National Model United Nations

Week B

March 24 – March 28, 2013

Commission on the Status of Women

Documentation
Commission on the Status of Women

Committee Staff

Director  Jordan Drevdahl  JDrevdahl1688@gmail.com
Assistant Director  Dinah Douglas  dinahdouglas@gmail.com
Chair  Bryn Hagley  Bryn.hagley@gmail.com
Rapporteur  Ariane Larouche  Ariane.larouchetapps@gmail.com

Agenda

1. *Eliminating Preventable Maternal Mortality through the Empowerment of Women*

2. *Fostering a Gender-Sensitive Perspective in Sustainable Development*

3. *Economic, Social and Political Empowerment of Women in the Context of Political Transition*

Resolutions adopted by the committee

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Topic</th>
<th>Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSW/1/1</td>
<td><em>Eliminating Preventable Maternal Mortality through the Empowerment of Women</em></td>
<td>28/2/6</td>
</tr>
<tr>
<td>CSW/1/2</td>
<td><em>Eliminating Preventable Maternal Mortality through the Empowerment of Women</em></td>
<td>Acclimation</td>
</tr>
<tr>
<td>CSW/1/3</td>
<td><em>Eliminating Preventable Maternal Mortality through the Empowerment of Women</em></td>
<td>27/2/7</td>
</tr>
<tr>
<td>CSW/1/4</td>
<td><em>Eliminating Preventable Maternal Mortality through the Empowerment of Women</em></td>
<td>19/11/6</td>
</tr>
<tr>
<td>CSW/1/5</td>
<td><em>Eliminating Preventable Maternal Mortality through the Empowerment of Women</em></td>
<td>19/9/8</td>
</tr>
<tr>
<td>CSW/1/6</td>
<td><em>Eliminating Preventable Maternal Mortality through the Empowerment of Women</em></td>
<td>22/8/6</td>
</tr>
</tbody>
</table>
Summary Report

The Commission on the Status of Women held its annual session to consider the following agenda items: 1) Economic, Social and Political Empowerment of Women in the Context of Political Transition, 2) Fostering a Gender-Sensitive Perspective in Sustainable Development and 3) Eliminating Preventable Maternal Mortality through the Empowerment of Women.

The session was attended by representatives of 40 Member States. The session opened with several statements concerning the adoption of the agenda. At its first meeting, the Commission adopted its agenda, beginning with consideration of Eliminating Preventable Maternal Mortality through the Empowerment of Women.

On the second day, the committee split into working groups and started working on sub-topics. The main issue that emerged in the discussions was the achievement of the Millennium Development Goal Five (Improve Maternal Health) and the Millennium Development Goal Three (Promote Gender Equality and Empower Women). Several suggestions were brought forward, such as education for better use of contraceptives and practices in sexual reproductive health, combating sexual violence, and creation of women empowerment programs. At the end of the third session, the dais received two working papers.

By the end of the fourth session, a total of six working papers were received and edited by the dais. Several ideas were underlined by the delegates such as making health clinics more accessible for women in need of pre-natal or post-natal care and the reform of the membership composition and mandate of the Committee for the Elimination of All Forms of Discrimination against Women. Some papers also proposed to build women empowerment programs with the help of local elected officials and to use social media for public education campaigns. Before concluding the sixth session, the dais approved the first draft resolution.

During the last day, a motion was made to suspend the meeting after few speeches were entertained. The meeting suspension was extended to allow more countries to submit the final corrections of their working papers before the deadline. Finally, the dais accepted a total of six draft resolutions. After the draft resolutions were on the floor, several friendly amendments and no unfriendly amendments were further approved by the dais, demonstrating good collaboration and dialogue among the present Member States.

The last committee session was primarily devoted to voting procedures. The Commission on the Status of Women reaffirmed its engagement to make this issue a priority when all six draft resolutions passed to become resolutions, with CSW/1/2 adopted by acclamation and the others adopted after roll call votes on each. The conference ended with the Member States agreeing to meet again in the future in order to discuss the impact of the adopted resolutions.
Highlighting midwifery as a distinct and crucial occupation for women and for the prevention of inadequate treatment and post-natal care of pregnant women, especially in remote areas,

Emphasizing the lack of access to and the inadequate number of properly trained midwives and qualified medical professionals who provide pre- and post-natal maternal health care to women across the globe,

Bearing in mind how essential regional clinics staffed by quality healthcare professionals can help to decrease maternal mortality,

