on the UNDG, which would be useful for obtaining background knowledge.*

United Nations Development Programme (August, 2012) *Information note about the Executive Board of UNDP, UNFPA and UNOPS*. Retrieved on August 30, 2012 from: http://www.undp.org/content/undp/en/home/operations/executive_board/information_noteontheexecutiveboard/

> *The UNDP Web site contains extremely relevant and important information on the Executive Board and its importance to the Programme. This section of the Web site includes a description of all the duties and responsibilities of the Executive Board as well as sections on decisions, working methods, documentation and reports. There is also a section on the right hand side that includes key documents of the UNDP, which can assist delegates wishing to benefit from extra background knowledge.*

United Nations Population Fund (March 7, 2006). *About the UNFPA*. Retrieved on August 5, 2012 from: http://www.unfpa.org/public/home/about

> *This section of the UNFPA Web site gives a detailed overview of the scope and mission of the organization. It is split into sections according to its goals. It discusses the Millennium Development Goals, population and development strategies, sexual and reproductive health (including family planning), gender equality and women's empowerment as well as human rights based approaches to culturally sensitive topics. It further discusses its aim regarding support to youth and adolescents, responding to the AIDS epidemic, and assisting those in emergency situations. Finally, a section on how the UNFPA works and its mandate is included in the end.*

United Nations Population Fund (September 13, 1995). *Report from the International Conference on Population and Development - ICPD - Programme of Action*. Retrieved on August 5, 2012 from: http://www.unfpa.org/public/home/publications/pid/1973

> *This is the official report of the International Conference on Population and Development, which took place in Cairo, Egypt from September 5 to 13, 1994. The conference articulated a bold new vision about the relationships between population, development and individual well-being. At the ICPD, 179 Member States adopted a forward-looking, 20-year Programme of Action (PoA) that built on the success of the population, maternal health and family planning programmes of the previous decades while addressing, with a new perspective, the need of the early years of the 21st century.*

United Nations Population Fund (October, 2010) *UNFPA support to maternal health including the contribution of the maternal health thematic fund*. Retrieved on August 29, 2012 from: http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Maternal_health_report/EVALUATION%20OF%20MATERNAL%20HEALTH%20%20-%20Final%20ToR.pdf

> *This source contains a detailed evaluation of the UNFPA's support for maternal health, as well as crucial background knowledge, descriptions of their areas of work, methodology, and approach to their programs and activities. It goes through all the phases of data collection, evaluation, and presentation of results. The information provided in this report will be of use to delegates wishing to go beyond the simple knowledge of the Fund, and gain insight into its process and inner workings.*

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I. Addressing the Custom of Child Marriage and its Impact on Girls
"Despite national laws and international agreements, child marriage remains a real and present threat to the human rights, lives and health of children, especially girls, in more than a hundred countries"[44]

Introduction

Child marriage is not a new phenomenon.[45] Today, this practice is acknowledged as problematic by the governments of many countries, yet many are unable to address it.[46] Although it is most prevalent in less developed areas, its scope is by no means limited to impoverished and rural populations.[47] It constitutes a global human rights issue with causes rooted in tradition and perceived necessity.[48]

There are a vast number of reasons that child marriage continues to occur despite the efforts of intergovernmental organizations and some national governments. These causes include cultural or religious traditions and socioeconomic factors, which contribute to environments in which these marriages continue to occur regardless of legislation against them.[49] As such, in order to create comprehensive and effective solutions to this issue, it is crucial to explore the causes and effects of child marriage and evaluate the question from global, regional, and local perspectives.[50]

Background and Statistics

Child marriage, defined by the United Nations Population Fund (UNFPA) as those which occur while either party is under the age of 18, is typically practiced only marginally in developed countries, is highly prevalent in South Asian and African countries, as well as some parts of Central America.[51] Marriages that occur when the bride is under the age of 18 years are very common, but in some areas, girls are being married while they are still under 15 years of age.[52] The scope and extremity of the problem varies depending on the cultural climate and socioeconomic circumstances of a state, among other factors.[53] In several countries, a list of which includes Afghanistan, Niger, and India, over 50% of females under the age of 18 are married.[54] Furthermore, in Ethiopia, for instance, the issue is not necessarily one of scope, but of age; reportedly, girls as young as seven years old have been married there.[55]

Other data regarding the welfare and health of child brides are discouraging. A majority of child brides in states where data is available have been victims of domestic violence, and death during childbirth tends to be far more common among this group.[56] These problems, among others which relate to education and employment opportunities, are clearly communicated through statistics prepared and provided by various UN agencies.[57]

Though there is little question as to whether or not child marriage constitutes a major concern, it is a difficult matter to address due to the cultural and socioeconomic conditions which lead to marriages among young people.[58] The questions of what marriage means and when it is appropriate are answered differently by people of different backgrounds. One of the major reasons why families attempt to marry their daughters at young ages is for the economic advantage which the families believe this will give them.[59] This justification is particularly common in rural and impoverished areas in which educational and economic opportunities for young women are few and far

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[44] United Nations Population Fund, *Marrying too Young*, 2012.
[45] Arjunpuri, *Akshaya Tritiya: Hotbed of child marriages.*
[46] Ford Foundation, *Youth Sexuality and Rights, Annual Report 2011.*
[47] United Nations Population Fund*, Ending child marriage: A guide for global policy action.*
[48] Whiting. *Q+A: Why does child marriage happen?*
[49] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[50] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[51] Ford Foundation, *Youth Sexuality and Rights, Annual Report 2011.*
[52] Ford Foundation, *Youth Sexuality and Rights, Annual Report 2011.*
[53] United Nations Population Fund, *Child Marriage Factsheet.*
[54] United Nations Population Fund, *Child Marriage Factsheet.*
[55] United Nations Population Fund, *Child Marriage Factsheet.*
[56] United Nations Population Fund, *Child Marriage Factsheet.*
[57] United Nations Population Fund, *Child Marriage Factsheet.*
[58] Friedman, *Why Is It So Hard to Combat Child Marriage?*
[59] United Nations Children's Fund, *Early Marriage: A Harmful Traditional Practice,* April 2005.

between.[60] This mentality gives way to a cycle in which young marriage becomes the social norm, and as such, even when presented with the chance to go to school or work, married girls and young women are unable to do so due to their obligations in the home.[61] Girls in circumstances such as these often feel trapped, with few options besides marriage.[62] In some cases, they are forced by their families or by their prospective husbands to accept marriage as the only option, and this may add to disproportionate economic and social disadvantages for girls of future generations[63]. When women articulate their own experiences with child marriage, there is a clear theme that it becomes difficult for child brides to make independent decisions for fear of retribution from their husbands or family members.[64] This may derail education or lead to the violation of young women's reproductive rights.[65]

In this self-perpetuating cycle, oppression potentiates further oppression, and that is precisely why child marriage is challenging to combat.[66] The question is further complicated when traditional practices are involved.[67] For instance, in some parts of India, girls will sometimes be married as quickly as possible to prevent an increase in their dowry; such marriages frequently occur *en masse* at other family events.[68] Though child marriages are illegal in many countries, including India, they oftentimes continue to occur as a result of insufficient law enforcement both in terms of size and possible disregard for the importance of the issue, as they may not view the practice as harmful.[69]

National and International Law

While many international instruments target and discourage the practice of child marriage, the most effective means of combating this harmful tradition originates from the governments of countries in which it most often takes place.[70] At the same time, international cooperation against child marriage is crucial as it creates the momentum necessary to eradicate the practice by encouraging Member States' legislatures to push through laws and statutes which protect girls.[71] On a local level, it is also crucial to ensure that law enforcement agencies familiarize themselves with legislature which bans child marriage so that they are better equipped to comply with and enforce those laws.[72]

According to publications by the UNFPA, the burden of addressing human rights issues related to child marriage should fall on national governments.[73] When a state agrees to or ratifies a document such as the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW), it assumes responsibility for enacting and enforcing laws based on that document.[74] Enactment of laws banning child marriage rarely presents the same obstacles as enforcement does. In many developing states, laws regarding child marriage are inconsistent, outdated, or ignored.[75] For this reason, the UNFPA recommends that community-based groups take action where law enforcement fails, whether to provide health, education, and economic options for girls and young women or to monitor the enactment of policies and legislation themselves.[76]

The implementation of national laws presents its own challenges, but those challenges are intertwined with and related to the obstacles that come along with the implementation of international treaties and agreements. Articles contained in documents such as the *Convention on the Rights of the Child* or the *African Charter on the Rights and Welfare of the Child* that aim to improve child welfare are all applicable to the topic of child marriage.[77] The same is

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[60] United Nations Children's Fund, *Early Marriage: A Harmful Traditional Practice,* April 2005.
[61] United Nations Children's Fund, *Early Marriage: A Harmful Traditional Practice*, April 2005.
[62] Human Rights Watch, *Trapped after being forced to say 'I do',* May 28, 2012.
[63] Human Rights Watch, *Trapped after being forced to say 'I do',* May 28, 2012.
[64] Human Rights Watch, *Trapped after being forced to say 'I do',* May 28, 2012.
[65] Human Rights Watch, *Trapped after being forced to say 'I do',* May 28, 2012.
[66] Whiting. *Q+A: Why does child marriage happen?*
[67] Whiting. *Q+A: Why does child marriage happen?*
[68] Friedman, *Why Is It So Hard to Combat Child Marriage?*
[69] De Silva-de-Alwis, *Child Marriage and The Law.*
[70] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[71] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[72] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[73] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[74] United Nations International Law Commission, *Vienna Convention on the Law of Treaties*, May 23, 1969.
[75] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[76] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[77] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*

true for the *Universal Declaration of Human Rights* which contains obligations for states to respect the freedom of choice for all individuals. Upon examination, for instance, of the list of UN Member States that ratified and accepted the *Convention on the Rights of the Child*, it becomes clear that many of the states in which young marriage is problematic have already agreed to the terms of these agreements.[78] On this basis, it is possible to infer that the governments of those countries wish to put an end to practices, which are almost indisputably harmful to girls and women. However, that motivation is not enough; those states must create initiatives, which address the issue on its most basic levels, which has so far proven difficult.

International Framework and Emerging Opportunities

International Instruments
There exist multiple international instruments which directly or indirectly pertain to child marriage, some dating back nearly to the inception of the United Nations.[79] Perhaps the two most widely referenced are the *Convention on Consent to Marriage, Minimum Age of Marriage, and Registration of Marriages* and CEDAW.[80] Both Conventions have been recalled and interpreted by regional organizations and UN agencies in the course of discussions on child marriage, and they remain important in the development of an international framework on the issue.[81]

The *Convention on Consent to Marriage, Minimum Age of Marriage and Registration of Marriages* is a document that specifically questions the legal validity of child marriages and lays a basic framework upon which individual countries may build their own legislation with regard to that issue.[82] The Convention calls upon Article 16 of the *Universal Declaration of Human Rights*, which states that "men and women of full age," as a right, "are entitled to equal rights as to marriage, during marriage and at its dissolution," and that "marriage shall be entered into only with the free and full consent of the intending spouses."[83] The Convention emphasizes the latter point by explaining how consent should be conferred in its first Article, and further explains that marriages must be registered by a "competent authority."[84] Perhaps the most important phrase in the Convention, however, is its call for "legislative action" which sets an age below which marriages are illegal.[85] This provision has been recognized as an important first step in ending child marriage, though it is merely a cornerstone upon which further policy action may be built.[86]

CEDAW, which was adopted in 1979, asserts the right of women to choose who they marry, to retain their human and civil rights regardless of marital status, and to have the same considerations that men have with regards to property.[87] The Convention goes on, in Article 16, to reinforce some of the provisions set forth by the *Convention on Consent to Marriage* by requesting that signatories document and register all marriages and set a minimum age at which someone may be married.[88] While these provisions are non-specific, their repetition across multiple documents only emphasizes their necessity.

Although these two Conventions have been signed and ratified by many of the countries in which child marriage continues to be problematic and chronic, there is no mechanism which could enforce their implementation in those states. Besides, many of those countries, such as Nepal, have, to some extent, fulfilled their responsibilities under the articles in those documents which relate to child marriage.[89] The question then presents itself: once the appropriate legislative measures for combating child marriage have been undertaken, how can they be best implemented in culturally, ethnically, and socioeconomically diverse states?

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[78] United Nations Treaty Collection, *Chapter IV: Human Rights.*

[79] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*

[80] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*

[81] Council of Europe: Parliamentary Assembly, *Resolution 1468 (2005) on Forced Marriages and Child Marriages*, 2005.

[82] Office of the High Commissioner for Human Rights, *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.*

[83] Office of the High Commissioner for Human Rights, *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.*

[84] Office of the High Commissioner for Human Rights, *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.*

[85] Office of the High Commissioner for Human Rights, *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.*

[86] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*

[87] United Nations General Assembly, *Convention on the Elimination of All Forms of Discrimination against Women,* 1979.

[88] United Nations General Assembly, *Convention on the Elimination of All Forms of Discrimination against Women,* 1979.

