Recognizing that unsustainable population growth can have major negative consequences, such as the uncontrolled exploitation of resources,

Taking into account the framework brought forth by the International Conference on Population and Development (ICPD), held in Cairo, Egypt in 1994 that set the basis for population policy development worldwide,

Emphasizing the importance of Millennium Development Goals 3 through 8, and the need for continued focus after 2015,

Further Recognizing Rio+20, A/CONF.216/L.1/44 and the need for multilateral solutions in conjunction with local cooperation and civil society to strengthen the access and dissemination of technology and education globally,

Highlighting the need for intergenerational dialogue, so young people to be involved in the building of their communities as outlined by Rio+20, A/CONF.216/L.1/50,

Understanding that the World Health Organization (WHO) and the Global Training Program are vital to the implementation of sexual health and family planning education initiatives,

Reminds all Member States that education and awareness play a central role in addressing population development challenges,

The Commission on Population and Development,

1. Encourages Member States to recommit themselves to achieving the ICPD Programme of Action goals and objectives, specifically those stated in Chapter four through seven regarding family planning, empowerment of women and population growth, at the highest level;

2. Strongly Urges all Member States to cooperate and work through Global Training Programs in creating a mobile learning brigade, made up of experts from different Member States that are selected by participating governments, and set up educational clinics to train educators called World Youth Sexual Educational Program (WYSEP) that focuses on:
   a. Empowerment of women, child and maternal mortality, family planning, health and sexual education;
   b. Integrating gender awareness in its legal system and public policy and pursuing development with the participation of women in a comprehensive, equal and coordinated fashion;
   c. Promoting the development of both men and women and ensure women’s advancement alongside economic and social progress;

3. Further Urges the subsequent creation of a scholarship program for young adults from communities in participating Member States, willing to learn about best practices on family
planning and disease prevention strategies from partner countries which have developed effective policies on population and development with the following structure:

a. Participants shall undergo an application process, so that those who show the highest interest and motivation after evaluations and interviews, can be selected;

b. It is recommendable to select participants in the age range between 16 and 21, so that younger generations feel comfortable with them and the diverse perspectives and experiences of participants enrich the program;

c. Participants shall be selected by international experts that comprise the WYSEP group and attend a program taught on the subject at a host university to be selected;

d. Upon completion of the program, participants will return to their communities to share the knowledge they acquired at public events in schools and public places;

e. The curricular structure of the program should focus on sexual education and family planning, prevention of diseases as Sexually Transmitted Diseases (STDs), Malaria and Tuberculosis, prenatal health care; gender equity;

f. Suggests that the program include a bidirectional component, in which students from developed countries awarded with a scholarship can go to participant developing countries in which they will learn about population development and related issues;

g. The program will take into consideration cultural, religious and individual Member State’s customs in their teachings;

h. Upon completion, workshops will be established by community leaders to promote their teachings among their respective communities;

4. **Calls Upon** Member States to implement WYSEP on a global level, with the mobile learning environment visiting a minimum of fifteen (15) participating countries in a year for a period of one month in each country;

a. Destinations shall be determined on a regional basis;

b. WYSEP experts shall be assigned on the recommendations from regional organizations;

c. Visits shall be simultaneous, with each WYSEP group rotating throughout countries within its designated region;

d. WYSEP groups shall cooperate with host governments to establish clinics;

e. Experts shall follow a mandate established by the UN while visiting regions;

5. **Recommends** that funding will be provided voluntarily by governments and funding organizations such as the Global Fund, the United Nations Population Fund Agency (UNFPA), World Health Organization (WHO), Japan International Cooperation Agency (JICA);

6. **Requests** participant countries and institutions to maintain the support for the World Youth Sexual Education Program, so that subsequent promotions can participate in the future;

7. **Emphasizes** the necessity of monitoring the progress of aforementioned implementation in participant Member States by means of assessments executed at a biannual rate;

8. **Deplores** the ECOSOC to coordinate a meeting between the WHO and UNFPA in order to establish assessment standards by 2014, with WYSEP representatives measuring the progress of standards established by the WHO and UNFPA.
Having devoted attention to the growing world population and the effect it has on our global community’s sustainability,

Keeping in mind that issues of population, development, and the environment require a multilateral approach to reach comprehensive solutions, due to the current stigma associated with family planning and contraceptive education,

Emphasizing the need for sexual education and child and maternal health care,

Fully aware that multilateral cooperation is an essential means in order to strengthen global initiatives, and acknowledging that cooperation must include local participation,

Recognizing the need of achieving and sustaining the Millennium Development Goals beyond 2015,

Recalling the Rio+ 20, A/CONF.216/L.1/44 to enhance the accessibility to knowledge globally,

Further Recalling the Optimum Population Trust (OPT) which analyses the risks of population growth, teaches about sustainable environment habits, and advocates reproductive health and family planning services such as sexual education,