Emphasizing the need to increase overall knowledge and awareness of the issue of maternal health,

Observing that education initiatives focused upon sanitation and water cleanliness in native and indigenous languages are key to the overall health and wellbeing of the mother,

Realizing the difficulties involved with transportation for rural communities and, thus, the need for mobile health clinics,

Recognizing how effective financial and non-financial incentives can be in increasing the number of midwives in each Member State,

Reaffirming WHA42.27, 45.5, and WHA59.27, all of which demonstrate the importance of midwifery,

Observing the frequent discrimination against pregnant women in the workforce that limits the empowerment of women everywhere,

Noting further how effective associations and organizations that unite workers of the same profession are in establishing a voice on their behalf,

Taking into account the fundamental benefit of basic training initiatives and a comprehensive medical curriculum when developing strong and comprehensive healthcare practices,

Recalling the 10 recommendations listing in the “Keeping Promises, Measuring Results” report of the UN Commission on Information and Accountability for Women’s and Children’s Health,

Realizing the need for funding from international financial institutions to assist developing countries in establishing these programs,

Reaffirming the importance of Millennium Development Goal Five which addresses the issue of maternal mortality,
The Commission on the Status of Women,

1) Recognizes midwifery as a distinct and unique profession that provides meaningful and necessary assistance for maternal health;

2) Emphasizes the need to establish financial and non-financial incentives to provide for an increase in the number of midwives throughout the globe;

3) Urges all Member States to implement incentives for local and regional governing bodies that focus on providing sustainable educational programs, which empower and enlist women to work within regional and local midwifery programs to provide for pre- and post-natal care to women:
   a. These programs would be overseen by the United Nations Entity for Gender Equality and the Empowerment of Women while the distribution of funds will be overseen by the World Health Organization;
   b. These educational programs would allow for any and all women to pursue professional midwife training;
   c. The United Nations Fund for Gender Equality, United Nations Entity for Gender Equality and the Empowerment of Women, and the World Bank will commit the necessary funds as determined by the World Health Organization for the development of such educational programs;

4) Encouraging Member States to establish a catalogue of practices and traditions regarding midwife practices and birthing practices unique to their communities to increase medicinal knowledge throughout various regions:
   a. The World Health Organization will be responsible for the maintenance and distribution of the catalogue of practices as well as for any training required to understand and practice the techniques found within the catalogue and will include such findings in their “Midwife Training Module” program;

5) Calls for the implementation of health clinics on a regional level focusing on consultation and pre- and post-natal care to provide for the medical needs of women who do not have ready access to established medical facilities and personnel, in order to:
   a. Create access to basic laboratory services, all necessary medicines, and qualified, volunteer medical professionals;
b. The World Health Organization will be responsible for the maintenance and administration of these clinics and funding will be appropriated from the United Nations Entity for Gender Equality and the Empowerment of Women, and the World Bank;

6) Encourages these facilities to adopt programming and education initiatives that address the issues of hygiene and clean water practices to help ensure the health of pregnant women and the community as a whole that will serve in areas that exist outside the accessibility and geographic location of established medical facilities including rural and nomadic areas in the languages of the areas;

7) Encourages Member States to support the installation of mobile health clinics to meet the adjusting needs of communities throughout their regions to be funded through the combined efforts of the United Nations Entity for Gender Equality and the Empowerment of Women, and the World Bank and to be overseen by the World Health Organization;

8) Declares accordingly that Member States ought to take steps to ensure that those who practice midwifery professionally are viewed as health care providers and an inherent key towards maternal health throughout the globe, which would:

   a. Designate the need to provide safe workplace environments for those who participate in midwifery careers;

   b. Affirm that Member States seeking to ensure that career opportunities, including but not limited to, teaching and practicing, are open to those who participate in midwife training;

9) Declares accordingly that women who are pregnant or who intend to become pregnant must receive adequate protections in the workplace by charging the United Nations Entity for Gender Equality and the Empowerment of Women to establish suitable international equality norms and standards;

10) Encourages the establishment of an association of midwives on the regional level comprised of local associations within Member States that can provide networking, educational practices, and other necessary exchanges of information between midwives throughout Member States:

   a. Encourages Member States to provide both financial and non-financial incentives to encourage individuals and women to pursue healthcare professionals in an
11) Calls for Member States to increase the size of existing midwifery training and education programs throughout Member States by providing post-basic training initiatives to include professional development courses which can provide a more uniform standard of training and enfranchise a new body of midwives that address the issue of maternal health in an effort to decrease maternal mortality by:

   a. Affirming curricula that ensure that those conducting midwife practices are competent and able to provide adequate health care;

   b. Endorsing the dissemination of information between Member States regarding curricula in an effort to incorporate regional and cultural practices with traditional institutional practices;

   c. Encouraging Member States to provide for the increased dispersion of midwives throughout their territories to meet the needs of rural communities;