[89] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*

Regional Approaches
As evidenced by the list of signatories on the *Convention on Consent to Marriage*, many UN Member States have already demonstrated a willingness to work toward the elimination of child marriages as an international community.[90] However, additional effort has been exerted by some regional organizations with the aim of addressing the issue, further emphasizing global recognition of child marriage as a serious concern.[91]

In 2005, the Council of Europe adopted Resolution 1468, in which it outlined what it believes are the necessary steps to be taken by European countries to the end of eliminating child marriage.[92] Its recommendations incorporate the *Convention on Consent to Marriage* and the CEDAW, both of which address child marriage directly or indirectly.[93] The former posits that marriages entered into under duress or without the consent of both or all parties involved are invalid and illegal and establishes that anyone being married must be capable of giving consent.[94] While the substantive matter of this Convention is non-specific, it makes a powerful statement, one that is applicable to all marriages across cultural boundaries.[95] The Convention on Consent to Marriage, Minimum Age of Marriage, and Registration of Marriages also asserts that its signatories must create legislature within their own jurisdictions which sets a minimum age of consent to marriage, and that all marriages that take place within states which sign the Convention must be registered with the appropriate authorities or offices.[96]

In a conference organized by Egypt's Ministry of State for Family and Population and co-sponsored by the Organization of the Islamic Conference (OIC) and the United Nations Children's Fund (UNICEF), OIC Member States worked with NGOs and representatives from organizations dealing with human rights to produce the *Cairo Declaration on the Convention on the Rights of the Child and Islamic Jurisprudence*.[97] The Declaration, signed in 2009, urges conference participants to work to combat poverty and discrimination in the interest of protecting children and, in furtherance of those goals, recommends a uniform legal age of 18 for marriage, to be enacted by national governments.[98] Such a recommendation would resolve problems of inconsistency that occur in some countries' legislature related to child marriage.

Whether more in keeping with the Council of Europe's recommendations for legislature under the provisions of the two Conventions mentioned above, the Cairo Declaration's approach with a uniform minimum age on marriages, or with the UNFPA's own insistence on community-based action, it is evident that measures to eliminate the many hazards associated with marriage at a young age must be carried out with cultural sensitivity, thorough examination of the problem, and good bookkeeping.[99] For this reason, the responsibility of addressing this dangerous and outdated custom falls upon the UNFPA.[100]

UNFPA Action
In October 2012, the UNFPA released a new report, identifying two groups that must be targeted in new work on an international level to combat child marriage.[101] The groups are girls under the age of 18 who have already been married and girls who are "at risk of child marriage."[102] The report further identifies trends which suggest that child marriage will increase over the course of the next two decades in the absence of intervention, giving projections for

[90] United Nations Treaty Collection, *Chapter XVI: Status of Women.*
[91] SRSG on Violence Against Children, *Political Commitments by Regional Organizations and Institutions to Prevent and Address Violence Against Children.*
[92] Council of Europe: Parliamentary Assembly, *Resolution 1468 (2005) on Forced Marriages and Child Marriages*, 2005.
[93] Council of Europe: Parliamentary Assembly, *Resolution 1468 (2005) on Forced Marriages and Child Marriages*, 2005.
[94] Office of the High Commissioner for Human Rights, *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.*
[95] Office of the High Commissioner for Human Rights, *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.*
[96] Office of the High Commissioner for Human Rights, *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.*
[97] SRSG on Violence Against Children. *Political Commitments by Regional Organizations and Institutions to Prevent and Address Violence Against Children.*
[98] SRSG on Violence Against Children. *Political Commitments by Regional Organizations and Institutions to Prevent and Address Violence Against Children.*
[99] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[100] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[101] United Nations Population Fund, *Marrying too Young*, 2012.
[102] United Nations Population Fund, *Marrying too Young*, 2012.

regions where the practice is most prevalent, such as South Asia and Sub-Saharan Africa.[103] The report goes on to outline approaches to action consistent with the UNFPA's own findings on risk factors for child marriage, with statistics relating to the practice, and with its own previous, focused efforts to address the problem.[104]
The UNFPA suggests intervention on both national and local levels in countries affected by child marriage, recommending solutions, which serve to empower girls themselves to initiate dialogues in their communities and within their families as well as requesting that individual governments establish 18 years as the legal age for marriage.[105]

Case Study: Child Marriage in Nepal

Nepal's struggle with child marriage is not dissimilar from the struggles of other countries in the region. Many of the factors which allow the marriage of girls to either boys of similar age or to older men are chronic and widespread, including a lack of awareness of the illicit nature of child marriage, poor reporting practices, and what may constitute apathy among lawmakers or enforcers.[106]

Nepal signed and ratified the *Convention on the Rights of the Child* in 1990, in addition to CEDAW, demonstrating its government's willingness to work within international framework to address breaches of children's human rights.[107] Additionally, Nepal has already established some legislative measures that discourage or prohibit child marriage.[108] However, legislation regarding this practice is not only inconsistent in its definitions of "child" and "girl," but weak in its power to punish and deter those who would marry or participate in the marriage of children.[109]

Despite a 1962 law that set the minimum age for girls to be married at 14 years and a later revision that raised the age to 16 years, child marriage remains an issue in rural and poor areas in which these laws may not be understood or enforced.[110] While formal marriages of underage and frequently unwilling participants have declined, it is evident that informal traditional weddings still occur, many of which are not reported.[111] Still, the fact that, since 1961, reported rates of child marriage have decreased should not be ignored.[112] This decline implies that national legislation, at least for Nepal, did have some positive effect, but that further measures must be taken to fully eliminate the practice of marrying young girls.[113]

A major challenge to creating consistent legal definitions of marriage in Nepal is the country's diverse ethnic makeup; laws or statutes that keep with the cultural or religious beliefs of one ethnic group may be considered as oppressive by another.[114] Regional variations in terms of economic and social development may add to the inconsistency of enforcement of these laws, as it is evident that a great number of child marriages occur in poor and rural regions and districts.[115] Studies have demonstrated that socioeconomic and ethnic differences within Nepal account for differences in rates of child marriage and, subsequently, early motherhood, as does geographic location, which in many cases is decided by those other two factors.[116]

For Nepal in particular, the issue of an age gap between spouses is also immediately noticeable. Surveys have shown that the younger a bride is, the greater the age gap is with the man she marries.[117] The same data shows that while many boys in rural areas are married at a young age, the problem remains particularly harmful for the female population.[118] While most common among female rural populations, the marriages are not considered desirable or

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[103] United Nations Population Fund, *Marrying too Young*, 2012.
[104] United Nations Population Fund, *Marrying too Young*, 2012.
[105] United Nations Population Fund, *Marrying too Young*, 2012.
[106] De Silva-de-Alwis. *Child Marriage and The Law.*
[107] United Nations Treaty Collection, *Chapter IV: Human Rights.*
[108] De Silva-de-Alwis. *Child Marriage and The Law.*
[109] De Silva-de-Alwis. *Child Marriage and The Law.*
[110] Thapa, *Girl Child Marriage in Nepal: Its Prevalence and Correlates.*
[111] Thapa, *Girl Child Marriage in Nepal: Its Prevalence and Correlates.*
[112] Thapa, *Girl Child Marriage in Nepal: Its Prevalence and Correlates.*
[113] Thapa, *Girl Child Marriage in Nepal: Its Prevalence and Correlates.*
[114] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[115] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[116] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[117] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[118] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*

lucrative.[119] Although girls may not be aware of the risks associated with early marriage, a majority of respondents in one study indicated that they married at a young age because their parents decided that they would.[120]

The obstacles that a girl or woman in Nepal who married at a young age will face are similar to those she would face elsewhere, and, perhaps ironically, the obvious solutions to the problem of child marriage are those which are precluded by that same phenomenon.[121] For instance, marriage of young girls occurs more frequently in families where the parents of the child bride are uneducated or undereducated.[122] This risk factor remains consistent across urban and rural areas.[123] Additionally, poverty and joblessness affect the rates of young marriage and motherhood in rural areas, while women who were child brides and who had children at a young age are far less likely to pursue employment and careers independent of the household.[124] Nepal's struggle with this harmful practice is self-perpetuating, and it becomes clear that here, as in the cases of other states and regions, intervention in the areas of education and economic development are necessary.[125]

Conclusion

While child marriage is a daunting issue, there are many opportunities for reform in areas where it continues to play a role in common society.[126] The UNFPA has many options to examine while addressing this issue.[127] Between recommendations from regional organizations, standards set in place by governments, and calls to legislative action from various international instruments, there are a multitude of tools at the disposal of any organization dealing with the question of child marriage.[128]

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[119] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[120] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[121] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[122] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[123] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[124] Choe, Mishra, and Thapa, *Early Marriage and Early Motherhood in Nepal.*
[125] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[126] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*
[127] United Nations Population Fund*, Ending child marriage: A guide for global policy action.*
[128] United Nations Population Fund, *Ending child marriage: A guide for global policy action.*

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Bayisenge, Jeannette. *Early Marriage as a Barrier to Girls' Education: A Developmental Challenge in Africa*. National University of Rwanda. Retrieved August 6, 2012 from: http://www.ifuw.org/fuwa/docs/Early-marriage.pdf

> *Bayisenge's paper specifically addresses early marriage as it relates to Africa, but the principles outlined in her writing are applicable to the situations of developing countries on other continents. Not only does the author explain the consequences of early marriage on an individual level, but she expands upon the discussion of those consequences to examine their implications for governments, states, and whole populations. Additionally, she incorporates her analysis of initiatives set forth by the United Nations and other intergovernmental organizations in order to provide readers with a broad and forward-looking perspective on the issue.*

Choe, Minja Kim, Shyam Thapa, and Vinod Mishra. *Early Marriage and Early Motherhood in Nepal*. East-West Center. Retrieved September 3, 2012 from:
www2.eastwestcenter.org/research/pophealth/mishrav/Docs/Recentpubs/MarriageNepalOnlineJBS.pdf

> *This article, specifically addressing Nepal, gives insight into the causes and consequences of child marriage. It examines the situation in Nepal from social, economic, and health perspectives while remaining sensitive to differing customs and cultural practices of various populations. The data provided gives a clear and factual representation of the way the practice of child marriage impacts various sections of Nepal's greater population, broken down by ethnicity, geographic location, and poverty status.*

Council of Europe: Parliamentary Assembly, *Resolution 1468 (2005) on Forced Marriages and Child Marriages*. United Nations High Commissioner for Refugees. Retrieved September 3, 2012 from:
http://www.unhcr.org/refworld/category,POLICY,COEPACE,RESOLUTION,,43f5d5184,0.html

> *While only an example, this resolution demonstrates the ways in which developed countries where child marriage occurs very rarely may assist in addressing the issue. While far from a community-based effort, this document demonstrates the willingness of countries somewhat removed from the harms caused by child marriage to participate in a solution. Here, the Council of Europe offers several recommendations which it feels should be adopted by other states.*

De Silva-de-Alwis, Rangita, *Child Marriage and The Law*. United Nations Children's Fund. Retrieved September 1, 2012 from: www.unicef.org/policyanalysis/files/Child_Marriage_and_the_Law(1).pdf

> *"Child Marriage and the Law" is a comprehensive report on legislature across the globe which deals with and, in many cases, prohibits child marriage. UNICEF takes a strong moral stance against child marriage, and this is evidenced in its report. This document suggests a framework for legislative reform, cites many widely accepted documents dealing with the rights of women and girls, and contains multiple case studies which serve as illustrations of the consequences of child marriage. "Child Marriage and the Law" provides a very helpful analysis of the legal framework already in place worldwide as it relates to child marriage.*

Ford Foundation, *Youth Sexuality and Rights, Annual Report 2011*. Retrieved August 8, 2012 from:
http://www.fordfoundation.org/2011-annual/youth-sexuality-and-rights/map/

> *This web page, provided by the Ford Foundation, utilizes an interactive map to illustrate the scope of the issue of child marriage. Users may select from a list of countries to view statistics from that country. This is a useful resource for those hoping to view information specific to one Member State in particular, as well as for those who seek to understand the widespread nature of the harmful tradition of early marriages.*

Human Rights Watch, *Trapped after being forced to say 'I do'*. May 28, 2012. Retrieved August 8, 2012 from:
http://www.hrw.org/news/2012/05/28/trapped-after-being-forced-say-i-do

> *This article from the Human Rights Watch asserts that child brides should not be prosecuted by the governments of the countries in which they live. It draws attention a dismaying trend among governments in countries in which child marriage commonly occurs, which results in those governments prosecuting girls victimized in the practice of young marriage. Additionally, an*

interview included in the article illustrates the consequences of such marriages from a first-hand perspective.

