

National Model United Nations • New York

Conference B (13 - 17 April 2014)



Documentation of the Work of the
United Nations Population Fund (UNFPA)

United Nations Population Fund (UNFPA)

Committee Staff

<i>Director</i>	Sarah Walter
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Agenda

- I. Health Priorities Post-2015 Opportunities and Challenges for Improving Maternal Health
- II. Impact of Urbanization on the Implementation of the ICPD Programme of Action
- III. Strengthening the International Response to New Trends in Migration

Resolutions adopted by the Committee

Document Code	Topic	Vote
UNFPA/RES/1/1	Health Priorities Post-2015 Opportunities and Challenges for Improving Maternal Health	Acclamation
UNFPA/RES/1/2	Health Priorities Post-2015 Opportunities and Challenges for Improving Maternal Health	Acclamation
UNFPA/RES/1/3	Health Priorities Post-2015 Opportunities and Challenges for Improving Maternal Health	Acclamation
UNFPA/RES/1/4	Health Priorities Post-2015 Opportunities and Challenges for Improving Maternal Health	Acclamation
UNFPA/RES/2/1	Impact of Urbanization on the Implementation of the ICPD Programme of Action	21/2/2/4
UNFPA/RES/2/2	Impact of Urbanization on the Implementation of the ICPD Programme of Action	Acclamation

Summary Report

The Executive Board of the United Nations Population Fund (UNFPA) held its annual session to consider the following agenda items:

- I. Health Priorities Post-2015 Opportunities and Challenges for Improving Maternal Health;
- II. Impact of Urbanization on the Implementation of the ICPD Programme of Action;
- III. Strengthening the International Response to New Trends in Migration.

The session was attended by 29 delegations. The body adopted its provisional agenda in the order of 1, 2, 3, beginning with consideration of Health Priorities Post-2015 Opportunities and Challenges for Improving Maternal Health.

The fact that the agenda was set after only 30 minutes demonstrates the consensus and unity within the body. The delegations addressed the topic by focusing on the sub-topic of multilateral cooperation, educational programs, and financial aid.

On Monday, fiery rhetoric was used to remind the delegates that their sisters, wives, and mothers are being affected by the issue of maternal mortality. Investigation into the specific causes of maternal mortality in individual states was requested, to account for cultural, religious, demographic, and political differences. Universal coverage of UNFPA policy was advocated by some working groups while others called for a case-by-case approach, citing not only national sovereignty but also pointing out the unique cultural, religious, and demographic situations of Member States. An establishment of a database cataloguing maternal mortality was also widely suggested. The general unanimity of the body on the solutions, spearheaded the completion efforts on several of the drafts. Varying educational programs were introduced targeting the younger generations. Afterschool programs providing sexual education for future mothers, seminars and motivational speakers promoting female empowerment, and volunteer-driven health information initiatives were among the most popular and utilized by the members. Four working papers were submitted by the end of the session.

On Tuesday, an additional working paper was introduced. During the afternoon session, a merger was agreed upon between two working groups. The working papers also shared similar ideas pertaining to a program which advocates the exchange of medical personnel and volunteers between Member States. The first draft resolution DR 1/1, was also accepted by the dais late Tuesday evening dealing with the promotion of national approaches to maternal health.

On Wednesday, three more draft resolutions were introduced to the committee, one of which was the merger that was began on Tuesday. The finished work, DR 1/4, introduced the Maternal Health Aid Collaboration Initiative (MHACI) to foster the communication between Member States in searching for effective and sustainable strategies. The evening session went into voting procedure directly, and all four draft resolutions were adopted by acclamation.

Upon concluding voting procedure the body proceeded to discuss the second agenda topic. Two working papers were accepted as draft resolutions. The papers dealt with the increase of urbanization and the empowerment of people by education. Both draft resolutions passed, one of them by acclamation during the last hour of committee.