12) Invites Member States to create efficient technology systems for public health information within developing countries which would be overseen by the World Health Organization in order to:

   a. Promote health care organizations and regional infrastructure with administrative, financial, and management information;

   b. Encourages the body to raise awareness among Member States through incentives such as, but not limited to, facts sheets and posters on healthcare information especially focused on maternal mortality risks;

   c. The total cost of the development of such programs will be funded through the United Nations Entity for Gender Equality and the Empowerment of Women and the World Bank;

13) Supports existing under the supervision of and being distributed funds by organizations such as, but not limited to, United Nations Entity for Gender Equality and the Empowerment of Women and the World Bank;
14) Encourages the distribution of international funding from various institutions to provide accessibility of funds to developing countries to cover all above costs and any incidental costs that may arise as these programs are established and operating;  

15) Expresses our full support to allocate these budgets to expand and improve education and health initiatives throughout the globe.
Emphasizing that real progress toward the reduction of maternal mortality rates (MMR) and the empowerment of women in general cannot be achieved without the full inclusion of women in all spheres of society, including leadership roles in development projects and human rights campaigns,

Aware of the necessity of leadership development programs for women and young girls in enabling them to serve in leadership positions and be advocates for change in the realms of maternal mortality, HIV/AIDS, and rape prevention,

Affirming the need for collaboration and cooperation amongst women and girls who serve as local leaders in the development of ideas and strategies for addressing issues of women’s rights, maternal health, HIV/AIDS, rape prevention, and the further promotion of women’s empowerment,

Recognizing the importance of the role that international cooperation plays in the creation of effective strategies for the empowerment of women in development,

Realizing the significant and positive role that local women’s voices and perspectives can play in promoting awareness of, and serving as, educators about issues relating to maternal health,

Observing the connection between rape and the increasing feminization of HIV/AIDS, and that HIV/AIDS has a disproportionate impact on women and contributes significantly to MMR, especially in underdeveloped countries,

Fully believing that the involvement of women on a community level in HIV/AIDS awareness and education is crucial in addressing the HIV/AIDS crisis, while keeping in mind the need for full community involvement in supporting women who are rape victims, and women who have contracted HIV/AIDS as a result of rape,

Welcoming the incorporation of men in anti-rape education and expanded cooperation between men and women in addressing rape, sexual violence, and sexual health,

Noting with alarm the role that paramilitary and rebel groups play in using rape as a weapon of war, classified as a crime against humanity, and perpetuating and the further oppression of women,

The Commission on the Status of Women,

1) Supports the establishment of National Women’s Empowerment Programs (NWEPs) within Member States, functioning as a collaboration between national-level and local-level government and NGOs, in which local communities would designate or elect women leaders to participate in one of several initiatives devoted to an area
related to women’s maternal health and empowerment, such as anti-rape advocacy, HIV/AIDS education and sexual health awareness, and leadership development:

a) The advocacy campaigns, curricula, and courses of action for NWEP projects would be developed and determined by a national-level committee and taught on a local level by the designated or elected women leaders;

2) **Invites** Member States to develop mentorship and leadership programs in which communities would delegate or elect local women who can educate and provide young girls with the resources, support, confidence and motivation to become community leaders, thus, supporting the increased presence of women in local, national, and international leadership positions;

3) **Recommends** the creation of NWEP programs in which local communities would meet annually to nominate a number of girls based on population and women leaders from their community proportionate to the population of the community to attend a yearly summit in their respective country’s capital where they can discuss the current issues they face and share advocacy strategies and move toward a unified national plan for women’s empowerment:

   a) Funding for these initiatives would come from the UN Women Fund for Gender Equality and Italy and be distributed to the NWEPs within the Member States receiving the funding, who would then allocate these funds to local communities that have been deemed to be in need;

4) **Encourages** NWEPs to develop women’s maternal health programs in which communities would designate or elect local women as leaders who can educate other women and their partners about maintaining healthy relationships, pregnancy, nutrition, and family planning:

   a) Funding for these initiatives would come from the United Nations Population Fund (UNFPA)’s Maternal Health Thematic Fund and Germany which would be distributed to the Member States receiving the funding who would then allocate these funds to local communities that the State deems to be in need;