Office of the High Commissioner for Human Rights, *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages*. Retrieved September 4, 2012 from: http://www2.ohchr.org/english/law/convention.htm

> *The Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages is an international instrument which establishes guidelines for national governments to the end of preventing child marriages from taking place. Many of the countries in which child marriage is most commonly practiced have ratified this Convention, but the issue is still not resolved. This instrument provides a framework for more specific solutions which may be tailored to the individual needs of different countries and populations.*

United Nations Children's Fund, *Early Marriage: A Harmful Traditional Practice*. April 2005. Retrieved August 7, 2012 from: http://www.unicef.org/publications/index_26024.html

> *This publication from the United Nations Children's Fund (UNICEF) examines early marriage as it relates to young women and girls. It blatantly defines the marriage of children as a human rights violation. Additionally, it explains the damaging effects of early marriage on girls, which include early pregnancy, social problems, and reduced socioeconomic mobility. This publication constitutes a strong primer on the subject of child marriage.*

United Nations Population Fund, *Child Marriage Factsheet*. Retrieved August 6, 2012 from: http://www.unfpa.org/swp/2005/presskit/factsheets/facts_child_marriage.htm

> *The "Child Marriage Factsheet" provided by the UNFPA gives statistics and background information on the occurrence of child marriage worldwide. It demonstrates just how common this phenomenon is, presenting chilling statistics in a guide that is easy to reference and understand. This resource is valuable in its accessibility and provides a crucial basic understanding of where, why, and how early marriage affects people and states.*

United Nations Population Fund, *Ending child marriage: A guide for global policy action*. Retrieved September 1, 2012 from: www.unfpa.org/upload/lib_pub_file/662_filename_endchildmarriage.pdf

> *This guide, created and distributed by the UNFPA, addresses child marriage from a legal perspective. The UNFPA acknowledges the importance of enforceable legislation against child marriage and specifically calls upon states to enforce age of consent laws, among others. This document provides a clear illustration of the UNFPA's stance on the effort to eradicate the occurrence of marriages in which a participant is either unwilling or unable to consent.*

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II. Correlations between Youth Poverty and the Prevalence of HIV/AIDS

Introduction

The HIV/AIDS epidemic is one that has been heavily discussed and debated in the various forums and agencies at the United Nations (UN), including the United Nations Population Fund (UNFPA). In addressing the problem most recently, the UNFPA has focused on reproductive and sexual health education, the transmission of disease from mother to child and cooperation with other UN agencies through programs such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and organizations such as the World Health Organization (WHO) in efforts to reduce the rates of new infections worldwide.[129] HIV/AIDS as a prevalent issue amongst youth (defined as young persons aged 15-24) has equally been addressed in the World Programme of Action for Youth adopted by the General Assembly in its resolution 50/81 (1995).[130] However, in addressing the issue of poverty among young people as a root cause for the ongoing epidemic, the UNFPA will address a new level of the much-discussed HIV/AIDS issue.

While this specific aspect of the discussion of HIV/AIDS is made difficult due to challenges in collecting data among homeless and disenfranchised populations, and while that difficulty is aggravated by the strained relationship between such populations and law enforcement agencies, recent data and research suggests that prevalence of HIV/AIDS in some populations is closely related to socioeconomic status.[131] Although homeless and transient youth are particularly difficult to study, their welfare and health are of special importance in states where they comprise a significant percentage of the population.[132] The issues of poverty, homelessness and HIV/AIDS transcend political borders, ethnicity and discrepancies in economic development between states, and for this reason, they should be discussed in conjunction with one another.[133]

Poverty

Lack of Access as a Risk Factor

Young people living in poverty are at a disproportionate risk for contracting HIV.[134] Problems arising from circumstances of poverty, such as a lack of education, can be linked to some risky behaviors, which are known to lead to new HIV infections.[135] According to the Centers for Disease Control and Prevention, the youth in the United States who have dropped out of school are at an increased risk for HIV infection due to a tendency to become sexually active at younger ages.[136] In developing countries, this problem is exacerbated by a lack of knowledge of methods for protecting against sexually transmitted diseases.[137] This lack of knowledge results from an unavailability of resources for sex education, which may be attributed to prevailing cultural norms, as is the case for many developing countries in Latin America and the Caribbean, or to limited resources for the provision of such education.[138]

Access to sex education and to reproductive health services are two consequences of poverty, which contribute greatly to elevated rates of HIV infection among disenfranchised populations.[139] Non-governmental organizations (NGOs) which deal with the intersecting issues of HIV/AIDS prevention and poverty recognize access to information regarding sexual, reproductive, and prenatal health as an important step toward assisting populations at

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[129] United Nations Population Fund, Strengthening and Scaling Up Efforts: Preventing HIV Infection.
[130] United Nations General Assembly, *World Programme of Action for Youth*, 1995.
[131] American Psychological Association (APA), *Fact Sheet: HIV/AIDS & Socioeconomic Status*.
[132] United Nations, Department of Economic and Social Affairs, Statistics Division, Demographic and Social Statistics Branch, United Nations Demographic Yearbook review - National reporting of household characteristics, living arrangements and homeless households - Implications for international recommendations.
[133] American Psychological Association (APA), *Fact Sheet: HIV/AIDS & Socioeconomic Status*.
[134] Centers for Disease Control and Prevention, CDC HIV/AIDS Fact Sheet - HIV/AIDS among Youth.
[135] Centers for Disease Control and Prevention, *CDC HIV/AIDS Fact Sheet - HIV/AIDS among Youth*.
[136] Centers for Disease Control and Prevention, *CDC HIV/AIDS Fact Sheet - HIV/AIDS among Youth*.
[137] Organization of American States, *Sexual Reproductive Health*.
[138] Organization of American States, *Sexual Reproductive Health*.
[139] Organization of American States, *Sexual Reproductive Health*.

risk, including youth living in poverty.[140] For this reason, such organizations may structure their approaches in addressing the correlation between HIV/AIDS and poverty around their education initiatives.[141] In some instances, however, education is unable to stand on its own as a means of mitigating high infection rates of HIV, and for that reason, some NGOs also work to establish, staff, and run clinics for persons already infected with HIV/AIDS in areas where other care may not be available, or to urge governments to establish such facilities on their own.[142] Such organizations are frequently active in African countries where youth at risk are unable to access information, testing, or medication due to conditions of poverty.[143]

Case Study: South Africa

As a developing country with very high reported rates of HIV infection among the youth, South Africa has been the target of many programs seeking to formulate new approaches to the problem.[144] Youth in particular are at disproportionate risk of contracting HIV; according to one study, 10% of South African youths (citizens between the ages of 15 and 24) are already infected.[145] While the South African government has already set into motion extensive initiatives to combat this epidemic among youth, it remains a major concern for that age group in particular and for the country's population at large.[146]

Some theories have emerged as to why recent approaches by the South African government have not been optimally effective, including one which suggests that the correlation between youth poverty and HIV/AIDS runs deeper than simply a causal connection, and that there are multiple layers to the issue.[147] This concept emerged from a study that utilized interviews and focus groups within an impoverished community in order to learn what young people in South Africa felt was lacking in HIV/AIDS initiatives targeting them.[148] The study posited that peer pressure and prevailing social norms could not be held solely to blame for high rates of HIV/AIDS infections within the community, nor could a lack of financial resources.[149] Instead, the study's finding suggests that the interaction between those factors, along with an institutional discourse which sends mixed messages to young people (that they must educate themselves on sexual health while maintaining the silence enforced by stigma), is what results in a slow and arduous path to untangling and addressing the link between poverty and new HIV infections.[150]

Youth involved with the study, who were from the community in question, cited what they perceived to be problems with the popular approach to HIV/AIDS awareness education in South Africa.[151] These problems included issues relating to identity and cohesiveness against youth in the community, a focus on merely surviving rather than maintaining health and wellness among the poor, and a fear of stigmatization by peers resulting in non-disclosure of HIV positive status to sexual partners.[152]

South Africa's plan to combat HIV/AIDS in the past decade only infrequently focuses on the specific needs of young people living in poverty.[153] The HIV/AIDS/STD Strategic Plan for South Africa, published and made

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[140] Africa Solutions, *What We Do*.
[141] Africa Solutions, *What We Do*.
[142] West Africa AIDS Foundation, *About Us*.
[143] West Africa AIDS Foundation, *About Us*.
[144] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.
[145] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.
[146] South Africa Government Online, HIV/AIDS/STD Strategic Plan for South Africa 2000-2005.
[147] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.
[148] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.
[149] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.
[150] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.
[151] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.
[152] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.
[153] South Africa Government Online, HIV/AIDS/STD Strategic Plan for South Africa 2000-2005.

available by the South African government, is an extensive plan for prevention of new infections and for care for those already infected.[154] The plan covers causes of HIV infection including perinatal transmission, accidental "needlestick" injuries occurring in the workplace, and blood transfusions, among the more common cause of transmission, unprotected sexual intercourse.[155]

While it identifies persons between the ages of 15 and 24 as those requiring special focus, it does not identify the needs of that group in particular.[156] The plan advocates for "youth friendly" reproductive health services, but it does not specify what this entails.[157] Additionally, there remains the issue of whether or not such services will become accessible to those living in poverty.[158] Existing services are frequently difficult to reach for poor youth owing to their economic disadvantage or lack of access to information regarding those services.[159] While South Africa's plan is thorough, youth living in poverty remain marginalized in the prevailing dialogue regarding HIV/AIDS within the country's borders.[160]

Homelessness

Homeless Populations and Demographic Information
Accurate demographic information on homeless populations is frequently unavailable or inaccurate, and this presents a unique challenge for organizations and agencies dealing with the issues that affect homeless people in particular.[161] Homeless persons themselves are difficult to track because many are reluctant to cooperate with government agencies due to mental illness or involvement with crime, and their specific needs may be difficult to trace due to their lack of access to conventional HIV/AIDS prevention and treatment programs.[162] In fact, many UN Member States are unable to report on their homeless populations, creating a marked absence of information, which is perhaps just as important and telling as the data that does exist.[163] Data collection in and of itself presents its own issue, one that is important in understanding how a particular health or social problem may impact populations of homeless persons.[164] The UN has started to address the question of how best to study and quantify homelessness, but it remains an area of debate and discussion.[165]

The UNFPA itself is responsible for not only aiding homeless populations and those infected with HIV/AIDS, but it is also accountable for collecting population data and demographic information in order to address those problems.[166] It is for this reason that the UNFPA is equipped to address the question of how HIV/AIDS affects young, homeless populations.

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[154] South Africa Government Online, HIV/AIDS/STD Strategic Plan for South Africa 2000-2005.

[155] South Africa Government Online, HIV/AIDS/STD Strategic Plan for South Africa 2000-2005.

[156] South Africa Government Online, HIV/AIDS/STD Strategic Plan for South Africa 2000-2005.

[157] South Africa Government Online, HIV/AIDS/STD Strategic Plan for South Africa 2000-2005.

[158] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.

[159] Campbell, Foulis, Maimane, and Sibiya, (2005), "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.

[160] South Africa Government Online, HIV/AIDS/STD Strategic Plan for South Africa 2000-2005.

[161] United Nations, Department of Economic and Social Affairs, Statistics Division, Demographic and Social Statistics Branch, United Nations Demographic Yearbook review - National reporting of household characteristics, living arrangements and homeless households - Implications for international recommendations.

[162] National Coalition for the Homeless, *HIV/AIDS and Homelessness*.

[163] United Nations, Department of Economic and Social Affairs, Statistics Division, Demographic and Social Statistics Branch, United Nations Demographic Yearbook review - National reporting of household characteristics, living arrangements and homeless households - Implications for international recommendations.

[164] United Nations, Department of Economic and Social Affairs, Statistics Division, Demographic and Social Statistics Branch, United Nations Demographic Yearbook review - National reporting of household characteristics, living arrangements and homeless households - Implications for international recommendations.

[165] United Nations, Department of Economic and Social Affairs, Statistics Division, Demographic and Social Statistics Branch, United Nations Demographic Yearbook review - National reporting of household characteristics, living arrangements and homeless households - Implications for international recommendations.

[166] Obaid and Thoraya, Demographics, HIV/AIDS and Reproductive Health: Implications for the Achievement of the MDGs. United Nations Population Fund.

Youth Homelessness as a Risk Factor
The young and homeless are just one of many populations at increased risk of HIV/AIDS infections. When contrasted with comparable populations of non-homeless persons, homeless populations tend to have far higher infection rates.[167] This is explained by the fact that homelessness contributes to the frequency and severity of risk factors for HIV/AIDS.[168] For instance, intravenous drug use is common among groups of homeless people in developed countries, as is unprotected and risky sexual behavior, both of which increase the likelihood of contracting HIV.[169] Additionally, being without shelter gives rise to other issues, including the risk of tuberculosis and other infections to which persons with HIV/AIDS are frequently more prone.[170]

While shelters established specifically for the homeless by government and non-government agencies provide a necessary resource and emergency assistance, their rules and regulations are often incompatible with initiatives, which aim at reducing the rate of new HIV infections among the homeless.[171] Many shelters, which ban sexual intercourse and drug use among residents, refuse to distribute prophylactics, such as condoms, which are effective in preventing sexually transmitted diseases such as HIV.[172] Additionally, they rarely distribute clean needles for intravenous drug users, especially in countries where a stigma exists around "risk-reduction" initiatives such as these.[173]

Another problem with many of the resources available to homeless youth arises where issues of gender and sexuality intersect with the "at-risk" stigma assigned to these populations.[174] Young people who identify as lesbian, gay, bisexual, or transgendered (LGBT) are more likely to run away from or be disowned by their immediate families, and they face additional risks when resources for the homeless are not "LGBT friendly" or when sexual health education and care is not accessible due to cisnormative (treating traditional gender binaries as the norm) and heteronormative (treating heterosexuality as the norm) worldviews among providers.[175]

The risk of sexual assault and rape is another area of grave concern for women and transgendered homeless people in particular, although no homeless person is completely removed from this risk.[176] Due to a perception of homeless people as "transient" by people both outside of and within the classification of "homeless," these people are frequently targeted as victims of sexual crimes.[177] In fact, a majority of homeless women have been victims of rape, according to data collected in the United States.[178] Prostitution and 'survival sex' – sex in exchange for food or shelter, are related areas of concern for homeless women in particular.[179] These factors related to gender and sexuality comprise yet another explanation for the high HIV/AIDS infection rate among the homeless.