Having examined the urgent need to bring population awareness to the center stage of development to increase public knowledge on reproductive health and family planning a robust global awareness campaign should be adopted,

Applauding the joint efforts of United Nations Development Programme and the Office of the High Commissioner on Human Rights (OHCHR) to link human rights and development concerns through the Assisting Communities Together (ACT) program which distributes grants on a yearly basis based on specific thematic areas,

Taking into account the ICPD Programme of Action which establishes a twenty-year program to provide universal access to family planning, sexual and reproductive health rights, delivers gender equality and empowerment of women, supports sustainable development, and combats environmental issues associated with population change,

The Commission on Population and Development,

1. Endorses actions towards the elimination of stigmas and misconceptions against family planning and reproductive health to encourage increased public awareness and support by encouraging increased communication and awareness by NGOs
and other relevant groups that may be accepted more receptively, such as groups from neighboring states with successful programs and groups from states with similar religious or cultural affiliations;

2. **Encourages** the establishment of the FRAME initiative, Family and Reproductive Awareness with Multilateral Education, under the direction and guidance of the Population Division of the UN Department of Economic and Social Affairs, which aims to increase access to sexual and reproductive education:

   a. Suggests that FRAME focus its efforts on all levels of applicable education to ensure a holistic approach to social, political, economic and environmental challenges targeting sexual health; prevention and spread of Sexually Transmitted Infections (STIs); child and maternal health; and the impact of population growth on the environment;

   b. Local, regional, and state particularities will be respected and the educational support provided by the FRAME initiative will not conflict with social, cultural, or religious customs;

   c. Encourages south-south cooperation funding and the support of the United Nations Population Fund (UNPF); however, Japanese International Cooperation Agency (JICA) and the United States of America, have committed to provide the necessary funding;

3. **Recommends** the creation of regional FRAME centres through the Population Division of the UN Department of the Economic and Social Affairs, which will coordinate local, regional, and international programs to encourage efficiency through cooperation; FRAME regional centres will allow local and regional community leaders to work closely with state and international leaders as well as interested NGOs and CSOs;

4. **Further recommends** that ECOSOC Regional Commissions with the cooperation of the Population Division of the UN Department of Economic and Social Affairs establish FRAME’s regional centres in appropriate location to best serve the region needs with a specific focus on the global south; population density, maternal and child, and educational standards are factors we hope ECOSOC considers, among other relevant factors;

5. **Suggests** each FRAME centre be staffed with neutral international experts as decided by Population Division of the UN Department of Economic and Social Affairs;

6. **Further recommends** that FRAME work in cooperation with the Department of Economic and Social Affairs (DESA) to identify high risk areas and challenges; once risks and challenges have been identified, agents of FRAME will approach
appropriate community and regional leaders and interested parties to establish suitable partnerships for the particular challenges identified by DESA;

a) Once suitable partnerships are established and goals are created for particular communities and regions, partners are to submit an initial report to FRAME which will outline agreed upon goals, a plan of action, necessary funding, and an appropriate timeline;

b) Upon receiving the preliminary report, FRAME will review the contents with DESA to ensure that all problem areas are being addressed. Should there be additional areas of concern, further partnerships will be introduced to ensure a holistic plan is implemented;

c) Based upon the plan submitted by each partner group, FRAME will review the work of partnerships at regular intervals as outlined in the preliminary report, but we recommend that follow ups should occur a minimum of once a year. FRAME’s role as mediator between partner groups is to be an active one, in order to ensure that goals are being met, if there is insufficient support provided through the partnership then FRAME, with the help of DESA, will re-evaluate the action plan to better facilitate the need of regional challenges;

d) If necessary and appropriate, FRAME will continue to establish new partnerships for local and regional leaders and interested parties to appropriate NGOs, CSOs, and international bodies based upon need and changing circumstances;

7. **Endorses** the creation of a global Population Awareness Campaign for Education (PACE) to work under FRAME, in order to increase awareness of the adverse impact of rapid population growth through:

b) Informing families of the economic and health benefits provided by reproductive family planning, and the health benefits associated with smaller family norms including reduced mortality rates, reiterating that spacing births is an option for population policy that may benefit some states, encouraging the merging of efforts in reproductive health with that of Sexually Transmitted Infections (STIs) prevention and awareness, using appropriate forms of media targeted to accommodate each state’s specific access to media forms and cultural attitudes towards population policy;

c) The participation of various factors such as local and national governments working in partnership with corporate bodies, regional Non-Government Organizations (NGOs) , and other relevant advocacy groups in accordance with the guidelines set forth by the ICPD and in respect to the state;
8. *Calls upon* the United Nations Development Program and the OHCHR to utilize the ACT project to provide grants to Member States seeking to improve or create sustainable population policies by setting the 2014-2015 theme as “Population Dynamics and Environmental Sustainability” in conjunction with this we would ask these organs to assist in the efforts of PACE;

9. *Affirms* that partnering the PACE campaign with the FRAME initiative eliminates the stigma, promotes the issues, and needs through the campaign and allows member states to implement new strategies through the initiatives;