5) **Suggests** that NWEPs establish HIV/AIDS education and sexual health awareness campaigns, operating on a community-by-community basis, in which communities would designate or elect women leaders who can educate women in their community and their partners about safe sex practices, prevention of the transmission of HIV/AIDS, hold workshops for adults, presentations for children in schools, special programming for women who have contracted HIV as a result of rape, and provide well-being and social support for community members who are HIV positive and those who have contracted HIV as a result of rape:

   a) Funding for these initiatives would be provided by the United Nations Development Program (UNDP), the Joint United Nations Program on HIV and AIDS (UNAIDS) in conjunction with The Global Fund, and the United States of America, and be distributed to the NWEPs within the states
receiving the funding, who would then allocate these funds to local communities that have been deemed to be in need;

6) **Recommends** that NWEPs create anti-rape advocacy campaigns in which local communities would designate or elect women as leaders who would work within their communities towards rape prevention and response plans, specifically focusing on rape as a weapon of war and as a violation of basic human rights:

   a) Funding for these initiatives would be provided by NGOs such as the International Rescue Committee, Stop Rape Now, and Peace Women and be distributed to the NWEPs within the states receiving the funding, who would then allocate these funds to local communities that have been deemed to be in need;

7) **Welcomes** the use of NWEPs in providing education for male leaders within local communities so they can mentor young boys about the immorality and negative effects of rape in their community, as well as raising awareness of the health consequences:

   a) Funding for these initiatives would be provided by NGOs such as the International Rescue Committee, Stop Rape Now, and Peace Women and be distributed to the NWEPs within the states receiving the funding, who would then allocate these funds to local communities that have been deemed to be in need;

8) **Encourages** Member States, the International Community, and the International Criminal Court to take a more active stance in the arrest and punishment of leaders of militias who are responsible for the use of rape as a weapon of war, and to prosecute leaders guilty of rape as swiftly as possible;

9) **Welcomes** international cooperatives dedicated to enabling and encouraging adolescent girls in developing countries to enroll in study abroad programs in developed countries which will teach them about effective strategies for leadership, reproductive rights, maternal health, anti-rape advocacy, and HIV/AIDS prevention so they can take these strategies and apply them to their local communities.
Recognizing the approaching 2015 deadline for the Millennium Development Goals (MDGs),
especially noting Goals 3 and 5 concerning women’s empowerment, and maternal mortality,

Reaffirming the Beijing Declaration and Platform for Action (BPFA) and its role as a basis for
women’s rights and the empowerment of women, specifically Strategic Operative C. Women and
Health, and the Convention on the Elimination of All Forms of Discrimination against Women
(CEDAW) and its stress on gender-specific health policy,

Deeply disturbed by the fact that nearly 800 women die from preventable causes related to
pregnancy and childbirth a day according to the World Health Organization (WHO),

Reaffirming the continued commitment to implementing A/RES/56/3 and its call to strengthen
comprehensive health services in all Member States,

Noting with satisfaction the support provided by Maternal Health Thematic Fund of the United
Nations Population Fund (UNFPA) in the past, especially that of working with governments to
ensure maternal health as a central pillar within New Health Sector Development plan,

Strongly affirms the importance of universal access to skilled care during labor and delivery,

Determined to carry out the objectives of the International Conference on Population and
Development Programme of Action and its mission to expand maternal health services,

Acknowledging the success of the Investing in Midwives and others with Midwifery Skills
program implemented by the UNFPA and that professionally trained midwives play an essential
role in achieving the Millennium Development Goals,

The Commission on the Status of Women,

1) Calls for all Member States to commit themselves to working towards achieving
Millennium Development Goal 5.A and 5.B worldwide, and to use whatever existing
resources to continue their work towards these goals;

2) Encourages the implementation of effective national health care systems as a
preventative measure to maintain general health and promote regular doctor visits
including mammograms, gynecology check-ups and annual physicals for women and
girls with international organizations such as Medecins Sans Frontiere;

3) Recommends the implementation of national policies that create a favorable
framework in order to make affordable health services more accessible for all and
especially for those threatened by maternal mortality;

4) Promotes increasing the number of female representatives in national healthcare
commissions and governmental health departments in order to ensure that women’s healthcare concerns are emphasized and perpetuated in line with a female perspective, along with increasing the presence of women as health workers in order to empower women on a medical and economic basis and to enhance the awareness of the of the matter;