These challenges are aggravated in developing countries and regions, which have recently experienced natural disaster, where homelessness is often even more devastating and complicated. For youth in particular, many children are born into temporary settlements or slums and frequently, so-called "street children" are left to fend for themselves. In these scenarios, access to sexual health care and education may be non-existent, as may be any form of basic shelter.[180] People grow up in poverty and continue to live their lives in poverty due to a lack of access to opportunities, and they frequently become infected with HIV at higher rates because their poverty is such a risk factor.

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[167] National Coalition for the Homeless, *HIV/AIDS and Homelessness*.
[168] National Coalition for the Homeless, *HIV/AIDS and Homelessness*.
[169] Metraux, Stephen. "Homelessness and HIV Risk Behaviors among Injection Drug Users." *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 81, no. 4 (2004): 618-629.
[170] National Coalition for the Homeless, *HIV/AIDS and Homelessness*.
[171] National Coalition for the Homeless, *HIV/AIDS and Homelessness*.
[172] National Coalition for the Homeless, *HIV/AIDS and Homelessness*.
[173] Strike, Myers, and Millson, "Finding a place for needle exchange programs." *Critical Public Health* 14, no. 3 (2004): 261–275.
[174] U.S. Department of Health and Human Services, Understanding the Health Care Needs of Homeless Youth.
[175] U.S. Department of Health and Human Services, Understanding the Health Care Needs of Homeless Youth.
[176] U.S. Department of Health and Human Services, Understanding the Health Care Needs of Homeless Youth.
[177] Center for AIDS Prevention Studies, *What Are Homeless People's HIV Prevention Needs*? University of Virginia.
[178] Center for AIDS Prevention Studies, *What Are Homeless People's HIV Prevention Needs*? University of Virginia.
[179] Center for AIDS Prevention Studies, *What Are Homeless People's HIV Prevention Needs*? University of Virginia.
[180] United Nations Human Settlements Program, *Strategies to combat homelessness*.

International Framework and Emerging Opportunities

Solutions that originate from a local level are likely to be effective due to the nature of the issue of poverty and the way it impacts the communities in which it occurs.[181] However, creating a consistent plan of action which addresses the multiple causes of poverty as well as specific risk factors for HIV/AIDS, especially pertaining to youth, would likely better equip national, regional, and local governments and NGOs to deal with the unique challenges which face HIV positive youth, particularly those without permanent or reliable housing.[182]

The issue of youth poverty as a risk factor for HIV/AIDS is encompassed by two of the UN Millennium Development Goals (MDGs): Goal 1 'Eradicate Extreme Poverty and Hunger'; and Goal 6 'Combat HIV/AIDS, Malaria, and Other Diseases'.[183] Not only does the MDG relating to HIV/AIDS seek to specifically address the incidence of new infections among youth through education, but it also states the goal of making treatment accessible, even for those who may not otherwise be able to afford care.[184] The UNFPA has been active in working toward those ends, with secondary school programs, which integrate instruction on risk factors for HIV and specifically targeting communities where access is a major issue.[185] Toward the MDG relating to poverty, UN agencies such as the United Nations Children's Fund (UNICEF) are now carrying out research on the ways in which poverty affects children's development, which may lead to new information on prevalence on many diseases, HIV/AIDS included, among impoverished youth.[186]

While not directly addressing the correlation between youth poverty and homelessness and prevalence of HIV/AIDS, UNHABITAT's proposed methods for addressing the former, if implemented, will likely assist with both problems as they relate to one another.[187] In UNHABITAT's publication "Strategies to Prevent Homelessness," it provides examples of successful approaches implemented by governments in both developed and developing countries.[188] Furthermore, it explains how their partnerships with NGOs have led to a more focused and effective use of resources in order to deal with issues and risks related to homelessness.[189] The publication is evidence of the UN's work to research and understand a generally misunderstood population, one that is more at risk for HIV/AIDS and related health complications.[190]

The 2001 Declaration of Commitment on HIV/AIDS
The 2001 Declaration of Commitment on HIV/AIDS is a key document in the collective effort against HIV/AIDS.[191] The Declaration was the result of a General Assembly Special Session specifically convened with the purpose of combating the global epidemic.[192] The Member States who signed the Declaration now report to the Secretariat of UNAIDS in order to monitor progress on the commitments made in the original document, and in 2011, the document was augmented by the UNAIDS World AIDS Day Report.[193]

The original Declaration tackled the HIV/AIDS epidemic from multiple standpoints, addressing conditions resulting from and put people at risk of HIV/AIDS.[194] These include socioeconomic status, lack of access to preemptive care, and inconsistent national strategies to combat the spread of the disease.[195] The Declaration specifically pledges to address the social and economic implications of a widespread epidemic of HIV/AIDS, focusing on the right to employment and dignified quality of life for persons already infected with the disease.[196] Primarily, the passage on social and economic factors focuses on poverty as a result of HIV/AIDS rather than as a risk factor, and promises to

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[181] City of Toronto, Guide to Services for people who are homeless.
[182] United Nations Human Settlements Program, *Strategies to combat homelessness*.
[183] United Nations, United Nations Millennium Development Goals.
[184] United Nations, Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases.
[185] United Nations, Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases.
[186] United Nations, Goal 1: Eradicate Extreme Poverty and Hunger.
[187] United Nations Human Settlements Program, *Strategies to combat homelessness*.
[188] United Nations Human Settlements Program, *Strategies to combat homelessness*.
[189] United Nations Human Settlements Program, *Strategies to combat homelessness*.
[190] United Nations Human Settlements Program, *Strategies to combat homelessness*.
[191] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001.
[192] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001.
[193] Joint United Nations Programme on HIV/AIDS, *UNAIDS World AIDS Day Report 2011*, 2011.
[194] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001.
[195] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001.
[196] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001.

address that result by urging national governments to eradicate poverty with special attention to HIV positive persons.[197] With regard to youth, the Declaration hopes to address prevention in particular. It states a goal to unsure that the vast majority (95 percent) of people ages 15 to 24 have adequate access to preventive information by 2010, specifying that peer education will play a role in HIV/AIDS education programs.[198]

In the 2011 World AIDS Day Report and follow-up, UNAIDS notes increases in HIV/AIDS care coverage and declining rates of new infections in countries where HIV/AIDS is prevalent, indicating an uptick in the effectiveness of intervention on a national and international level.[199] Additionally, the report identified less widely-known and understood means of preventing new HIV/AIDS infection, such as the use of antiretroviral regimens (ARVs) in children.[200] Young people and children in particular seem to be of special focus in the 2011 report, especially children born to women (especially poor women) with HIV/AIDS and orphans whose parents died of HIV/AIDS.[201] The report also identifies sex workers and intravenous drug users (groups of people who often live in poverty conditions) as "key" populations who would benefit from an investment of UNAIDS efforts.[202] In these ways, the report refines and focuses the goals of the 2001 Declaration and similar documents by tracking progress and identifying populations to which more work must be devoted, including young people and people living in poverty.[203]

Youth and their well-being: The World Programme of Action for Youth

The World Programme of Action for Youth (WPAY) is a comprehensive set of guidelines for dealing with issues related to young people, adopted by the General Assembly in 1995.[204] The Programme identifies fifteen "priority areas," which include HIV/AIDS and hunger and poverty, as well as other issues, such as drug abuse, that intersect with those two.[205] In the section on HIV/AIDS, the text quickly explains the way in which HIV/AIDS disproportionately affects youth, especially those living in poverty, citing a lack of "economic and social power" as a major contributing factor.[206]

The WPAY's approach to the HIV/AIDS epidemic as it relates to young people incorporates understanding of gender, socioeconomic circumstances, and issues of access.[207] Based on recognition of the specific needs of populations at disproportionate risk for HIV infection, the Programme sets forth several recommendations for action.[208] Perhaps the most relevant to youth living in poverty is the call for "legislation and legal instruments to protect vulnerable youth," which calls for new framework on a national level with the specific aim of protecting poor youth from sexual violence, human trafficking, and other violations of human rights.[209] Additionally, the WPAY recommends education - with special respect to gender - that addresses risky behaviors that are common among youth.[210]

UNFPA Framework for Action on Adolescents and Youth

The recommendations outlined in WPAY are comparable to some of those outlined in the UNFPA Framework for Action on Adolescents and Youth with regard to access to education, health, and other resources.[211] Here, addressing gender is also emphasized as a means of approaching education regarding HIV/AIDS.[212] The UNFPA hopes that education, by raising awareness, will help to prevent new cases of HIV/AIDS among youth in general,

[197] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001.

[198] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001.

[199] Joint United Nations Programme on HIV/AIDS, *UNAIDS World AIDS Day Report 2011*, 2011.

[200] Joint United Nations Programme on HIV/AIDS, *UNAIDS World AIDS Day Report 2011*, 2011.

[201] Joint United Nations Programme on HIV/AIDS, *UNAIDS World AIDS Day Report 2011*, 2011.

[202] Joint United Nations Programme on HIV/AIDS, *UNAIDS World AIDS Day Report 2011*, 2011.

[203] Joint United Nations Programme on HIV/AIDS, *UNAIDS World AIDS Day Report 2011*, 2011.

[204] United Nations General Assembly, *World Programme of Action for Youth*, 1995.

[205] United Nations General Assembly, *World Programme of Action for Youth*, 1995.

[206] United Nations General Assembly, *World Programme of Action for Youth*, 1995.

[207] United Nations General Assembly, *World Programme of Action for Youth*, 1995.

[208] United Nations General Assembly, *World Programme of Action for Youth*, 1995.

[209] United Nations General Assembly, *World Programme of Action for Youth*, 1995.

[210] United Nations General Assembly, *World Programme of Action for Youth*, 1995.

[211] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[212] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

and that education for girls in particular will help to lower their already higher risk of infection through socioeconomic empowerment.[213]

The UNFPA Framework for Action on Adolescents and Youth further emphasizes the dire importance of out-of-school programs, which target youth for whom formal education is not an option.[214] As with its approach to more traditional forms of education, in this area, the UNFPA explains that differences in gender, socioeconomic status, and locale (for instance, rural or urban locales) must be taken into account.[215] This will assist the UNFPA, other organizations, agencies, and programs, and national governments reach the youth who are in most dire need of education regarding HIV/AIDS.[216]

Even as it aims to educate young people, particularly those living in conditions of poverty and disadvantage, the UNFPA plans to educate itself.[217] The Framework outlines the UNFPA's planned approach to data collection as it relates to the formation of policy.[218] An important goal is closing "demographic gaps," areas where information is lacking.[219] These "gaps" hinder policy-building that benefits marginalized groups by excluding them through use of definitions and language that may not apply to them.[220] Finding demographic information about marginalized groups is essential, the UNFPA notes, to "investing" fully and inclusively in youth, and such information is likely to be particularly helpful in addressing those infected or at risk of becoming infected with HIV due to conditions of poverty.[221]

Conclusion

While national approaches to combating both youth poverty and HIV/AIDS are in place in some UN Member States, there remain opportunities for the UNFPA to assist in areas where young people are subjected to risk factors such as homelessness, inaccessibility of education and care, and stigma or silence about sexually transmitted diseases.[222] Through unified and cohesive approaches to education, shelter, and awareness among young people, the UNFPA may be able to expand upon its work to address the correlative issues of HIV/AIDS and poverty with a specific focus on youth.[223] Questions remain: what new possibilities can a joint approach to HIV/AIDS and poverty provide? How will the UNFPA close gaps that currently exist in the prevention, treatment, and understanding of the HIV/AIDS epidemic on poor youth? What role will new approaches to demographics and data collection play in understanding how HIV/AIDS affects this cross-section of the global population?

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[213] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[214] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[215] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[216] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[217] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[218] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[219] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[220] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[221] United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth*.

[222] Campbell, Foulis, Maimane, Sibiya, (2005). "The impact of social environments on the effectiveness of youth HIV prevention: A South African case study." *AIDS care*, 17 (4). pp. 471-478.

[223] United Nations, Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases.

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American Psychological Association (APA), *Fact Sheet: HIV/AIDS & Socioeconomic Status*. Retrieved August 6, 2012 from: http://www.apa.org/pi/ses/resources/publications/factsheet-hiv-aids.aspx
This fact sheet, provided at no cost by the American Psychological Association, concisely explains the link between low socioeconomic status and new HIV infections. Additionally, it explains the specific challenges that poor and disadvantaged people face when they are suffering from HIV/AIDS. These challenges, the fact sheet explains, relate to access to preventive care, treatment for the disease, and prognosis. The statistics conveyed in the fact sheet demonstrate a clear correlation between unemployment and risk factors for HIV/AIDS.

Center for AIDS Prevention Studies. "What Are Homeless People's HIV Prevention Needs?" University of Virginia. Retrieved September 4, 2012 from http://people.virginia.edu/~gct2r/library/CAPS_Homeless.pdf
This guide, available through the University of Virginia, presents a clear explanation of the different needs of homeless persons at risk of becoming infected with HIV/AIDS. The questions and answers presented are useful in reexamining HIV/AIDS as an issue related to poverty and contextualizing it within the framework of a discussion on homeless youth. Most importantly, this guide provides suggestions for solutions, which can be implemented by governments and organizations.

