Documentation of the Work of the Commission on Population and Development (CPD)
Commission on Population and Development (CPD)

Committee Staff

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Agenda

I. Realizing Sexual and Reproductive Rights, Health Services, and Education
II. Ageing Populations’ Health and Participation in Society
III. Strengthening National Health Systems

Resolutions / Report Segments adopted by the Committee

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<td>Realizing Sexual and Reproductive Rights, Health Services, and Education</td>
<td>Adopted by acclamation</td>
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<td>CPD/1/2</td>
<td>Realizing Sexual and Reproductive Rights, Health Services, and Education</td>
<td>21 votes in favor, 3 votes against, 6 abstentions</td>
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<td>CPD/1/3</td>
<td>Realizing Sexual and Reproductive Rights, Health Services, and Education</td>
<td>20 votes in favor, 1 vote against, 9 abstentions</td>
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Summary Report

The Commission on Population and Development held its annual session to consider the following agenda items:

I. Realizing Sexual and Reproductive Rights, Health Services, and Education

II. Ageing Populations’ Health and Participation in Society

III. Strengthening National Health Systems

The session was attended by representatives of 31 countries and 2 non-governmental organizations. On Sunday, the committee started with several statements concerning the adoption of the agenda. By the end of the session, the committee adopted the agenda of I, III, II, beginning discussion on the topic of “Realizing Sexual and Reproductive Rights, Health Services and Education.”

The second session opened with speeches addressing the importance of family planning and increasing women’s employment in healthcare services. As the debate progressed, the body divided up into three working groups. The session moved between formal and informal session as work progressed on the working papers.

By the end of Tuesday’s morning session, three working papers were introduced and delegates continued the work on their papers, after receiving feedback and edits from the Dais. Working paper topics included focusing on topics such as universal healthcare services and furthering financial and logistical support organized by the World Health Organization (WHO). By the end of Tuesday evening, after a diligent effort put forth by delegates, feedback was delivered to the delegates by the Dais, and one working paper which was accepted as a draft resolution (DR/1/1).

By Wednesday afternoon the Dais had accepted three draft resolutions. After three informal sessions, the body moved into voting procedure. DR/1/1 had two friendly amendments and was adopted by acclamation; DR/1/2 had one unfriendly amendment and passed with a vote of 21 in favor, 3 against and 6 abstentions; and DR/1/3 had one friendly amendment and one division of the question, to highlight five separate clauses and passed with a majority vote of 20 in favor, 1 against, and 9 abstentions. After ending voting procedure, the body moved immediately into the discussion of the second topic “Strengthening National Health Systems” until a motion for the adjournment of the meeting was made.
The Commission on Population and Development,

Reiterating the 1994 Programme of Action of the International Conference on Population and Development (ICPD) that states that women have the right to maintain their physical wellbeing and general health with respect to reproductive systems,

Considering the collaborative effort of United Nations (UN) Population Fund (UNFPA) and the health systems of Member States, including, but not limited to, the Birth Spacing Program in Oman, the Reproductive Health Supplies Coalition in Mexico, and the USAID Deliver Project in Latin America, to strengthen reproductive health services via birth spacing programs, regulation and distribution of contraceptives, and the development of improved healthcare techniques,

Emphasizing the commitment of UN Millennium Development Goal (MDG) 5 “Improving Maternal Health,”

Acknowledging the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and United Nations Educational, Scientific, and Cultural Organization (UNESCO), Committee for the Safeguarding of the Intangible Cultural Heritage with respect to human rights while remaining cognizant of States’ various traditional, cultural, and religious beliefs,

Recognizing the World Health Organization (WHO) Regional Office for Europe (WHO/Europe) European Action Plan for Strengthening Public Health Services and Capacities, with focus on improving of States’ public health system operations in order to guarantee better access to health services with respect to reproductive rights,

Recalling Commission on Population and Development (CPD) Resolution 2012/1 entitled “Adolescents and Youth” (2012), and CPD Resolution 2014/1 entitled “Assessment of the Status of Implementation of the Programme of Action of the International Conference on Population and Development” (2014), which urge governments to improve health systems so that young people have access to reproductive health information, education, and services,

Noting the success of UNFPA Global Program on Reproductive Commodity Security (GPRHCS) and the UNFPA Family Planning Strategy 2012-2020 in their roles developing health systems within countries in collaboration with governments by providing contraception and maternal medicine to women,