5) **Recommends** that Member States, with the aid and oversight of the United Nations Educational, Scientific and Cultural Organizations Advisory group on sexual education, include within their health systems an emphasis on education through comprehensive, gender specific public health seminars and informative literature pertaining to the use of contraceptives, safe sex practices, hygiene, nutrition, and safe motherhood programs, as well as the training of local women as health educators so that they may incorporate site-specific information and methods;

6) **Requests** that national governments and international actors provide incentives for local governments that fund well-planned and implemented programs addressing equality measures in health policy

7) **Calls upon** the UNFPA to pursue and extend their programs for the training of midwives as a way to provide safer conditions for women delivering and as a way to empower women in the working sector;

8) **Asks** that Member States accommodate cultural standards by hosting community forums on local and national levels that allow community and cultural leaders along with citizens to voice their opinions and concerns in connection to these new institutions and infrastructure;

9) **Endorses** increasing the availability of contraceptives to all cities and local provinces in line with previous United Nations resolutions, through the aid of private and public distribution centers along with the documentation of the recipient’s demographic information purely anonymous and solely used for informative data purposes, this should be coupled with extensive social promotion of these facilities and their accommodations to inform women of their existence;

10) **Calls** nations to work with the EuroNGOs in order adhere to the recommendations made in this documents, specifically concerning sexual and reproductive health and rights (SRHR) in an attempt to raise both the national and international standard for gender equality.
Alarmed that, according to the World Health Organization (WHO), 800 women die every
day due to preventable maternal mortality and 99% of these deaths occur in developing
nations,

Noting with regret that 2.5 million adolescent girls unsafely attempt to terminate
unwanted pregnancies,

Noting that those regions where the prevalence of HIV/AIDS is amongst the highest in
the world, also have some of the highest rates of maternal mortality exists as some of the
highest in the world,

Alarmed by the fact that 18% of maternal mortality deaths are caused by failings in a
woman's immune system due to HIV/AIDS, especially in sub-Saharan Africa and South
Asia according to the Health and Human Rights Journal,

Guided by Millennium Development Goal 5 (MDG 5), the Global Strategy for Women's
and Children's Health, the Convention on the Elimination of all forms of Discrimination
Against Women (CEDAW), A/HRC/RES/11/8, and all other relevant documents focusing
on female healthcare and the status of women,

Emphasizing that the prevalence of HIV/AIDS has undermined rural communities'
abilities to adequately, timely and effectively address female health concerns such as
maternal mortality,

Understanding that prior efforts to mitigate maternal mortality have focused on providing
obstetric care rather than preventing unplanned and high-risk pregnancies,

Observing that many efforts to decrease the number of HIV/AIDS infections have
resulted in efforts to educate the public about sexual and reproductive health,

Realizing that augmented access to education regarding rights about sexual and
reproductive health would greatly empower women, lower the maternal mortality ratio
(MMR), and eliminate high-risk pregnancy,

Recognizing that many sociocultural norms and traditions prevent topics regarding sexual
education from being openly discussed in educational facilities, amongst families, and in
governmental legislation,

Having considered further that a woman's HIV/AIDS status and/or unplanned
pregnancies can result in her subsequent ostracization,
Bearing in mind that media campaigns, grassroots movements and bottom-up approaches have been extremely successful in furthering human rights campaigns globally, Affirming that the global MMR is alarmingly high especially due to the preventable nature of these deaths, Desiring that all Member States act upon their promise of empowering women by providing them with access to basic necessities and fundamental human rights such as healthcare especially to mitigate maternal mortality,

The Commission on the Status of Women,

1. Recognizes the sovereignty of each individual Member States and acknowledges the different sociocultural identities and norms as the main foundations of Member States and its role in solving maternal mortality and morbidity;

2. Realizes that in areas where the rate of HIV/AIDS is high, the MMR is also quite prevalent;

3. Notes that areas in which HIV/AIDS rates are high, voluntary counseling and testing centers (VCTs) have been shown to make progress within those regions especially regarding HIV/AIDS testing, sexual and reproductive counseling, family planning and providing health education specifically targeting adolescents;

4. Stresses that these VCTs are anonymous centers that will maintain the confidentiality and integrity of those who seek their services;