Code: UNFPA/RES/1/1

Committee: United Nations Population Fund

Topic: Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health

1 *The United Nations Population Fund,*

2
3 *Acknowledging* the necessity to work within the cultural context and sovereignty of individual states and
4 communities, as expressed by Article 2.1 of the United Nations Charter,

5
6 *Guided by* Article 55 of the UN Charter, which calls for solutions promoting the merge of culture and education,

7
8 *Recognizing* the link between health, sexual, and maternal education and maternal health, as expressed by the
9 Human Rights Committee Resolution 15/L.27 of 27 September 2010,

10 *Aware of* the shortages in reaching Millennium Development Goal 5 and resolving maternal health issues,

11
12 *Seeking* to address the lack of health, sexual, and maternal education in less developed countries,

13
14 *Viewing with appreciation* the sentiments of the Commission on Population and Development Resolution 2010/1 of
15 30 June 2005 on the importance of the assurance of equal opportunities in terms of health education for both men
16 and women,

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18
19 *Realizing* the need for incentives to encourage the attendance of education programmes,

20
21 *Keeping in mind* that everyday routines vary between cultures,

22
23 *Understanding* the uniqueness of each Member State's financial challenges,

24
25 1. *Encourages* Member States, particularly less developed countries, to create the community-based programme
26 HealthyMe!, for young adults ages thirteen to twenty, with the intent of:

- 27
28 a. Providing health, sexual, and maternal education to young adults;
- 29
30 b. Confirming the ability of individual states to tailor the programme to their cultural context;
- 31
32 c. Establishing a communal space to:
- 33
34 i. Provide a community-based holistic approach to the development of young adults;
- 35
36 ii. Serve as a safe forum for young adults to discuss health issues;
- 37
38 iii. Offer a place of discussion for domestic violence issues;
- 39
40 iv. Include recreational time to facilitate friendships among young adults;
- 41
42 d. Inviting Member States to include medical professionals and volunteers, including pre-medical students,
43 from communities to assist with the programme;
- 44
45 e. Endorsing an incentivized approach for encouraging young adults to participate in the programme,
46 specifically a point-reward system, in which:
- 47
48 i. Points are gained individually by active attendance;
- 49
50 ii. Rewards, such as school supplies, small clothing items, and personal hygiene kits are provided by
51 outside donations from non-governmental organizations (NGOs) to the state headquarters of each
52 programme;
- 53
54 f. Affirming flexibility within the programme, by setting the minimum number of programme hours to five
55 hours per week with:
- 56
57 i. Four hours per week exclusively for young adults;

- 54 ii. One hour per week allowing the participation of parents;
- 55
- 56 g. Encouraging Member States to submit annual reports to United Nations Population Fund;
- 57
- 58 h. Establishing a yearly summit to discuss the progress of individual Member States' programmes;
- 59
- 60 i. Welcoming additional funding for this programme through other Member States, UN agencies, and NGOs.

Code: UNFPA/RES/1/2

Committee: United Nations Population Fund

Topic: Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health

1 *The United Nations Population Fund,*

2
3 *Recognizing* the Human Rights Council resolution 11/8 of June 17, 2004 that calls attention to the need to improve
4 maternal health through preventable means,

5
6 *Guided* by the Maputo Plan of Action that recognizes that African States are unlikely to meet the Millennium
7 Development Goals (MDGs) without serious intervention,

8
9 *Deeply regretting* that maternal deaths are concentrated in sub-Saharan Africa and other developing African States,
10 which account for nine out of every ten maternal deaths and the fact that 80% of these deaths are caused by
11 hemorrhages, infection, and hypertensive complications,

12
13 *Understanding* that Member States within the same region are dealing with similar issues and can benefit from a
14 collaboration of knowledge on successful programmes,

15
16 *Realizing* the current infrastructure in developing States and their success in assisting with providing health services
17 to remote locations,

18
19 *Recognizing* the financial and institutional challenges that developing countries are facing when trying to address
20 healthcare,

21
22 1. *Expresses* its hopes for further actions by the international community to establish universal accesses to sexual
23 and reproductive healthcare in order to sufficiently decrease maternal mortality on a global scale beyond 2015;