1. Suggests the inclusion of international organizations such as the WHO, UNFPA, and International Women’s Health Coalition (IWHC), and to provide funding and supervision for the expansion of various existing reproductive healthcare workshops and programs, to the discretion of respective Member States’ health systems, to ensure the proper training and education of healthcare experts and practitioners within participating Member States by:

   a. Utilizing experts and representatives from the aforementioned organizations as facilitators for information and training regarding:

      i. Reproductive rights of women in terms of education and accessibility to contraceptive methods via government-regulated health centers in order to reduce high fertility and maternal and infant mortality rates as well as HIV/STI prevalence rates;

      ii. Improving participating Member States’ health systems in order to increase the quality of life and access to primary healthcare for all citizens while respecting state sovereignty;

      iii. Knowledge regarding the appropriate use of medication such as antiretroviral treatment to prevent the spread of HIV/AIDS;
b. Welcoming healthcare professionals from the aforementioned organizations along with participating Member States’ health systems to establish a dialogue between inter-governmental organizations (IGOs), non-governmental organizations (NGOs), and healthcare professionals in order to:
   
   i. Educate populations on their reproductive health and rights with respect of the cultural features of the respective Member State including interpersonal relationships, sexual health, and reproductive body and anatomy as a form of social development;
   
   ii. Demonstrate collaborative efforts of public and private entities of the international community with regard to enhancing quality of life through global cooperation;

2. **Calls upon** the WHO Regional Offices for the expansion of the workshop Gender and Human Rights in Reproductive and Maternal Health to every WHO region through joint work with Member States’ health systems with the goal of:
   
   a. Supporting the fulfillment of the targets of MDG 5 “Improving Maternal Health”, especially raising awareness on gender equality and the significance of reproductive rights frameworks and maternal health issues;
   
   b. Leading Member States’ health systems in cooperation with the corresponding WHO Regional Office, choosing a group of 6 experts in the themes selected for the workshop including:
      
      i. Three experts from Member States’ health systems, each with expertise in reproductive health;
      
      ii. Three specialists from the WHO Regional Office to organize the workshops and select their location;
   
   c. Following the guidelines stated in the manual of the WHO Western Pacific Region Gender and Human Rights in Reproductive and Maternal Health workshop;
   
   d. Including the subjects of human rights and reproductive rights in the manual for the Gender and Human Rights in Reproductive and Maternal Health workshops;
   
   e. Receiving funding from:
      
      i. WHO Regional Offices in Africa, the Americas, South-East Asia, Europe, and the Eastern Mediterranean;
      
      ii. NGOs associated with the UN in each Member State;
      
      iii. Volunteer Member States;

3. **Invites** the WHO Regional Offices submit a report following the workshop reporting and evaluating the outcomes of the workshops;

4. **Recommends** the GPRHCS to increase focus on Output 5 of the UNFPA Family Planning Strategy 2012-2020, which calls to strengthen information systems pertaining to family planning, by *inter alia*:
   
   a. Incorporating the fortification of national data systems as one of the principles of the UNFPA Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages with the goal of supporting Member States in the collection and analysis of relevant data;
   
   b. Cooperating with the Reproductive Health Supplies Coalition in order to streamline Supply Chain and Logistics Management Systems to ensure reliability of delivery-lead times among actors of the public
and private sector;

5. **Further encourages** Member States to adopt a collaborative and inclusive healthcare program to specialize in providing all citizens with affordable and accessible healthcare services and education in concurrence with the UNFPA and the healthcare systems of Member States in order to achieve:

   a. Affordability through funds contributed by Member States, NGOs, civil society organizations (CSOs), and the private sector;

   b. Accessibility through the training and education of teachers, counselors, and other community leaders in reproductive health and communication skills pursuant to the standards established by the UNFPA Family Planning Strategy 2012-2020;

   c. Collaboration led by UNFPA with local NGOs, actors of the public sector, actors of the private sector, and other local stakeholders to provide citizens with wider access to reproductive healthcare services by expanding information services through professional counseling and incorporating social marketing and mass media;

6. **Recommends** a unified effort to improve quality of life for all Member States’ citizens through CEDAW by continuing to promote women’s access to reproductive education via the UNESCO/CEDAW Manifesto Towards a Gender-inclusive Culture Through Education while also respecting national sovereignty and traditional practices;