5. Recommends the integration of maternal mortality awareness within these already created centers by:
   a. Employing health care professionals as counselors and practitioners in order to maintain adequate and nondiscriminatory health care especially targeted at women;
   b. Encouraging counselors to educate local peoples about reproductive and sexual health;
   c. Integrating a national educational curricula while cognizant of cultural traditions;
   d. Providing access to contraceptives and family planning services if the status of such practices are legal within the Member States' legislation;
   e. Teaching about sexual and reproductive health by implementing flyers and posters in all local languages regarding sexual and reproductive health, pregnancy and HIV/AIDS within the center;

6. Appreciates the significance and merits of media and its impact on a populous especially regarding advocacy of human rights' campaigns;

7. Encourages the promotion of a campaign through the use of media and
communication technology such as:

a. The Internet and social media by informing the community about VCTs;
b. Radio and telecommunications;
c. Banners, posters, flyers and other materials;
d. Trained healthcare professionals willing to engage in a grassroots informational exchange with the local community;

8. *Suggests* that Member States utilize social media upon its discretion, especially regarding particular topics to be discussed;

9. *Suggests further* that Member States offer, according to their discretion, approximately 0.05% of their GDP as subsidies to VCT centers that are willing to incorporate the maternal mortality program and where applicable contraceptives and family planning services within their HIV/AIDS curriculum;

10. *Requests* Member States to work in conjunction with non-governmental organizations (NGOs) and other UN-sanctioned bodies to create VCTs in areas where they are not prevalent;

11. *Asks* UN Women, the WHO, and other willing organizations to increase funding towards this effort, especially in Member States beginning to develop VCTs;

12. *Welcomes* all Member States to augment funding towards Member States willing to integrate these educational programs within the VCTs;

13. Urges all Member States to submit bi-annual reports to the Commission on the Status of Women and the WHO regarding the:
   a. Current MMR in their nation;
   b. Curriculum being used in the VCTs' educational materials;
   c. Number of people attending the educational programs in the VCTs;
   d. Appropriation of funds being utilized to further these programs;

14. *Reminds* all Member States of the importance of eliminating and mitigating preventable maternal mortality especially in developing Member States as a means of empowering all women.
Acknowledging the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW), and its efforts to reduce gender inequality,

Noting that the Committee for the Elimination of All Forms of Discrimination against Women stemmed from CEDAW and that its composition and structure must be revised,

Bearing in mind that CEDAW has made great efforts to resolve women’s issues around the globe and that their contribution has been successful in fostering the empowerment of women,

Noting with deep concern that most Member States are signatories of CEDAW but only a selected group of 23 Member States form the Committee for the Elimination of All Forms of Discrimination against Women,

Regretting that due to the selective composition of the Committee for the Elimination of All Forms of Discrimination against Women, it fails to take into account the cultural differences that prevail in many regions around the world based on traditional and religious beliefs,

Deploring that the exclusion of Member States with diverse perspectives on the role of women will lead to a problematic approach to those issues affecting women such as Maternal Mortality Rates (MMR),

Bearing in mind that the Committee for the Elimination of All Forms of Discrimination against Women could fully contribute to the reduction of MMR from a global perspective if the participation and opinion of all Member States were included within the convention,

Respecting the Eastern and Western perspectives regarding the role of women including the participation of men, as men are the minority within the committee,

Noting with approval A/RES/66/167, that focuses on the right to self-determination for all Member States,

Understanding that a platform for discussion is necessary regarding cultural and religious sensitivity,

Desiring the inclusion of all Member States in the participation of the Committee on the Elimination of Discrimination against Women leads to the reduction of gender inequalities through the consensus of participating parties,

Reminding that the Committee on the Elimination of Discrimination against Women has established goals that could further promote the achievement of the Millennium Development Goals (MDGs), specifically MDG Three, Promote Gender Equality and Empower Women, and Five, Improve Maternal Health,
The Commission on the Status of Women:

1) **Proclaims** that the exclusion of Member States who are signatories on CEDAW but have been excluded from the Committee for the Elimination of Discrimination against Women has led to a disruption of the fulfillment of CEDAW’s goals regarding the empowerment of women;

2) **Calls upon** all Member States to establish a weeklong convention that addresses the current composition of the Committee on the Elimination of Discrimination Against Women in order to understand all issues regarding the development of women including MMR from a global perspective;

3) **Requests** that during this convention Member States discuss ways to diversify:
   
   a. Committee composition;  
   b. Committee Member State election processes;  
   c. Membership of the Committee on the Elimination of Discrimination against Women;

4) **Recommends** that this convention take place at least six months prior to the next meeting of the Committee on the Elimination of Discrimination against Women on July 14th, 2014, and no later than November 30th, 2013;