24
25 2. *Notes with interest* that the provided healthcare needs to remain culturally sensitive to be successfully
26 implemented by respecting state sovereignty and by allowing Member States to tailor health care services to
27 what is deemed culturally appropriate;

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29 3. *Recommends* an annual conference of African States:

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31 a. Being called the African Forum on Maternal Health and Mortality (AFMHM);

32
33 b. Inviting all African States to accept a participatory member status and additionally each African
34 Member State to provide a representative to sit on the board of the AFMHM for a period of five
35 years;

36
37 c. Recommending each Member State to have oversight and recommendation on the material
38 provided concerning maternal health;

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40 d. Inviting representatives from other Member States and NGOs to have observer status and to
41 participate and speak at the AFMHM;

42
43 e. Being held in Rabat, Morocco in early 2015;

44
45 f. Meeting every five years in a changing location – beginning in Luanda, Angola in 2020 and
46 Monrovia, Liberia in 2025 – to address the evolving needs of Member States;

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48 g. Voting upon subsequent meeting locations and agenda topics through nomination during the
49 preceding AFMHM;

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51 h. Discussing the maternal health problems that are unique to Africa, along with ways to combat
52 these problems;

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- i. Bringing together African health care professionals, policy makers, NGOs, and researchers in the field of maternal health and mortality to:
 - i. Recommend culturally sensitive solutions;
 - ii. Discuss regional cooperation on both a governmental and grassroots level;
 - iii. Share data about existing programmes;
 - iv. Tackle the issues of maternal health unique to the African regions;
 - j. Calling all Member States to collaborate on writing a report concerning the information shared at the forum six months after;
4. *Encourages* Member States to provide further health care education, based on the information gathered at the AFMHM, for birth attendants or midwives;
 5. *Decides* to publish a report based on the information discussed during the AFMHM, making it accessible to the public one year after the forum is held.

Code: UNFPA/RES/1/3

Committee: United Nations Population Fund

Subject: Health Priorities Post 2015 Improving Maternal Health

1 *The United Nations Population Fund,*

2
3 *Acknowledging* the sovereignty of Member States as expressed by Article 2.1 of the United Nations Charter,

4
5 *Recalling* General Assembly resolutions 50/124 of 20 December 1995, 51/176 of 16 December 1996 and 53/183 of
6 15 December 1998, on the implementation of the Programme of Action of the International Conference on
7 Population and Development, adopted in Cairo in September 1994,

8
9 *Referring* to the collaborative, innovative, and effective Skilled Care Initiative of the Family Care International
10 organization,

11
12 *Recognizing* that, considerable progress could be reached towards achieving the goals and objectives of the
13 Programme of Action (PoA) and the Millennium Development Goals (MDGs),

14
15 *Highly concerned* with the health priorities post-2015 and the improvements needed in the maternal health care
16 sector,

17
18 *Bearing in mind* the lack of resources, including funding, guidance, and effective initiatives to approach the needs of
19 the developing nations with regards to reproductive health,

20
21 *Fully aware* of the individualized nature of maternal health problems and the necessity for programmes that can be
22 tailored to each Member State,