Congressional Research Service. *Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues*. National Alliance to End Homelessness. Retrieved August 8, 2012 from: http://www.endhomelessness.org/content/article/detail/1451
The National Alliance to End Homelessness is a non-profit organization, which provides information that specifically relates to the eradication of youth poverty. This report demonstrates the difficulty that researchers, non-governmental organizations, and intergovernmental organizations such as the UNFPA encounter when attempting to assess the problem of homeless youth. This is absolutely crucial to analyzing the link between youth poverty and HIV/AIDS, as accurate demographics and information aid organizations in taking steps to solve these intertwined problems. The report also predicts obstacles, which may present themselves in the future if appropriate action is not taken to assist homeless youth.

DeMatteo, Dale, Carol Major, Barbara Block, Randall Coates, Margaret Fearon, Eudice Goldberg, Susan M. King, Margaret Millson, Michael O'Shaughnessy, and Stanley E. Read. "Toronto street youth and HIV/AIDS: prevalence, demographics, and risks."*The Journal of Adolescent Health* 25, no. 5 (1999): 358-366. Retrieved August 6, 2012 from: http://www.jahonline.org/article/S1054-139X(99)00059-2/abstract
This study, conducted in the late 1990s, focuses on homeless youth in Toronto, Canada. The study presents a clear illustration of the impact of the global HIV/AIDS epidemic on at-risk youth in an urban area in a developed country. This source is useful in illustrating the universality of the problem of HIV/AIDS, and it demonstrates aptly that action taken in combating the spread of the disease cannot be effective until one of its root causes, poverty, is also eradicated.

National Coalition for the Homeless, *HIV/AIDS and Homelessness*. Retrieved August 4, 2012 from: www.nationalhomeless.org/factsheets/hiv.html
This source is a fact sheet which provides useful and difficult-to-gather statistics on the incidence of HIV/AIDS among homeless populations. Although the research utilized to compile this fact sheet relates to the United States in particular, the policy suggestions it presents may be useful in a global context. Additionally, the source specifically addresses the reasons why HIV/AIDS and homelessness are so closely linked, a quality, which may be lacking in some journal articles or studies, which tend to address either HIV/AIDS or homelessness, but not the correlation between the two.

O'Grady, Bill, and Stephen Gaetz. "Homelessness, Gender and Subsistence: The Case of Toronto Street Youth." *Journal of Youth Studies* 7, no. 4 (2004): 397-416. Retrieved August 7, 2012 from: http://www.tandfonline.com/doi/abs/10.1080/1367626042000315194
This study, similar to the one published in 1999 in the Journal of Adolescent Health, further examines the issue of homeless youth by including analyses of intersectionalities such as gender and class, which contribute to risk factors for HIV/AIDS. With these compounding factors acknowledged, the study examines Canadian urban youth living on the streets, demonstrating that they are at a greater risk for many of the problems, which are exclusive to their

social group, HIV/AIDS falling into that category. This is a broader examination of youth poverty, but its point is pertinent nonetheless.

United Nations, Department of Economic and Social Affairs, Statistics Division, Demographic and Social Statistics Branch, *United Nations Demographic Yearbook review - National reporting of household characteristics, living arrangements and homeless households - Implications for international recommendations*. Retrieved September 3, 2012 from: http://unstats.un.org/unsd/demographic/products/dyb/techreport/hhchar.pdf
This resource, published by the United Nations, reports pertinent demographics related to homeless populations worldwide. Although it does not specifically address HIV/AIDS, it makes clear the scope of the homeless issue and of the problems that result from homelessness and poverty. Additionally, it makes suggestions for future data collection among homeless populations, many of which may be useful to the UNFPA in its role as an agency, which conducts independent research on the questions it addresses.

United Nations Population Fund, *Strengthening and Scaling Up Efforts: Preventing HIV Infection*. Retrieved September 3, 2012 from: http://www.unfpa.org/hiv/
This web page, maintained by the UNFPA, contains links to other pages which explain the UNFPA's most recent efforts to prevent new HIV infections. Some statistics related to rates of new HIV/AIDS infections are given, but this resource primarily serves as a portal to further research on efforts within the UNFPA to address the global problem of HIV/AIDS. The news section included on the page keeps readers abreast of the most up-to-date progress in the UNFPA's effort against HIV/AIDS.

World Intellectual Property Organization, *Medicines Patent Pool: Facilitating Access to HIV Treatment.* Retrieved August 7, 2012 from: http://www.wipo.int/wipo_magazine/en/2011/03/article_0005.html
This article relates primarily to intellectual property rights as that issue relates to the eradication of HIV/AIDS worldwide. The text implicitly urges readers to consider the ethical implications of providing low-cost care to persons infected with HIV/AIDS. It examines the obstacles to providing such care and discusses the issue of access, an issue that relates primarily to the poor and disenfranchised. The question of the ownership of pharmaceutical patents relates directly to the issue of poverty as a risk factor for HIV/AIDS.

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III. Improving Sexual and Reproductive Health in Sub-Saharan Africa

"All countries should strive to make accessible, through the primary healthcare system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015."[224]

Introduction

Sexual and reproductive health has been a widely discussed issue at the United Nations, and is the fifth of the eight crucial goals of the Millennium Declaration, collectively known as the Millennium Development Goals (MDGs).[225] The 2000 Millennium Summit paved the way for the pivotal change in the role of the United Nations in the 21st century, and has shaped the discourse in international politics ever since.[226] The topic to be discussed in this year's United Nations Population Fund (UNFPA) meeting is Goal 5, to "improve maternal health."[227] It was noted in the latest MDG Report in 2010 that over 350,000 women die annually from complications during pregnancy or childbirth and 99% of these are in developing countries.[228] The greatest area of concern is still sub-Saharan Africa, where a woman's maternal mortality risk is 1 in 30, compared to 1 in 5,600 in developed regions.[229]

Many governments in sub-Saharan Africa are alarmed by the region's high birth rate, continued rapid population growth, and mounting rates of HIV infection.[230] Unprotected sexual activity contributes considerably to these numbers.[231] Promoting contraceptives among the youth can lead to decreases in illness and mortality resulting from unsafe pregnancies, abortions, and sexually transmitted infections (STIs), including HIV/AIDS.[232] It can also reduce population growth, and many non-governmental organizations and some governments are working to meet the reproductive health needs of sub-Saharan African communities.[233] They do so by providing sexuality education and skills development.[234] According to the 2010 MDG Report, "the unmet need for family planning remains moderate to high in most regions, particularly in sub-Saharan Africa, where one in four women aged 15 to 49 who are married or in union and have expressed the desire to use contraceptives do not have access to them."[235]

Achieving good maternal health entails a standard of reproductive health services and a number of timely operations to safeguard a woman's passage into motherhood.[236] Failure to deliver these services results in countless deaths every year, an unhappy reminder of the low status rendered to women in many societies.[237] Data estimates on female and reproductive health within the United Nations system lie within large ranges of uncertainty, and systematic underreporting and misreporting are common occurrences.[238] Nonetheless, advances in the services and facilities for maternal and reproductive health services to women, coupled by the positive trend data on maternal mortality and illness, suggests that the international community is making progress on MDG 5.[239] However, the rate of reduction is still over the 5.5% annual decline necessary to meet the MDG target.[240]

Achievements in the field of Maternal Health

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[224] United Nations Population Fund, *International Conference on Population and Development (ICPD)*, September 1994.
[225] United Nations, *Millennium Development Goals: Goal 5: Improve Maternal Health*, August 2012.
[226] BBC World News, *UN in a new millennium*, September 2000.
[227] United Nations, *Millennium Development Goals Report*, 2010.
[228] United Nations Millennium Development Goals, *Improving Maternal Health factsheet*, September 2010.
[229] United Nations Millennium Development Goals, *Improving Maternal Health factsheet*, September 2010.
[230] Advocates for Youth, *Adolescent Sexual and Reproductive Health in Sub-Saharan Africa*, August 1998.
[231] Advocates for Youth, *Adolescent Sexual and Reproductive Health in Sub-Saharan Africa*, August 1998.
[232] Advocates for Youth, *Adolescent Sexual and Reproductive Health in Sub-Saharan Africa*, August 1998.
[233] Advocates for Youth, *Adolescent Sexual and Reproductive Health in Sub-Saharan Africa*, August 1998.
[234] Advocates for Youth, *Adolescent Sexual and Reproductive Health in Sub-Saharan Africa*, August 1998.
[235] United Nations, *Millennium Development Goals Report*, 2010.
[236] United Nations, *Millennium Development Goals Report*, 2010.
[237] United Nations, *Millennium Development Goals Report*, 2010.
[238] United Nations, *Millennium Development Goals Report*, 2010.
[239] United Nations, *Millennium Development Goals Report*, 2010.
[240] United Nations, *Millennium Development Goals Report*, 2010.

There has been considerable progress in the area regarding sexual and reproductive health in general, including several campaigns and programs involving UNFPA.[241] In 2003, the UNFPA partnered with governments and non-governmental organizations (NGOs) to launch the *Campaign to End Fistula*, fistula being a childbirth injury that leaves women with chronic incontinence.[242] The campaign is currently active in 49 countries across sub-Saharan Africa, South Asia, and the Arab States.[243] More than 28 countries have incorporated the issue into relevant national policies and more than 16,000 women have received fistula treatment and care.[244] Furthermore, a program led by the UNFPA and the International Confederation for Midwives works closely with the ministries of health and education in participating countries to increase the capacity and the number of midwives.[245] This program is active in 15 countries in Africa, the Arab States, and Latin America.[246] Through the program, Uganda has established a strategy to promote good satisfactory midwife training; the Republic Sudan has set forth their first national midwifery program; and in Ghana, a national needs assessment of all the midwifery schools will aid and improve their current training program.[247]

In 2009, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the UNFPA joined the African Union Ministers of Health and various NGOs to launch the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).[248] The goal of the campaign is to save the lives of mothers and newborns.[249] It is currently active in 20 African countries, including Chad, Ethiopia, Ghana, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, and Swaziland.[250] In 2010, Secretary-General Ban Ki-moon, in conjunction with government leaders, heads of foundations, NGOs and businesses, launched a *Global Strategy for Women's and Children's Health*, outlining crucial actions to improve the health of women and children worldwide.[251] This strategy holds a potential of saving 16 million lives by 2015.[252] The Global Strategy delineates the steps to improve financing, strengthen policy and improve service delivery, as well as inciting important international institutional arrangements for global reporting, oversight and accountability on women's and children's health.[253]

In addition these activities, the UNFPA, UNICEF, the WHO, the World Bank, and the Joint UN Programme on HIV/AIDS (UNAIDS) came together as Health 4+ (H4+) in order to assist Member States with the highest rates of maternal and newborn mortality.[254] The H4+ partners support emergency obstetric and neonatal care operations and assessments.[255] They also help in financing national maternal, newborn and child health plans.[256] They also mobilize resources, increase the number of skilled health workers, and improve access to reproductive health services.[257] The UNFPA's *Global Programme to Enhance Reproductive Health Commodity Security* and the WHO's evidence-based guidance in family planning have managed to improve access to reproductive health supplies in over 70 countries

[241] United Nations Population Fund, *Support to Maternal Health including Contribution of the Maternal Health Thematic Fund*, October 2010.
[242] United Nations Population Fund, *Support to Maternal Health including Contribution of the Maternal Health Thematic Fund*, October 2010.
[243] United Nations Population Fund, *Support to Maternal Health including Contribution of the Maternal Health Thematic Fund*, October 2010.
[244] United Nations Population Fund, *Support to Maternal Health including Contribution of the Maternal Health Thematic Fund*, October 2010.
[245] United Nations Population Fund, *Support to Maternal Health including Contribution of the Maternal Health Thematic Fund*, October 2010.
[246] United Nations Population Fund, *Support to Maternal Health including Contribution of the Maternal Health Thematic Fund*, October 2010.
[247] United Nations Millennium Development Goals, *Improving Maternal Health factsheet*, September 2010.
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[249] United Nations Millennium Development Goals, *Improving Maternal Health factsheet*, September 2010.
[250] United Nations Millennium Development Goals, *Improving Maternal Health factsheet*, September 2010.
[251] United Nations Millennium Development Goals, *Improving Maternal Health factsheet*, September 2010.
[252] United Nations Millennium Development Goals, *Improving Maternal Health factsheet*, September 2010.
[253] United Nations Millennium Development Goals, *Improving Maternal Health factsheet*, September 2010.
[254] Health 4+, *Working with Countries to Improve Maternal and Newborn Health*, September 2010.
[255] Health 4+, *Working with Countries to Improve Maternal and Newborn Health*, September 2010.
[256] Health 4+, *Working with Countries to Improve Maternal and Newborn Health*, September 2010.
[257] Health 4+, *Working with Countries to Improve Maternal and Newborn Health*, September 2010.

around the globe, including in Ethiopia, where the contraceptive prevalence rate has more than doubled since 2005.[258]