5) **Encourages** Member States to support diverse perspectives regarding the role of women in society to address the growing concern regarding the political, economic, and cultural empowerment of women by:
   
   a) Introducing gender quotas within the Committee on the Elimination of Discrimination against Women;  
   b) Avoiding the consolidation of power relations within institutions and political systems working within the Committee on the Elimination of Discrimination against Women in order to make them more responsive;

6) **Invites** all Member States to attend this convention in order to achieve full participation on the discussion meetings of this convention;
7) *Reaffirms* the need to reach a consensus to improve current MMR through attempting to reform areas affecting women based on the stance of their State regarding traditional customs and religious beliefs;

8) *Further requests* that all participatory Member States be attentive towards the relationship of women within all levels of society including culture and religion within the private sphere, households, and family;

9) *Further encourages* understanding of cultural and religious factors developed among Member States that would allow for cooperation with women’s organizations regarding issues related to gender equality;

10) *Urges* the correction of the imbalances in terms of State participation and the unequal recognition of a State’s belief in the role of women in society within the Committee on the Elimination of Discrimination against Women;

11) *Approves* the implementation of gender balances from cultural, political, social, and religious standpoints imposed by the current members of the Committee on the Elimination of Discrimination against Women;

12) *Supports* the inclusion of all Member States that are currently unrecognized in their divergence on political, social and religious opinion.
Recognizing the essential role of Non-Governmental Organizations (NGOs) in each Member State to provide educational opportunities for all people,

Noting with deep concern the lack of accessible health facilities that provide affordable services,

Keeping in mind the measures outlined in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its commitment to the empowerment of women,

Reaffirming the results of the United Nations Fourth World Conference in 1995, the Beijing Platform for Action (BPFA) which promotes education and training for all stakeholders such as parents, decision makers, opinion leaders at all levels of the communities including religious and traditional authorities to unite for the achievement of maternal health and the empowerment of women,

Noting with deep concern the inadequacies in the current programs dealing with maternal mortality,

Noting with approval the success in Rwanda and Eritrea regarding the incorporation of women in the representative process,

Fully believing in the use of communicative methods and all forms of media to educate citizens,

Further acknowledging the guidelines set forth in the International Conference of Population and Development’s Program of Action,

Fully aware of the impact that primary and secondary educational facilities can have on communities,

Emphasizing the importance of international cooperation in the achievement of all Millennium Development Goals (MDGs), specifically Goals 3 and 5 concerning the empowerment of women and the eradication of preventable maternal mortality,

Emphasizing the importance of access to clean water for pregnant women in all regions,

Keeping in mind the necessity of specificity regarding unique problems of Member States from an international perspective,

Seeking international healthcare experts to collaborate about medical techniques and research,

Fully believing that information sharing between Member States’ healthcare professionals are essential,

Taking into consideration the benefits of partnerships between Member States through the use of
Non-Profit Organizations, including increased employment for citizens of participating member states, organized allocation of funds through a non-biased entity, and the merits of increased diplomacy in a non-political domain,

Strongly affirms the improvement that Sexual and Reproductive Rights (SRHR) could have on the lives of women worldwide,

Bearing in mind the indisputable importance of national NGOs when looking to confront issues both domestically and regionally,

Noting with alarm the 1,500,000 estimated number of pregnant women worldwide living with HIV/AIDS who need antiretroviral medicine to prevent mother-to-child transmission of HIV,

Stressing that all actions taken in order to reduce maternal mortality rates (MMR) must be done at the most appropriate discretion and capability of every single Member State,

Recognizing that sovereignty is fundamental for each Member State,

Understanding the positive influences of social media campaigns, such as The Girl Effect,

Recognizing that women in certain areas are deprived of access to contraceptives due to social, economic, or cultural barriers,

Valuing the UN Women’s Fund for Gender Equality,

The Commission on the Status of Women,

1) Expresses its belief that education and multilateral cooperation between Member States, NGOs, and United Nations bodies are the main keys to improving maternal health and empowering women by providing vocational and international training programs;

2) Calls upon all willing and able Member States to support health readiness in facilities that provide women with basic health services provided by partnerships with NGO’s such as Doctor’s Without Borders and funded in partnership with the World Health Organization and the UN Women’s Fund for Gender Equality, such as:

   a) Accessible and affordable doctor visitations;
   b) Free prenatal care;
   c) Monthly nutritional pregnancy guides;
   d) Parenthood readiness counseling overseen by the World Health Organization;