10. *Welcomes* the commitment by all Member States to the ICPD Beyond 2014, with the aim of renewed consensus and global commitment to the creation of a more sustainable world.
Recognizing the importance and role that sexual health care, family planning and reproductive prevention plays in population development and sustainability,

Recalling the 2010 Muskoka Initiative and the commitments several countries made during the Muskoka Summit,

Taking into account that growing populations in developing countries demand modern and efficient health infrastructure,

Recalling the London Summit on Family Planning organized in 2012, whose goal is to enable an additional 24 million girls and women in the world poorest countries, who wish to avoid an unintended pregnancy, to use voluntary family planning information, services and supplies,

Recalling financial commitments and efforts made by several Member States to join the efforts to guarantee the accomplishment of Millennium Development Goals 4 and 5, “Reducing child mortality” and “Improving maternal health”, being examples of these the US’ Global Health Initiative ($63 billion in six years), France’s support to UNAIDS and the World Health Organization (WHO) in Africa, the UK’s Department for International Development support to maternal and child health initiatives in Central Asia amounting several million dollars, Japan’s EMBRACE program; and others,

Emphasizing the importance of Millennium Development Goal 4 and 5, “Reducing child mortality” and “Improving maternal health”, for the drafting of policies regarding population and development,

Emphasizing the benefits of organizing further medical exchange programs, as that of the World Health Organization (WHO) Internship Program, with which students pay to fulfill an internship in different countries for a period between six weeks and three months,

Noting with concern the high fertility rates in rural areas of several regions and its lack of effective and proper health care practices and facilities,

Considering that several countries already have the aforementioned programs domestically but others lack them and would highly benefit from them,
Fully aware that international exchange programs can develop the global perspectives and understanding of students participating in them,

The Commission on Population and Development,

1. Emphasizes the need of strengthening health practices in rural areas in developing countries, especially focusing on combating child and mother mortality, through advice and guidance provided by other developing and developed participating States;

2. Notes that the areas in need of urgent technical and technological assistance include:
   a. Child and mother mortality prevention,
   b. Treatment and prevention of diseases including infectious diseases,
   c. Prevention of mother-to-child transmission of HIV;
   d. Vaccines and antiretroviral medication;

3. Encourages Member States to participate in the creation of the Medical Exchange for Population Development (MEPD) Program, in which students from medical faculties will be sent in the rural areas of other countries to fulfill their last year of residency, which would highly benefit rural communities and favor the sharing of best practices;
   a. Students from developed and developing countries will be sent to communities in rural areas of developed and developing countries to perform as doctors in local medical centers, expand their knowledge and bring urgent medical assistance to the communities;
   b. Interested students will apply to MEPD through their university which would then refer the selected applicants to the program;
   c. Before travelling, students will receive general information on the host country by representatives of the host government;
   d. Participating students will stay in the host country for a period of one natural year and will receive a stipend coming from the Fund, determined by cost of living of the host country;
   e. During the whole year of residence, a bidirectional flow of knowledge will occur, so that students will train but will also receive understanding and periodical accompaniment from local doctors or community care givers;

4. Recognizes that the period in which students remain in the communities represents an opportunity to, besides providing medical help in host communities, focusing on raising awareness on the importance of fostering maternal and child health in their communities, bolster family planning and the use of contraceptive methods, when and where applicable;
5. **Recommends** Member States to organize a MEPD Conference where knowledge transfer about the aforementioned topics shall occur between medical students, UN organizations, private entities and government representatives;

   a. Upon their return, students will have to present a report for the Department of Economic and Social Affairs (DESA) during the conference, with recommendations on how to address rural health concerns and risks;

   i. Topics to be discussed during the conference are those included in clause two (2) of the present document, with the option of including additional topics;

   ii. The conference will include, not limiting it to, discussions between authorities on new policies and strategies to combat maternal and child mortality and a circuit of information and policy sharing;

   b. The conference will be organized with the guidance of the World Health Organization (WHO) and the International Foundation for Population and Development (IFPD), as the later creates partnerships with governmental institutions, international organizations, NGOs and representatives of the private sector, so that logistics and resource mobilization occur swiftly and more effectively;

6. **Suggests** that the MEPD Conference shall be held annually so that students returning from the residence period can expose findings and experiences to the subsequent group of students, for a more comprehensive understanding of the program, emphasizing that the conference location shall be determined at the end of the precedent conference, being the first to be organized in Geneva;

7. **Further Recommends** the creation of the MEPD Fund, which shall be administered by the UNPFA for the financing of the project, for which participating Member States are encouraged to deposit an amount equal to the 10% of their committed funding to the UNPFA into the MEPD Fund;

8. **Further Urges** Member States, as well as UN organizations and agencies, to contribute to the program by donating medical equipment, including contraceptive devices abiding to local cultures;

9. **Strongly encourages** Member States to remain seized upon the matter.