- 23
24 1. *Encourages* all Member States of the United Nations to implement customizable community management
25 programmes using the Swiss Agency of Development and Co-operation (SDC) as a guideline by:
- 26
27 a. Providing community involvement in the form of self-managed local committees that deal with
28 the effectiveness of their health facilities such as clinics, resources, and medicinal needs for
29 maternal health;
 - 30
31 b. Rendering funds through Member States of United Nations Population Fund (UNFPA) and private
32 sectors of Member States that are willing to give aid;
 - 33
34 c. Requesting NGOs to help seek out volunteers to serve as primary ambassadors who will lay a
35 foundation for self-sufficient programmes;
 - 36
37 d. Regulating the criteria for both Member and Non-Member States that qualify for assistance based
38 upon whether the State has a 60% or lower completion rate of MDG 5 with relation to their
39 individual populations;
- 40
41 2. *Further recommends* that the efforts to improve health budgets in a sector-wide approach currently employed
42 by the Swiss Agency for Development Co-operation be considered as a potential solution for those who would
43 like additional help by providing technical assistance to manage their health care budgets and allocate funds in
44 an effective manner;
- 45
46 3. *Endorses* the Kingdom of Morocco's Maternal Death Surveillance System (MDSS) and the United States'
47 Centers for Disease Control and Prevention (CDC) Surveillance Systems as structural frameworks for a
48 National Maternal Death Surveillance and Response System (NMDSRS) that:
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50 a. Shall be implemented by the individual Member States under the guidance of the UNFPA, to
51 ensure that the current infrastructure and resources are utilized in the most effective way possible;
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- b. Will aid doctors, midwives, and all other health care providers in investigating and reporting the causes of deaths and medical complications during pregnancy, delivery, and the postpartum period to the NMDSRS in order to identify the individual needs of communities;
 - c. Uses an internet-based reporting system developed by experts within the UNFPA who will:
 - i. Analyze the data and publicize the findings in order to provide a platform through which Member States can exchange ideas and knowledge to advance programmes within their respective countries;
 - ii. Evaluate the success of current programmes by measuring the maternal mortality death rates and the ability of the programmes to address the needs of the community and improve maternal health to ensure Member States and NGOs have the necessary information to make informed decisions on the allocation of funding and volunteers;
4. *Suggests* that if doctors, midwives, and other health care providers do not have the infrastructure to use the internet-based reporting system proposed by the NMDSRS, further actions be taken to accommodate their situations through:
- a. Having regional UNFPA representatives available to collect frequently submitted reports from health care officials in order to incorporate the data into the online database;
 - b. Inviting the closest regional medical centers to appoint selected members from within their staff as surveyors who can regularly reach the isolated communities and villages with the purpose of collecting information on the causes of deaths and medical complications during pregnancy, delivery, and the postpartum period in order to identify the individual needs of these specific communities;
5. *Urges* a Skilled Care Initiative that focuses on meeting the needs of the developing world by:
- a. Expanding this initiative to minority groups, slum communities, isolated villages, and smaller and less progressive cities and towns;
 - b. Utilizing the UNFPA major sponsors' cooperation, NGOs, and the private sector to:
 - i. Upgrade the infrastructure of health facilities, like hospitals, clinics and doctor's offices;
 - ii. Address equipment gaps, such as fetal monitoring supplies, vaginal speculum, cryosurgery products, diagnostic tests, exam room supplies, needles & syringes, and ultrasound sonograms;
 - iii. Emphasize skilled care and assistance by a doctor, nurse, or midwife that is self promoted through a referral system that requests the service recipients to act as advocates for the programmes in their respective communities;
6. *Suggests* the promotion of birth preparation through maternity packages provided by the regional offices of UNFPA that are tailored to the needs of specific regions in underdeveloped countries;
7. *Encourages* the promulgation of proper education campaigns that spread knowledge about sexual, reproductive, and maternal health in urban areas by:
- a. Utilizing the data from the NMDSRS to identify the specific topics of education that would be beneficial to each Member State to ensure that each community is receiving educational aid for issues that pertain to and are culturally sensitive to those communities;
 - b. Professionally training midwives similarly to the programmes implemented by the Swiss Confederation of Midwives in Switzerland to expand the skills and capabilities of midwives in pre- and post-natal care as well as birthing assistance;

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- c. Welcoming community management programmes' trained volunteers from individual Member States and NGOs organized by UNFPA, to educate at health centers, on a door-to-door basis, as well as in community centers by:
 - i. Holding workshops about reproductive health care benefits and its importance;
 - ii. Advocating for birth control measures, in a culturally sensitive manner;
 - iii. Promoting the importance of family planning;
 - iv. Providing one-on-one pre-conception counseling;
 - v. Recommending the prevention and management of sexual transmitted infections;
- 119 8. *Emphasizes* the specific needs of childbearers especially regarding:
- a. The spread of information regarding safe sexual activities and sexually transmitted diseases, which may include, but is not limited to, the suggestion of abstinence practices and the use of contraceptives where it is culturally appropriate;
 - b. The accessibility of counseling services for young and unprepared mothers in regards to the safety and care of their children.
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Code: UNFPA/RES/1/4