3) Expresses its hope for women of all nations, regardless of religious and cultural norms, to realize the right to a safe form of birth control, the right to the proper reproductive education,
and the right to quality reproductive healthcare which is has been established as a Universal Human Right;

4) Encourages Member States to provide education about contraceptives and pregnancy in health clinics, schools, and communities, funded by the Maternal Health Thematic Fund and overseen by World Health Organization specifically about:

   a) Birth control methods;
   b) Condoms;
   c) Awareness of sexually transmitted infections (STIs);
   d) Nutrition and care for pregnant women;
   e) Delivery in pregnancy;

5) Further encourages UN bodies such as the World Health Organization (WHO) and NGOs such as the Red Cross along with UN-sponsored public-private partnerships improve access to emergency obstetric care that focus on village and rural areas in need, especially through education programs that compensate for the inadequacies in existing programs regarding the special needs of women and girls, such as:

   a) Sexual education;
   b) Education on reproductive rights;
   c) Methods of birth control;

6) Endorses the call for an increase in the number of female representatives in governmental health departments and the overall health industry worldwide for the purposes of making sure that the needs of women are acknowledged;

7) Emphasizes the usage of social media campaigns to educate men and women on the various methods of preventing maternal mortality by:

   a) Endorsing the use of technologies and social media campaigns in order to publicize and educate citizens on maternal mortality, like the Campaign on the Acceleration of Reduction of Maternal Mortality in Africa (CARMMA);

8) Calls for all Member States to abide and formulate national legislation regarding women’s sexual rights in accordance to chapter 7 and 8 of the International Conference of Population and Development’s Program of Action;

9) Calls upon developed Member States and developing Member States to incorporate collaborative partnerships that includes information for sharing and funding;
10) **Expresses** its hope for the creation of collaborations between experts on international healthcare representing diverse perspectives from across the globe and participating Member States to gather in Amsterdam, Netherlands every two years to discuss developing research, practices, and trends related to maternal mortality in order to continue international conversations and cohesion when looking to set global standards for confronting the issue;  

11) **Endorses** programs through existing relevant NGOs and United Nations entities, such as the World Health Organization (WHO) that would focus primarily on information sharing, including the creation of a database accessible to every Member State in which healthcare professionals may access information regarding the prevention of maternal mortality;  

12) **Encourages** Member States to implement partnerships in which funding could be allocated through NGOs in exchange for organized support and monitored progress of treatment of clients, training materials, education, and guidelines provided to health workers by participating Member States with their explicit consent;  

13) **Further recommends** the implementation of programs and initiatives that aid pregnant women in the access to and sanitation of water, including, but not limited to:  
   
a) Improvement in water pipes and infrastructure;  
b) Creation of dams and reservoirs;  
c) Rainwater conservation;  
d) Instruction for women on time-effective and safe techniques in obtaining water in arid areas;  

14) **Emphasizes** the importance of the development of Sexual and Reproductive Health and Rights (SRHR) and, therefore, encourages all Member States to work with the International Planned Parenthood Federation (IPPF);  

15) **Calls for** increased multilateral collaborations between national NGOs to coordinate their projects and programs in order to strengthen relations between all willing and able Member States and improve communications on the issue of maternal mortality;  

16) **Urges** the WHO, along with other relevant organizations, to work with governments to practice the use of modern medicines such as Highly Active Anti-Retroviral Therapy (HAART) to aid in the suppression of the HIV/AIDS, and essentially preserving families that have been infected especially in areas of the world with a high prevalence of the disease;  

17) **Recommends** the establishment of “Contraception Anonymous”, which will be a website created for citizens in Member States where religious and cultural norms serve as a barrier for individuals seeking contraception without judgment with the following attributes:
a) This will be established as a subsidiary of the UN Women website as an anonymous chat-line and a telephone hotline, with various specialists which will consist of individuals with significant experience in the healthcare industry;

b) This will be funded by the Fund for Gender Equality as well as partnered with the IPPF;

c) Assistance, contraception, or information on reproductive health will be exported disguised as magazines, makeup, clothing, etc. which would be up to the discretion of the user;

d) It will also be up to the discretion of the user in all willing and able Member State from whether or not it will be dropped off at a post office or the above-mentioned health clinics;

e) Additional guidelines for anonymity will be determined by the willing and able Member State in which various methods of contraception are already legal;

18) Designates 40% of the Fund for Gender Equality to be allocated to the programs, platforms, and campaigns outlined in this document.