7. **Expresses its hope** for all Member States to improve accessibility to reproductive health information, education, and services in order to meet the goals and targets established by the United Nations.
The Commission on Population and Development,

Guided by the United Nations (UN) Population Fund’s (UNFPA) UNFPA Strategic Plan, 2014-2017 (2013), which strives to achieve universal sexual and reproductive healthcare and health education for all,

Recalling Millennium Development Goal (MDG) 2, “Achieving Universal Primary Education,” and MDG 3, “The Promotion of Gender Equality and the Empowerment of Women,” as well as goal 6 “Combating HIV/AIDS, Malaria and Diseases,” as they universally apply to all people no matter gender, ethnicity, location, sexual orientation, social and economic status, age, or religion,

Recognizing United States Agency for International Development’s (USAID) report entitled “Funding Decisions on Reproductive Health and Family Planning” (2009), which underscores reproductive health trends, budgeting, and HIV/AIDS programs,

Realizing the benefit the World Health Organization (WHO) provides in disseminating information regarding the need for universal health as demonstrated through the “World Health Report 2013: Research for Universal Health Coverage” (2013),

Noting the WHO’s report entitled “World Report on Violence” (2002), which recognizes education as an important preventive measure to confront Gender Based Violence (GBV) in all societies,

Taking into consideration Economic and Social Council (ECOSOC) resolution 2004/68, entitled “Promoting the application of science and technology to meet the development goals contained in the United Nations Millennium Declaration” (2004), emphasizing the use of technology and science to achieve educational goals within the MDGs specifically in the promotion of sexual and reproductive rights,

Fully aware of the social negative outcome of inaccurate sexual and reproductive rights’ information, such as miscommunicated advice on contraceptives as well as miscalculated reports based on unreliable data, which perpetuate negative situations such as increased cases of sexual transmitted infections, as emphasized in the report “Adding It Up” (2014) written by the UNFPA in cooperation with the Guttmacher Institute,

Reaffirming the principles expressed in the report of the Secretary-General E/CN.9/2012/4 “Adolescents and Youth” (2012) and within the International Planned Parenthood Federation (IPPF) report “I Decide” (2014) concerning the empowerment of women and girls in the realization of their sexual and reproductive rights,

Fully aware of the United Nations’ Environment Programme (UNEP) and World Tourism Organization (WTO) joint document entitled “Tourism: Investing in Energy and Resource Efficiency” (2011) which draws attention to the recent development of medical tourism affecting Member States globally,

Reaffirming ECOSOC Resolution 2004/68 “Science and Technology for Development”, which emphasizes using technology and science to achieve MDGs and help improve educational opportunities in the areas of sexual and reproductive rights for children in primary education,

Bearing in mind the Sustainable Development Goal (SDG) 4c, “Prevent and Eliminate Violence against Individuals Especially Women and Children”, which emphasizes the increase of qualified teachers through international cooperation for teacher training in developing countries, especially underdeveloped and small island developing Member States,

Acknowledging the impact of Article 6 of General Assembly (GA) Resolution 51/172 “Communication for Development Programmes in the United Nations System” (1997) on communication through the media in terms of
the internet, television, radio, and newspapers on societies in relation to that helped create the campaign
Communication For Development,

Recalling GA resolutions A/RES/69/148 “Intensification of Efforts to End Obstetric Fistula” (2015) and A/RES/69/150 “Intensifying Global Efforts for the Elimination of Female Genital Mutilation” (2015) which reaffirm the crucial importance of addressing culture specific issues,

Declaring the universal ratification of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) (1979) as necessary measure in accomplishing full inclusion of all marginalized populations within health and education related institutions and practices,

Further recalling ECOSOC resolution 2009/6 concerning the Joint United Nations Programme HIV/AIDS (UNAIDS),

Taking into consideration the Department of Economic and Social Affairs (DESA) report “Trends in Contraceptive Methods Used Worldwide” (2013), on the improvement of contraceptives and the promotion of safe and affordable contraception by ameliorating family planning methods,

Emphasizing the UNFPA’s Report, “Adolescent Sexual and Reproductive Health” (2014), which strives to support the adolescents’ health rights, and promote youth-friendly services,