One of the key goals of the UNFPA is to ensure every young person is free from HIV/AIDS; this goal can be met by linking the disease to sexual and reproductive health.[259] A great number of HIV infections are sexually transmitted or are the result of pregnancies, childbirth and breastfeeding.[260] Thus, the UNFPA, along with the international community, strongly promotes closer associations between HIV/AIDS interventions and sexual and reproductive health care.[261] In 2008, the UNFPA established the Maternal Health Thematic Fund, which focused on countries of concern that have maternal mortality ratios "of over 300 deaths per 100,000 live births."[262] This method promotes reform in national health systems as opposed to creating parallel structures, and in assisting governments in overcoming hindrances that prevent their own maternal health programmes from succeeding.[263] Funding and assistance to the Maternal Health Thematic Fund is provided by national governments in conjunction with the UNFPA's Global Programme on Reproductive Health Commodity Security and the Campaign to End Fistula.[264] This encourages a reinforced and efficient approach towards increasing progress with regards to MDG 5.[265] The Maternal Health Thematic Fund has made significant progress since its inception. In 2010, Austria, Finland, Ireland, Luxembourg, the Netherlands, Norway, Spain, and Sweden contributed a total of US$60 million in donations to the Maternal Health Thematic Fund.[266] From these donations, the UNFPA was able to give assistance to 30 different countries, 20 from sub-Saharan Africa.[267]

Case Study: Millennium Villages Project in Mwandama, Malawi

In 2010, the United Nations Development Programme (UNDP) teamed up with the Millennium Villages Project (MVP) to promote universal access to reproductive health in sub-Saharan Africa, with its primary focus being young mothers.[268] This partnership between the UNDP and the MVP used the MVP's primary healthcare provision strategy and the UN agency's expertise to promote reproductive rights and sexual and reproductive health.[269] The Millennium Villages Project sought to reach the targets of the MDGs in several African countries within five years, through community-led initiatives and development.[270] In Mwandama, Malawi, nearly 90% of the people live below the poverty line, which is less than $1 a day.[271] The community living in this isolated village, with a population of over 5,100, lives calmly almost seven kilometers away from the closest dirt road.[272] Children also have to walk that same distance to go to school and to get water, which is frequently muddy and not potable.[273] HIV prevalence was estimated to be 12%.[274]

The biggest accomplishment in Mwandama with regards to health was the Ministry of Health's approval of a project to construct seven clinics in different villages in the Mwandama cluster, thus agreeing to the project's design of making accessible health facilities at a ratio of 5,000 households per clinic.[275] Several meetings have been conducted

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[258] Health 4+, *Working with Countries to Improve Maternal and Newborn Health*, September 2010.

[259] Interagency Working Group on SRH & HIV Linkages, *Linking HIV/AIDS with Sexual and Reproductive Health*, 2010.

[260] Interagency Working Group on SRH & HIV Linkages, *Linking HIV/AIDS with Sexual and Reproductive Health*, 2010.

[261] Interagency Working Group on SRH & HIV Linkages, *Linking HIV/AIDS with Sexual and Reproductive Health*, 2010.

[262] United Nations Population Fund, *Maternal Health Thematic Fund*, 2008.

[263] United Nations Population Fund, *Maternal Health Thematic Fund*, 2008.

[264] United Nations Population Fund, *Maternal Health Thematic Fund*, 2008.

[265] United Nations Population Fund, *Maternal Health Thematic Fund*, 2008.

[266] United Nations Population Fund, *Maternal Health Thematic Fund*, 2008.

[267] United Nations Population Fund, *Maternal Health Thematic Fund*, 2008.

[268] Overseas Development Institute, *The Millennium Villages Project – a new approach to ending rural poverty in Africa*, August 2006.

[269] Overseas Development Institute, *The Millennium Villages Project – a new approach to ending rural poverty in Africa*, August 2006.

[270] Overseas Development Institute, *The Millennium Villages Project – a new approach to ending rural poverty in Africa*, August 2006.

[271] UN Millennium Project, *Millennium Villages: A New Approach to Fighting Poverty*, 2006.

[272] UN Millennium Project, *Millennium Villages: A New Approach to Fighting Poverty*, 2006.

[273] UN Millennium Project, *Millennium Villages: A New Approach to Fighting Poverty*, 2006.

[274] UN Millennium Project, *Millennium Villages: A New Approach to Fighting Poverty*, 2006.

[275] United Nations Development Programme Malawi, *Millennium Villages Project*, 2012.

with Ministry of Health staff both at district and ministry levels.[276] The activities during these meetings included but were not limited to the sharing of work plans and the implementation of the MVP health activities.[277] Furthermore, the project conducted a facility assessment of the current health facilities in the Millennium villages and incorporated the referral hospital.[278] The closest clinic to the Mwandama Village is Thondwe Clinic, which is located within 20 kilometers of the village.[279] The MVP organizers and government reached an agreement to renovate the clinic to a full Health Centre.[280]

With regards to health, recruitment drives for Health Surveillance Assistants (HSAs) through the Ministry of Health will be based at the villages, but on government schemes.[281] The project will thus enter into an agreement with the Ministry for remuneration of thee Assistants.[282] 85% of pregnant women are now tested for HIV/AIDS, nearly four times the initial rate.[283] The aforementioned health workers have been instrumental in enabling realistically high levels of contraceptive use (53%), antenatal care (an average of over three visits per pregnancy), and institutional deliveries (72% of pregnancies).[284] In addition, a primary care facility was opened in the community in 2010.[285] Currently, nearly all pregnant mothers are now counseled and tested for HIV during antenatal visits.[286]

In addition, the partnership seeks to improve maternal and child health by providing voluntary family planning, medical supplies, training and education.[287] It will also identify trainers for health personnel in the use of commodities, as well as sexual and reproductive health education materials and educators for adolescents and adult women and men.[288] UNFPA has been endorsing gender and development programmes in the country and is the lead UN agency for MDG 3 (gender equality and empowerment).[289] It has played a fundamental role in supporting the government and civil society in addressing gender based violence, negative cultural practices that contribute to the spread of HIV/AIDS and other practices that hinder women's and girls' enjoyment of their rights.[290] UNFPA further supports efforts to create a conducive legal and policy framework by supporting initiatives to review gender-related laws and lobbying for the inclusion of women in positions of power at national, district and local levels as set forth by principles of the *Convention for the Elimination of all Forms of Discrimination Against Women* and the *African Union Additional Protocol on Women*.[291]

Current Challenges
In a statement to the Harvard Ministerial Health Leaders' Forum, Michelle Bachelet, Executive Director of UN Women, said, "[p]rogress is being made in all regions of the world with regards to reproductive health. Yet accelerated action is needed, especially in sub-Saharan Africa, where less than one in four women have access to contraceptives and more than half of women give birth without a skilled birth attendant."[292] She further stated that by enabling access to family planning could reduce maternal fatalities by an estimated 20 to 35%.[293] Currently, around 215 million women still lack access to effective contraception.[294] Global partners to UN Women are willing to increase access to family planning, and these efforts to provide family planning, midwifery services and

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[276] United Nations Development Programme Malawi, *Millennium Villages Project*, 2012.
[277] United Nations Development Programme Malawi, *Millennium Villages Project*, 2012.
[278] United Nations Development Programme Malawi, *Millennium Villages Project*, 2012.
[279] United Nations Development Programme Malawi, *Millennium Villages Project*, 2012.
[280] United Nations Development Programme Malawi, *Millennium Villages Project*, 2012.
[281] United Nations Development Programme Malawi, *Millennium Villages Project*, 2012.
[282] United Nations Development Programme Malawi, *Millennium Villages Project*, 2012.
[283] Millennium Villages, *Harvests of Development in Rural Africa: Millennium Villages After Three Years*, January 2011.
[284] Millennium Villages, *Harvests of Development in Rural Africa: Millennium Villages After Three Years*, January 2011.
[285] Millennium Villages, *Harvests of Development in Rural Africa: Millennium Villages After Three Years*, January 2011.
[286] Millennium Villages, *Harvests of Development in Rural Africa: Millennium Villages After Three Years*, January 2011.
[287] United Nations Population Fund, *New UNFPA—Millennium Villages Project Partnership To Help Improve Maternal Health in Africa*, 2010.
[288] United Nations Population Fund, New UNFPA—Millennium Villages Project Partnership To Help Improve Maternal Health in Africa, 2010.
[289] UN Malawi, *United Nations Population Fund Programme in Malawi*, 2012.
[290] UN Malawi, *United Nations Population Fund Programme in Malawi*, 2012.
[291] UN Malawi, *United Nations Population Fund Programme in Malawi*, 2012.
[292] UN Women, *Statement by Michelle Bachelet at the Harvard Ministerial Health Leaders' Forum*, June 2012.
[293] UN Women, *Statement by Michelle Bachelet at the Harvard Ministerial Health Leaders' Forum*, June 2012.
[294] UN Women, *Statement by Michelle Bachelet at the Harvard Ministerial Health Leaders' Forum*, June 2012.

emergency obstetric care can save and improve the lives of millions of women and their families.[295] This is especially significant for young women as pregnancy and maternal conditions are the primary causes responsible for deaths of 15- to19-year-old girls worldwide.[296] Young women in this age range are twice as likely as women in their twenties to die during pregnancy or childbirth.[297] For those under 15, the risks are five times greater.[298]

Reproductive health issues remain the leading cause of diseases and death for women of childbearing age worldwide, especially in sub-Saharan Africa.[299] As mentioned in the *2012 UNFPA Executive Board Report* (DP/2012/5), "one delegation noted that the country had the highest maternal mortality ratio in the world and some of the poorest health indicators" was South Sudan.[300] Its alignment with the United Nations Development Assistance Framework (UNDAF), including in the important areas of gender-based violence and reproductive health and rights, was commended.[301] Impoverished women, especially those living in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender-based violence, and other complications as a result of their reproductive system and sexual activities.[302] Due to young people often facing difficulties in trying to obtain the information or care they require, adolescent reproductive health has become another essential focus of the UNFPA programming.[303] Thus, all programming depends on the availability of essential supplies.[304]

The scarcity of human resources for health is a critical and pressing issue, mounted by the increasing demand for services, in particular for midwives, or those with midwifery skills.[305] An estimated 700,000 midwives are required globally to guarantee universal coverage with maternity care, but there is presently a 50% shortfall.[306] Furthermore, 47,000 doctors with obstetric skills are needed, especially in remote, rural areas.[307] One of the most challenging aspects of the political sensitivity revolving around sexual and reproductive health is the separation and division of different programs without collaboration, in particular the initiatives for HIV/AIDS and other reproductive health including family planning, and other STIs which many times go unnoticed.[308]

Conclusion

Whilst the African region remains an area of concern for the UNFPA, cooperation is greatly encouraged to support other program initiatives that are ongoing within the UN System that can benefit UNFPA.[309] The WHO supports countries in need through a Sexual and Reproductive Health (SRH) Programme divided into regional targets containing several different components.[310] The Food and Agricultural Organization (FAO), for example, works to promote the health needs of rural people in sub-Saharan Africa, which are often overlooked and thus, neglected.[311] They provide six main points to what can be done in sub-Saharan Africa with regards to sexual and reproductive health.[312] These include stronger commitment by governments to enable the continent to address the issue of rapid

[295] UN Women, *Statement by Michelle Bachelet at the Harvard Ministerial Health Leaders' Forum*, June 2012.
[296] UN Women, *Statement by Michelle Bachelet at the Harvard Ministerial Health Leaders' Forum*, June 2012.
[297] UN Women, *Statement by Michelle Bachelet at the Harvard Ministerial Health Leaders' Forum*, June 2012.
[298] UN Women, *Statement by Michelle Bachelet at the Harvard Ministerial Health Leaders' Forum*, June 2012.
[299] United Nations Population Fund, *Improving Reproductive Health*, August 2012.
[300] UNFPA Executive Board Report (DP/2012/5), *Report of the first regular session*, April 2012.
[301] UNFPA Executive Board Report (DP/2012/5), *Report of the first regular session*, April 2012.
[302] United Nations Population Fund, *Improving Reproductive Health*, August 2012.
[303] United Nations Population Fund, *Improving Reproductive Health*, August 2012.
[304] United Nations Population Fund, *Improving Reproductive Health*, August 2012.
[305] ENRECA Health, *Sexual and Reproductive Health and Rights: Agreements and Disagreements*, October 2011.
[306] ENRECA Health, *Sexual and Reproductive Health and Rights: Agreements and Disagreements*, October 2011.
[307] ENRECA Health, *Sexual and Reproductive Health and Rights: Agreements and Disagreements*, October 2011.
[308] ENRECA Health, *Sexual and Reproductive Health and Rights: Agreements and Disagreements*, October 2011.
[309] World Health Organization: Regional Office for Africa, *WHO Policies & Strategies*, 2012.
[310] World Health Organization: Regional Office for Africa, *WHO Policies & Strategies*, 2012.
[311] Food and Agricultural Organization, *Provision of reproductive health services in Sub-Saharan Africa: Lessons, issues, challenges and the overlooked rural majority*, January 2000.
[312] Food and Agricultural Organization, *Provision of reproductive health services in Sub-Saharan Africa: Lessons, issues, challenges and the overlooked rural majority*, January 2000.

population growth, development of an outreach program for rural Africa, a social marketing of contraceptives across the country, increasing men's participation in family planning, women's empowerment and youth programs.[313]

Just over two years remain until the 2015 target set by the international community to achieve universal access to sexual and reproductive health services.[314] A further delay in this target would mean a heavy penalty in terms of human suffering and missed opportunities for socioeconomic development and poverty reduction.[315] Could sexual and reproductive health still be an achievable goal for all? Infant mortality rates are nearly double among women who have children before the age of 20.[316] In comparison to mothers in other age groups, a fact like this makes it essential to develop maternal and child health by delivering voluntary family planning, medical supplies, training and education for younger women.[317]

Bearing this in mind, the following questions to guide the debate of the Executive Council should be considered: What current initiatives, both from the UNFPA or otherwise, can be expanded on to address the issue of sexual and reproductive health in Sub-Saharan Africa? What regional actors can the UNFPA collaborate with in order to strengthen UN presence in the region? Remembering the Executive Board is only a monitoring and advisory body, what policy initiatives can be recommended in order to address the topic at hand?