Committee: United Nations Population Fund

Topic: Health Priorities Post-2015: Opportunities and Challenges for Improving Maternal Health

- 1 *The United Nations Population Fund,*
 2
 3 *Acknowledging* the sovereignty of all Member States, as expressed by Article 2.1 of the United Nations Charter,
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 5 *Reaffirming* resolution 68/227 adopted by the General Assembly on 20 December 2013 regarding women in
 6 development and resolution 18/2 adopted by the Human Rights Council on preventable maternal mortality and
 7 human rights,
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 9 *Recognizing* that developing states have a 15 times higher maternal mortality ratio than developed states, as
 10 established by the Economic and Social Council (ECOSOC) resolution E/CN.6/2010/L.6,
 11
 12 *Bearing in mind* Article 2 of the Universal Declaration of Human Rights, which discusses equality without
 13 distinction of sex,
 14
 15 *Believing* that Member States are best assisted with a country-based, long-run focused strategy with the consent of
 16 the said Member State, with a focus of respecting cultural and religious differences,
 17
 18 *Understanding* that in order to tackle the complex issue of maternal health, multi-lateral tactics and cooperation
 19 must be utilized through financial and non-financial aid,
 20
 21 *Recalling* the International Conference on Population and Development (ICPD) Program of Action, the Beijing
 22 Declaration and Platform of Action, the Millennium Declaration and the United Nations Population Fund Strategic
 23 Plan 2014-2017,
 24
 25 *Alarmed* by the slow progress in achieving Millennium Development Goal (MDG) 5 and the fast approaching
 26 deadline of achieving the MDGs,
 27
 28 *Welcoming* the efforts of the international community made on improving maternal health with the belief that every
 29 Member State is willing to accomplish this goal as soon as possible,
 30
 31 *Recognizing* the need to set up a sustainable and inter-temporal international framework for a health agenda post-
 32 2015,
 33
 34 *Affirming* the importance of assistance to local business in health care sectors of recipient states,
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 36 *Noting with regret* that the health care systems of developing states do not have enough funds to train professionals
 37 and provide resources to improve the conditions of maternal health,
 38
 39 *Alarmed* by the increase of sexually transmitted diseases such as HIV/AIDS, which negatively impacts maternal
 40 health,
 41
 42 1. *Expresses* its appreciation for UNAIDS, which continues its research on HIV/AIDS and methods of prevention
 43 in regions with highest prevalence and risk;
 44
 45 2. *Recommends* willing and able Member States to increase their contribution towards the work of UNAIDS;
 46
 47 3. *Recommends* that Member States design and facilitate comprehensive access to sexual educational programmes,
 48 such as the Comprehensive Sexuality Education (CSE) administered by UNESCO's strategy on HIV and AIDS,
 49 which will focus on empowering women as a step towards gender equality, especially health care;
 50
 51 4. *Requests* the establishment of a multi-language knowledge management tool website, funded by Canada,
 52 Ecuador, Germany, Ireland, the Netherlands, Norway, Switzerland, the United Kingdom, the United States of