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[313] Food and Agricultural Organization, *Provision of reproductive health services in Sub-Saharan Africa: Lessons, issues, challenges and the overlooked rural majority*, January 2000.

[314] Rose N Oronje, *Operationalising sexual and reproductive health and rights in sub-Saharan Africa: constraints, dilemmas and strategies*, December 2011.

[315] Rose N Oronje, *Operationalising sexual and reproductive health and rights in sub-Saharan Africa: constraints, dilemmas and strategies*, December 2011.

[316] Rose N Oronje, *Operationalising sexual and reproductive health and rights in sub-Saharan Africa: constraints, dilemmas and strategies*, December 2011.

[317] Rose N Oronje, *Operationalising sexual and reproductive health and rights in sub-Saharan Africa: constraints, dilemmas and strategies*, December 2011.

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> *This is the official report of the International Conference on Population and Development, which took place in Cairo, Egypt from September 5 to 14, 1994. The conference articulated a bold new vision about the relationships between population, development and individual well-being. At the ICPD, 179 Member States adopted a forward-looking, 20-year Programme of Action (PoA) that built on the success of the population, maternal health and family planning programmes of the previous decades while addressing, with a new perspective, the need of the early years of the twenty-first century.*

United Nations News Centre (December 13, 2010). *New UN partnership seeks to promote reproductive health in Africa.* Retrieved on August 7, 2012 from: http://www.un.org/apps/news/story.asp?NewsID=37049&Cr=reproductive+health&Cr1

> *The United Nations News Centre is the main Press Office for the UN. It contains all the recent developments in every area of the United Nations. This article gives an overview and description of the partnership between the Millennium Villages Project and the UNFPA, which is extremely relevant to the topic of "improving sexual and reproductive health in sub-Saharan Africa." It also includes other related links that might be of interest to the topic and allows one to grasp the general position of African organizations and the United Nations with regards to this matter.*

World Health Organization (October, 2006) *Sexual and reproductive health for all: a call for action.* Retrieved on August 8, 2012 from: http://www.who.int/reproductivehealth/publications/general/lancet_6.pdf

> *This paper, published in the journal The Lancet by the World Health Organization, argues that sexual and reproductive health for all is an achievable goal—if cost effective interventions are properly scaled up; political commitment are revitalized; and financial resources are mobilized, rationally allocated, and more effectively used. National action will need to be backed up by international action. The paper is split into five different sections: scaling up cost-effective interventions, revitalization of political commitment, resources, and call to action.*

Interagency Working Group on SRH & HIV Linkages (2010) *Linking HIV/AIDS with Sexual and Reproductive Health.* Retrieved August 7, 2012 from: http://unfpa.org/public/site/global/home/publications/pid/7122

> *This resource pack contains materials that are generic products of the Interagency Working Group on SRH & HIV Linkages and are designed to suit a variety of audiences and purposes. It (i) builds a common understanding of sexual and reproductive health (SRH) and HIV linkages; (ii) provides an overview of the current status of SRH and HIV linkages among key partners; (iii) contains useful resources for organizations advocating for this issue; and (iv) offers tools for countries to strengthen SRH and HIV linkages at the policy, systems and service delivery levels.*

Rose N Oronje (December 16, 2011) *Operationalising sexual and reproductive health and rights in sub-Saharan Africa: constraints, dilemmas and strategies.* Retrieved August 7, 2012 from: http://www.biomedcentral.com/1472-698X/11/S3/S8

> *This paper, published by Biomed Central (BMC) International Health and Human Rights uses one international and two national case studies to reflect on the challenges, dilemmas and strategies used in operationalising sexual and reproductive health and rights (SRHR) in different African contexts. The continued poor sexual and reproductive health (SRH) outcomes in sub-Saharan Africa highlight the difficulties in reforming policies and laws, and implementing effective programmes. Thus, the strategies identified in the paper show future pathways through which challenges to the realisation of SRHR in Africa can be tackled.*

United Nations Millennium Development Goals (September 22, 2000) *Goal 5: Improve Maternal Health Factsheet.* Retrieved September 1, 2012 from: http://www.un.org/millenniumgoals/pdf/MDG_FS_5_EN_new.pdf

> *This factsheet provided by the Millennium Development 2010 Summit contains crucial and important information regarding the initiatives to achieve the fifth MDG, improving maternal*

health. It provides information on the current targets for MDG 5, what the progress has been so far and other programmes that the UN has done that have worked and could be explored. The factsheet is extremely useful for delegates who want to get a good overview of the fact and figures of the topic, but also a good starting point for further research.

United Nations (June 15, 2010) *The Millennium Development Goals Report.* Retrieved September 1, 2012 from: http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf#page=32

> *This report is based on a master set of data that has been compiled by an Inter-Agency and Expert Group on MDG Indicators led by the Department of Economic and Social Affairs of the United Nations Secretariat, in response to the wishes of the General Assembly for periodic assessment of progress towards the MDGs. The expert group is made up of representatives of the international organizations whose activities include the preparation of one or more of the series of statistical indicators that were identified as appropriate for monitoring progress towards the MDGs, as reflected in the list below. The data given is of crucial use for delegates and should be read carefully.*

ENRECA Health (October 2011) Sexual and Reproductive Health and Rights: Agreements and Disagreements. Retrieved September 1, 2012 from: http://www.enrecahealth.dk/about/dokument/internal_docs/Background_document_-_Sexual_and_Reproductive_Health_and_Rights_3.pdf/

> *The purpose of this background paper is to present research based evidence on issues in the field of Sexual and Reproductive Health and Rights (SRHR). ENRECA Health is a Danish Research Network on International Health. The background paper and policy brief are intended as an introduction for those who want to strengthen the evidence base on Sexual and Reproductive Health.*

Food and Agricultural Organization (January 2000) *Provision of reproductive health services in Sub-Saharan Africa: Lessons, issues, challenges and the overlooked rural majority*. Retrieved September 1, 2012 from: http://www.fao.org/sd/wpdirect/WPan0044.htm

> *This paper explores the major issues in the availability, accessibility and affordability of reproductive health services in sub-Saharan Africa. It consists of two parts. Part 1 reviews the current situation and proposes some solutions to respond to the still remaining unmet need for family planning. Part 2 focuses on the relevance of existing reproductive health strategies to rural populations and highlights several questions that seem to warrant further exploration. While the two parts view the issues at hand from different perspectives, they centre their debates around intensifying, improving and accelerating reproductive health efforts in sub-Saharan Africa.*

Millennium Villages (January 2011) Harvests of Development in Rural Africa: Millennium Villages After Three Years. Retrieved September 1, 2012 from: http://www.scribd.com/doc/63719698/Millennium-Villages-After-Three-Years

> *This document contains a report on the progress of the Millennium Villages Project (MVP) after three years of its implementation. It has detailed fact and evidence for consultation and research that will be useful to delegates prior to the conference. Even though it is a UNDP partnership, it is highly recommended delegates read through the Millennium Villages Project to understand how local and regional initiatives are implemented in sub-Saharan Africa.*

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Rules of Procedure
Executive Board of the United Nations Population Fund

Introduction
1. These rules shall be the only rules which apply to the Executive Board of the United Nations Population Fund (hereinafter referred to as "the Executive Board") and shall be considered adopted by the Executive Board prior to its first meeting.
2. For purposes of these rules, the Plenary Director, the Assistant Director(s), the Under-Secretaries-General, and the Assistant Secretaries-General, are designates and agents of the Secretary-General and Director-General, and are collectively referred to as the "Secretariat."
3. Interpretation of the rules shall be reserved exclusively to the Director-General or her or his designate. Such interpretation shall be in accordance with the philosophy and principles of the National Model United Nations and in furtherance of the educational mission of that organization.
4. For the purposes of these rules, "President" shall refer to the chairperson or acting chairperson of the Executive Board.
5. All substantive decisions taken by the Executive Board shall be communicated to the Economic and Social Council Plenary Session for review.

I. SESSIONS

Rule 1 - *Dates of convening and adjournment*
The Executive Board shall meet in regular session, commencing and closing on the dates designated by the Secretary-General.

Rule 2 - *Place of sessions*
The Executive Board shall meet at a location designated by the Secretary-General.

II. AGENDA

Rule 3 - *Provisional agenda*
The provisional agenda shall be drawn up by the Director-General and communicated to the Members of the Executive Board at least sixty days before the opening of the session.

Rule 4 - *Adoption of the agenda*
The agenda provided by the Director-General shall be considered adopted as of the beginning of the session. The order of the agenda items shall be determined by a majority vote of those present and voting.

The vote described in this rule is a procedural vote and, as such, every member is required to vote. For purposes of this rule, those present and voting means those Member States and observers, in attendance at the meeting during which this motion comes to a vote. Should the Executive Board not reach a decision by conclusion of the first night's meeting, the agenda will be automatically set in the order in which it was first communicated.

Rule 5 - *Revision of the agenda*
During a session, the Executive Board may revise the agenda by adding, deleting, deferring or amending items. Only important and urgent items shall be added to the agenda during a session. Debate on the inclusion of an item in the agenda shall be limited to three speakers in favor of, and three against, the inclusion. Additional items of an important and urgent character, proposed for inclusion in the agenda less than thirty days before the opening of a session, may be placed on the agenda if the Executive Board so decides by a two-thirds majority of the members present and voting. No additional item may, unless the Executive Board decides otherwise by a two-thirds majority of the members present and voting, be considered until a committee has reported on the question concerned.

For purposes of this rule, the determination of an item of an important and urgent character is subject to the discretion of the Director-General, or his or her designate, and any such determination is final. If an item is determined to be of such a character, then it requires a two-thirds vote of the Executive Board to be placed on the agenda. The votes described in this rule are substantive votes, and, as such, observers are not permitted to cast a

vote. For purposes of this rule, the members present and voting means members (not including observers) in attendance at the session during which this motion comes to vote.

Rule 6 - Explanatory memorandum
Any item proposed for inclusion in the agenda shall be accompanied by an explanatory memorandum and, if possible, by basic documents.

III. SECRETARIAT

Rule 7 - Duties of the Secretary-General

1. The Secretary-General or her/his designate shall act in this capacity in all meetings of the Executive Board.

2. The Secretary-General, in cooperation with the Director-General, shall provide and direct the staff required by the Executive Board and be responsible for all the arrangements that may be necessary for its meetings.

Rule 8 - Duties of the Secretariat
The Secretariat shall receive, print, and distribute documents, reports, and resolutions of the Executive Board, and shall distribute documents of the Executive Board to the Members, and generally perform all other work which the Executive Board may require.

Rule 9 - Statements by the Secretariat
The Secretary-General, or her/his representative, may make oral as well as written statements to the Executive Board concerning any question under consideration.

Rule 10 - Selection of the President
The Secretary-General or her/his designate shall appoint, from applications received by the Secretariat, a President who shall hold office and, *inter alia*, chair the Executive Board for the duration of the session, unless otherwise decided by the Secretary-General.

Rule 11 - Replacement of the President
If the President is unable to perform her/his functions, a new President shall be appointed for the unexpired term at the discretion of the Secretary-General.

IV. LANGUAGE

Rule 12 - Official and working language
English shall be the official and working language of the Executive Board.

Rule 13 - Interpretation (oral) or translation (written)
 Any representative wishing to address any body or submit a document in a language other than English shall provide interpretation or translation into English.

This rule does not affect the total speaking time allotted to those representatives wishing to address the body in a language other than English. As such, both the speech and the interpretation must be within the set time limit.

V. CONDUCT OF BUSINESS

Rule 14 – Quorum
The President may declare a meeting open and permit debate to proceed when representatives of at least one third of the members of the Executive Board are present. The presence of representatives of a majority of the members of the Executive Board shall be required for any decision to be taken.

For purposes of this rule, members of the Executive Board means the total number of members (not including

observers) in attendance at the first night's meeting.

Rule 15 - General powers of the President
In addition to exercising the powers conferred upon him or her elsewhere by these rules, the President shall declare the opening and closing of each meeting of the Executive Board, direct the discussions, ensure observance of these rules, accord the right to speak, put questions to the vote and announce decisions. The President, subject to these rules, shall have complete control of the proceedings of the Executive Board and over the maintenance of order at its meetings. He or she shall rule on points of order. He or she may propose to the Executive Board the closure of the list of speakers, a limitation on the time to be allowed to speakers and on the number of times the representative of each member may speak on an item, the adjournment or closure of the debate, and the suspension or adjournment of a meeting.