- 53 America, and any other willing Member States through the UNFPA, aiming at introducing information
54 regarding maternal health and calling attention to gender specific health care;
55
- 56 5. *Proposes* to create the Maternal Health Aid Collaboration Initiative (MHACI) to foster the communication
57 between Member States in searching for effective and sustainable strategies to address maternal health issue:
58
- 59 a. With its operation overseen by a board of trustees appointed by UNFPA;
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 - 61 b. With its headquarter located in Geneva;
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 - 63 c. With invitations of membership given to all willing Member States;
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 - 65 d. With the intention to be continuous unless otherwise decided by the board of trustees;
 - 66
- 67 6. *Encourages* Member States to support MHACI through financial aid and human resources to improve maternal
68 health post 2015, this will be achieved through:
69
- 70 a. Member States raising their volunteer funding to UNFPA by 0.01% of their GDP, in order to
71 achieve MDG 5 by 2025, the allocation of money will be checked every year in order to assure the
72 money is spent effectively;
 - 73
 - 74 b. The collaboration of the United Nations Population Fund, World Health Organization (WHO), the
75 United Nations Women (UNW), the Joint United Nations Program on HIV/AIDS (UNAIDS) and
76 the United Nations Committee on the Status of Women (UNCSW) to conduct the distribution of
77 financial aid and resources as mentioned above;
 - 78
- 79 7. *Recommends* that the MHACI shall, in collaboration with WHO:
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- 81 a. Provide medical professionals to be deployed into regions in need of maternal health assistance;
 - 82
 - 83 b. Decide upon the allocation of the medical professionals in accordance to the following criteria:
84
 - 85 i. In States who have reached 30% or less towards the target of the MDG 5 figure of 75%;
 - 86 ii. With the agreement of recipient Member States;
 - 87
- 88 8. *Decides* that MHACI should focus on supply of medical and educational equipment that are:
89
- 90 a. Funded by Canada, Germany, the Netherlands, Switzerland, United Kingdom, the United States of
91 America and any other willing Member States,
 - 92
 - 93 b. Aimed at modernizing medical equipment, in order to ensure the safety of every birth for the
94 mother and child, with an end goal of 2025, and from this point the Member States may decide if
95 the programme needs to be continued;
 - 96
 - 97 c. Allowing the exchange and utilization of such equipment via:
98
 - 99 i. Agreements to substitute existing financial aid to non-financial transfer of;
 - 100 ii. Direct supply of used equipment collected and transported by donor states ;
 - 101 iii. Reviewed by UNFPA and WHO in 2025 with future strategies decided;
 - 102
- 103 9. *Recommends* the inclusion of doctor exchange programmes, within the MHACI, that will allow doctors
104 specialized within the field of maternal health to:
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- 106 a. Be directed voluntarily by each participating Member State;
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 - 108 b. Exchange their experience and knowledge with colleagues of the host Member States;

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- c. Make the length of exchange no shorter than one year;
10. *Further recommends* that medical professionals under the programme may:
- a. Train local individuals on comprehensive and safe maternal practices to create a sustainable framework for the reduction of maternal mortality;
 - b. Collaborate with local schools to educate young students on sexual and reproductive health;
 - c. Run weekly classes from the specified medical professionals to local individuals who wish to receive medical training;
11. *Recommends* the establishment of a reporting, monitoring, and evaluating system that will:
- a. Report on the progress of the programme, such as the percentage of successful births, infant mortality rate, and the frequency of visits made by female patients to medical professionals;
 - b. Hold a biannual forum involving donors and recipients to discuss the overall execution and future development of the programme;
12. *Further recommends* the development of capacity building within government bodies in charge of educational curricula in gender equality, empowerment, non-discrimination, and respect for diversity;
13. *Designates* the work in collaboration with health organizations in the public, private, and non-governmental sectors within the receiving Member State to decide on the resources that will be needed to improve maternal health within that area through carefully planned strategies, such as:
- a. Summoning business professionals via volunteering programmes in donor Member States;
 - b. The volunteer business professionals are to be sent to a Member State upon its request under the MHACI framework to offer professional advice for starting up businesses in the local health care sector, with the start-up costs for the setting up of local businesses met by the host Member States and any willing donors;
 - c. The deployment of professionals shall initially be restricted within a set period of time as previously agreed upon by the Member States;
 - d. After the training period, the recipients of the training programme shall be invited to a year-long programme designed to further their training and provide them with a teaching qualification, which will be funded and provided by Canada, Germany, Ireland, Russia, Switzerland, UK and the USA, which they can then use to set up programmes of their own;
 - e. If a Member State no longer requests the advice of the volunteer business professionals the volunteers must respect the host Member State's sovereignty;
 - f. Suggests incentive policies, such as housing subsidies for the recipients of the training programme, these subsidies are to be provided by the host Member State in an attempt to keep these trainees within the region;
 - g. The donor Member States and external non-governmental organizations are recommended to provide financial assistance to the host Member State so as to support efforts to provide the subsidy incentives.



Code: UNFPA/RES/2/1

Committee: United Nations Population Fund

Topic: Impact of Urbanization on the Implementation of the ICPD Programme of Action

1 *The United Nations Population Fund,*

2

3 *Recognizing* that in 2008 for the first time in human history the population of urban centres matched that of those in
4 rural areas,

5

6 *Appreciating* the importance of sustainable development and the potential establishment of a working framework
7 post 2015,

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9 *Acknowledging* that the implementation of the Programme of Action (PoA) needs to be improved in order to target
10 the evolving issue of urbanization and population growth,

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12 *Believing* that with the development of small urban centres, sustainable development could be achieved,

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14 1. *Encourages* Member States to focus their development policy on the creation of small urban centres in rural
15 areas;

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17 2. *Defines* a small urban centre as an area with:

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19 a. A population density that is reasonable in accordance with each Member State's situation;

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21 b. A reasonable distance of 50 miles from large urban centres;

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23 c. A limited dependency on infrastructures and services from other urban areas;

24

25 3. *Calls upon* Member States to work in cooperation with other bodies, such as the United Nations Economic and
26 Social Council (UNESCO), the Organization of Economic Cooperation and Development (OECD), the
27 European Union (EU), and the African Union (AU), to formulate a viable strategy to achieve the development
28 of small urban centres;

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30 4. *Recommends* that Member States submit a report to the United Nations Population Fund (UNFPA) detailing
31 their plan of action by the end of June 2015;

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33 5. *Decides* to further discuss global policy on this issue upon the reception of reports from two-thirds of the
34 Member States.



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Code: UNFPA/RES/2/2

Committee: United Nations Population Fund

Topic: Impact of Urbanization on the Implementation of the ICPD Programme of Action

1 *The United Nations Population Fund,*

2
3 *Acknowledging* the sovereignty of Member States, as established by Article 2.1 of the UN Charter,

4
5 *Reminding* Member States of the International Conference on Population and Development (ICPD) + 15, which
6 focuses on population, reproductive health, and gender equality as imperative to development,

7
8 *Bearing in mind* the imbalance of distribution of resources within developing cities,

9
10 *Emphasizing* the importance of a sustainable development agenda post 2015,

11
12 *Fully aware* of the importance of climate change,

13
14 *Recognizing* the significance of tackling population dynamics on the sustainable development agenda,

15
16 *Emphasizing* the importance of effects towards the progression of Millennium Development Goal 2 (MDG 2) to
17 achieve universal primary education, in all areas that are both urbanizes and working towards future urbanization,

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19 1. *Encourages* all Member States to contribute to and support United Nations Population Fund (UNFPA)
20 programmes, which focus on resource distribution and social-economic challenges that become obstacles to
21 development;
- 22
23 2. *Recommends* the establishment of clearly defined industrial and green areas to promote environmental
24 sustainability;
- 25
26 3. *Suggests* that Member States promote, monitor, and evaluate the education and skill-development of women
27 and girls by:
- 28
29 a. Encouraging the inclusion of sexual health education in primary curriculum while respecting
30 cultural differences and sensitivity;
- 31
32 b. Working with organizations such as the United Nations Children’s Fund (UNICEF) to monitor the
33 progress of universal primary education within currently urbanizing areas;
- 34
35 4. *Further encourages* measures and mechanisms to allow Member States to track their political, programmatic,
36 and financial accountability to sustain their growing cities economically;
- 37
38 5. *Promotes* a supportive economic environment, particularly for developing cities;
- 39
40 6. *Endorses* a supportive economic environment, particularly for developing countries to attempt to eliminate
41 poverty and reach continuous growth within the context of sustainable development;
- 42
43 7. *Emphasizes* the importance and the creation of new businesses to aid the unemployed community.