Included in these enumerated powers is the President's power to assign speaking times for all speeches incidental to motions and amendment. Further, the President is to use her/his discretion, upon the advice and at the consent of the Secretariat, to determine whether to entertain a particular motion based on the philosophy and principles of the NMUN. Such discretion should be used on a limited basis and only under circumstances where it is necessary to advance the educational mission of the Conference and is limited to entertaining motions.

Rule 16 – Authority of the Executive Board
The President, in the exercise of her or his functions, remains under the authority of the Executive Board.

Rule 17 – Voting rights on procedural matters
Unless otherwise stated, all votes pertaining to the conduct of business shall require a majority of the members present and voting in order to pass.

For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this rule is applied. There is no possibility to abstain on procedural votes.

Rule 18 - Points of order
During the discussion of any matter, a representative may rise to a point of order, and the point of order shall be immediately decided by the President in accordance with the rules of procedure. A representative may appeal against the ruling of the President. The appeal shall be immediately put to the vote, and the President's ruling shall stand unless overruled by a majority of the members present and voting. A representative rising to a point of order may not speak on the substance of the matter under discussion.

Such points of order should not under any circumstances interrupt the speech of a fellow representative. They should be used exclusively to correct an error in procedure. Any questions on order arising during a speech made by a representative should be raised at the conclusion of the speech, or can be addressed by the President, sua sponte, during the speech. For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this motion comes to vote.

Rule 19 - Speeches
No representative may address the Executive Board without having previously obtained the permission of the President. The President shall call upon speakers in the order in which they signify their desire to speak. The President may call a speaker to order if his remarks are not relevant to the subject under discussion.

In line with the philosophy and principles of the NMUN, in furtherance of its educational mission, and for the purpose of facilitating debate, the Secretariat will set a time limit for all speeches which may be amended by the President at his/her discretion. Consequently, motions to alter the speaker's time will not be entertained by the President.

Rule 20 - Closing of list of speakers
Members may only be on the list of speakers once but may be added again after having spoken. During the course of a debate, the President may announce the list of speakers and, with the consent of the Executive Board, declare the list closed. When there are no more speakers, the President shall declare the debate closed. Such closure shall have the same effect as closure by decision of the Executive Board.

The decision to announce the list of speakers is within the discretion of the President and should not be the subject of a motion by the Executive Board. A motion to close the speakers list is within the purview of the Executive Board and the President should not act on her/his own motion.

Rule 21 - Right of reply

If a remark impugns the integrity of a representative's State, the President may permit that representative to exercise her/his right of reply following the conclusion of the controversial speech, and shall determine an appropriate time limit for the reply. No ruling on this question shall be subject to appeal.

For purposes of this rule, a remark that impugns the integrity of a representative's State is one directed at the governing authority of that State and/or one that puts into question that State's sovereignty or a portion thereof. All interventions in the exercise of the right of reply shall be addressed in writing to the Secretariat and shall not be raised as a point of order or motion. The reply shall be read to the Executive Board by the representative only upon approval of the Secretariat, and in no case after voting has concluded on all matters relating to the agenda topic, during the discussion of which, the right arose.

Rule 22 - Suspension of the meeting

During the discussion of any matter, a representative may move the suspension of the meeting, specifying a time for reconvening. Such motions shall not be debated but shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass.

Rule 23 - Adjournment of the meeting

During the discussion of any matter, a representative may move to the adjournment of the meeting. Such motions shall not be debated but shall be put to the vote immediately, requiring the support of a majority of the members present and voting to pass. After adjournment, the Executive Board shall reconvene at its next regularly scheduled meeting time.

As this motion, if successful, would end the meeting until the Executive Board's next regularly scheduled session the following year, and in accordance with the philosophy and principles of the NMUN and in furtherance of its educational mission, the President will not entertain such a motion until the end of the last meeting of the Executive Board.

Rule 24 - Adjournment of debate

During the discussion of any matter, a representative may move the adjournment of the debate on the item under discussion. Two representatives may speak in favor of, and two against, the motion, after which the motion shall be immediately put to the vote. The President may limit the time to be allowed to speakers under this rule.

Rule 25 - Closure of debate

A representative may at any time move the closure of debate on the item under discussion, whether or not any other representative has signified her/his wish to speak. Permission to speak on the motion shall be accorded only to two representatives opposing the closure, after which the motion shall be put to the vote immediately. Closure of debate shall require a two-thirds majority of the members present and voting. If the Executive Board favors the closure of debate, the Executive Board shall immediately move to vote on all proposals introduced under that agenda item.

Rule 26 - Order of motions

Subject to rule 18, the motions indicated below shall have precedence in the following order over all proposals or other motions before the meeting:
        a) To suspend the meeting;
        b) To adjourn the meeting;
        c) To adjourn the debate on the item under discussion;
        d) To close the debate on the item under discussion.

Rule 27 - Proposals and amendments

Proposals and amendments shall normally be submitted in writing to the Secretariat. Any proposal or amendment that relates to the substance of any matter under discussion shall require the signature of twenty percent of the

members of the Executive Board [sponsors]. The Secretariat may, at its discretion, approve the proposal or amendment for circulation among the delegations. As a general rule, no proposal shall be put to the vote at any meeting of the Executive Board unless copies of it have been circulated to all delegations. The President may, however, permit the discussion and consideration of amendments or of motions as to procedure, even though such amendments and motions have not been circulated. If the sponsors agree to the adoption of a proposed amendment, the proposal shall be modified accordingly and no vote shall be taken on the proposed amendment. A document modified in this manner shall be considered as the proposal pending before the Executive Board for all purposes, including subsequent amendments.

For purposes of this rule, all proposals shall be in the form of working papers prior to their approval by the Secretariat. Working papers will not be copied, or in any other way distributed, to the Executive Board by the Secretariat. The distribution of such working papers is solely the responsibility of the sponsors of the working papers. Along these lines, and in furtherance of the philosophy and principles of the NMUN and for the purpose of advancing its educational mission, representatives should not directly refer to the substance of a working paper that has not yet been accepted as a draft resolution during formal speeches. After approval of a working paper, the proposal becomes a draft resolution and will be copied by the Secretariat for distribution to the Executive Board. These draft resolutions are the collective property of the Executive Board and, as such, the names of the original sponsors will be removed. The copying and distribution of amendments is at the discretion of the Secretariat, but the substance of all such amendments will be made available to all representatives in some form.

Rule 28 - Withdrawal of motions
A motion may be withdrawn by its proposer at any time before voting has commenced, provided that the motion has not been amended. A motion thus withdrawn may be reintroduced by any member.

Rule 29 - Reconsideration of a topic
When a topic has been adjourned, it may not be reconsidered at the same session unless the Executive Board, by a two-thirds majority of those present and voting, so decides. Reconsideration can only be moved by a representative who voted on the prevailing side of the original motion to adjourn. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall be put to the vote immediately.

VI. VOTING

Rule 30 - Voting rights
Each member of the Executive Board shall have one vote.

This rule applies to substantive voting on amendments, draft resolutions, and portions of draft resolutions divided out by motion. As such, all references to member(s) do not include observers, who are not permitted to cast votes on substantive matters.

Rule 31 - Request for a vote
A proposal or motion before the Executive Board for decision shall be voted upon if any member so requests. Where no member requests a vote, the Executive Board may adopt proposals or motions without a vote.

For purposes of this rule, proposal means any draft resolution, an amendment thereto, or a portion of a draft resolution divided out by motion. Just prior to a vote on a particular proposal or motion, the President may ask if there are any objections to passing the proposal or motion by acclamation, or a member may move to accept the proposal or motion by acclamation. If there are no objections to the proposal or motion, then it is adopted without a vote.

Rule 32 - Consensus
1. The practice of striving for consensus in decision-making shall be encouraged.
2. In the case of a vote, decisions of the Executive Board shall be made by a majority of the members present and voting, unless specified otherwise in these rules.
3. For the purpose of tabulation, the phrase "members present and voting" means members casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.

All members declaring their representative States as "present and voting" during the attendance roll call for the meeting during which the substantive voting occurs, must cast an affirmative or negative vote, and cannot abstain on substantive votes.

Rule 33 - Method of voting

1. The Executive Board shall normally vote by a show of placards, except that a representative may request a roll call, which shall be taken in the English alphabetical order of the names of the members, beginning with the member whose name is randomly selected by the President. The name of each member shall be called in any roll call, and one of its representatives shall reply "yes," "no," "abstention," or "pass."

Only those members who designate themselves as present or present and voting during the attendance roll call, or in some other manner communicate their attendance to the President and/or Secretariat, are permitted to vote and, as such, no others will be called during a roll-call vote. Any representatives replying pass must, on the second time through, respond with either a yes or no vote. A pass cannot be followed by a second pass for the same proposal or amendment, nor can it be followed by an abstention on that same proposal or amendment.

2. When the Executive Board votes by mechanical means, a non-recorded vote shall replace a vote by show of placards and a recorded vote shall replace a roll-call vote. A representative may request a recorded vote. In the case of a recorded vote, the Executive Board shall dispense with the procedure of calling out the names of the members.

3. The vote of each member participating in a roll call or a recorded vote shall be inserted in the record.

Rule 34 - Explanations of vote

Representatives may make brief statements consisting solely of explanation of their votes after the voting has been completed. The representatives of a member sponsoring a proposal or motion shall not speak in explanation of vote thereon, except if it has been amended, and the member has voted against the proposal or motion.

All explanations of vote must be submitted to the President in writing before debate on the topic is closed, except where the representative is of a member sponsoring the proposal, as described in the second clause, in which case the explanation of vote must be submitted to the President in writing immediately after voting on the topic ends.

Rule 35 - Conduct during voting

After the President has announced the commencement of voting, no representatives shall interrupt the voting except on a point of order in connection with the actual process of voting.

For purposes of this rule, there shall be no communication amongst delegates, and if any delegate leaves the Executive Board room during voting procedure, they will not be allowed back into the room until the Executive Board has convened voting procedure.

Rule 36 - Division of proposals and amendments

Immediately before a proposal or amendment comes to a vote, a representative may move that parts of a proposal or of an amendment should be voted on separately. If there are calls for multiple divisions, those shall be voted upon in an order to be set by the President where the most radical division will be voted upon first. If objection is made to the motion for division, the request for division shall be voted upon, requiring the support of a majority of those present and voting to pass. Permission to speak on the motion for division shall be given only to two speakers in favor and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are approved shall then be put to a vote. If all operative parts of the proposal or of the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

For purposes of this rule, most radical division means the division that will remove the greatest substance from the draft resolution, but not necessarily the one that will remove the most words or clauses. The determination of which division is most radical is subject to the discretion of the Secretariat, and any such determination is final.

Rule 37 - Amendments

An amendment is a proposal that does no more than add to, delete from, or revise part of another proposal.

An amendment can add, amend, or delete operative clauses, but cannot in any manner add, amend, delete, or otherwise affect preambulatory clauses.

Rule 38 - Voting on amendments
When an amendment is moved to a proposal, the amendment shall be voted on first. When two or more amendments are moved to a proposal, the amendment furthest removed in substance from the original proposal shall be voted on first and then the amendment next furthest removed there from, and so on until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted on.

For purposes of this rule, furthest removed in substance means the amendment that will have the most significant impact on the draft resolution. The determination of which amendment is furthest removed in substance is subject to the discretion of the Secretariat, and any such determination is final.

Rule 39 - Order of voting on proposals
If two or more proposals, other than amendments, relate to the same question, they shall, unless the Executive Board decides otherwise, be voted on in the order in which they were submitted.

Rule 40 - The President shall not vote
The President shall not vote but may designate another member of her/his delegation to vote in her/his place.

VII. CREDENTIALS
Rule 41 - Credentials
The credentials of representatives and the names of members of a delegation shall be submitted to the Secretary-General prior to the opening of a session.

Rule 42 – Authority of the General Assembly
The Executive Board shall be bound by the actions of the General Assembly in all credentials matters and shall take no action regarding the credentials of any member.

VII. PARTICIPATION OF NON-MEMBERS OF THE EXECUTIVE BOARD

Rule 43 - Participation of non-Member States
Any State member of UNDP or UNFPA who is not a member of the Executive Board may attend Board meetings and may participate in its deliberations without the right to vote. The Executive Board may invite, when it considers it appropriate, representatives of the United Nations Secretariat, specialized agencies, the International Atomic Energy Agency, and any other organizations of the United Nations system to participate in the deliberations, in particular for questions that relate to their activities or those involving coordination questions.

If the Executive Board considers that the presence of a Member invited according to this rule is no longer necessary, it may withdraw the invitation. Delegates invited to the Executive Board according to this rule should also keep in mind their role and obligations in the Executive Board that they were originally assigned to. For educational purposes of the NMUN Conference, the Secretariat may thus ask a delegate to return to his or her Executive Board when his or her presence in the Executive Board is no longer required.

Rule 44 - Participation of non-governmental organization and intergovernmental organizations
The Executive Board may invite, when it considers it appropriate, intergovernmental organizations and non-governmental organizations in consultative status with the Economic and Social Council to participate in its deliberations for questions that relate to their activities.