Recalling the UNAIDS document, “Framework Treatment” (2015), which promotes international and national guidelines to generate new ways of thinking about HIV testing and treatment,

Fully aware of General Assembly resolution A/67/L.36 “Global Health and Foreign Policy” (2012) that aims to establish a universal, agreed upon language for sexual rights in the post-2015 development agenda,

Taking into consideration the importance of CPD’s Resolution 2014/1 of “Assessment of the Status of Implementation of the Programme of Action of the International Conference on Population and Development” and “UNFPA Operative Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender” (2014), which focus on universal implementation of Comprehensive Sexuality Education,

Noting with approval the advances in achieving primary education as a catalyst in the provision of universal access to sexual and reproductive education, as is stressed in Chapter XI Population, Development and Education of the ICPD Programme of Action (1994), and further emphasized in The Recommendations of the High Level Task Force for ICPD (2014),

Affirming CPD resolution 2011/1 “Fertility Reproductive Health and Development” (2011), which proposes a human rights based approach to sustainable development through full implementation of sexual and reproductive health rights,

Emphasizing CPD resolution 2009/1, “The Contribution of the Programme of Action of the International Conference on Population and Development to the Internationally Agreed Development Goals, including the Millennium Development Goals,” (2009) which draws attention to organizations, such as CARE and Population Services International (PSI), in the achievement of universal access to health care and reproductive right promotion,

Further recalling ECOSOC resolution 2009/6 concerning the UNAIDS, in light of expanding provisions for vaccinations,

1. Encourages ECOSOC to include more details within the Sustainable Development Goals (SDGs), specifically regarding universality of healthcare practices and sexual reproductive education, such that:

a. Healthcare services and education are made universally available to all individuals irrespective of identifying factors such as, but not limited to; gender, ethnicity, location, sexual orientation, social and economic status, age, or religion;
b. All Member States, global and national health organizations, and civil society organizations (CSOs) are further encouraged to develop sustainable partnerships which prioritize the increased access and availability of universal health care and services;

c. Increased focus is placed upon the provision of monetary and material funding directly to periphery areas and rural communities with a lack or in urgent need of sexual and reproductive health services;

d. The provision of sexual reproductive health medications such as anti-retroviral medication and therapy, pregnancy contraceptives, and all other communicable or non-communicable disease prevention methods;

2. Further encourages ECOSOC to be fully committed to adopting language within the SDGs, which could state:

   a. Universal primary education including sexual reproductive rights but not limited to;

   b. Gender equality and empowerment of women through education and the workforce;

   c. The decrease of the number of victims infected with HIV/AIDS, Malaria and Disease;

3. Further recommends that UN bodies such as ECOSOC, UN-Women, United Nations Children’s Fund (UNICEF), UNAIDS, and WHO, as well as various NGOs and inter-governmental organizations (IGOs) including Amnesty International (AI) and The Association for Women’s Rights in Development (AWID), be primarily consulted on all recommended health practices implemented within the SDGs with special emphasis upon:

   a. The provision of medical aid and education in geographically isolated and underdeveloped regions to improve nutrition, family planning, and maternal health;

   b. Upholding and respecting regional culturally specific sustainable physical and psychological medical practices;

4. Further recommends ECOSOC include sustainable safety recommendations from the “World Report of Violence” (2002), regarding GBV in sexual and reproductive education, within the SDGs, with special emphasis upon:

   a. The importance of GBV information, including non-sexist and anti-discriminatory education, for adolescents as a preventive measure;

   b. The dissemination of information on parental involvement to combat GBV;

5. Reminds ECOSOC to ensure that the SDGs strongly call upon Member States, NGOs, and other international organizations to provide accurate scientifically-based sexual and reproductive education;

6. Recommends that the ECOSOC make opportunities available to assist USAID in the further creation of Community-Based Integrated Health Projects within developing Member States;

7. Endorses Member States’ adoption of national programs, guided by the IPPF I Decide 2014 Programme, in order to advance the right of bodily autonomy for all;

8. Suggests Member States cooperate with the CPD to draft profiles and framework for pre-emptive emergency legislation which pre-approves the rapid deployment, processing, and access of accepted international healthcare organizations;

9. Invites the UNFPA to research and analyze statistical population rates and flows of medical tourism and develop Member State and regional profiles for assistance in providing for unmet local demands;
10. **Recommends** Member States work with UNICEF to increase technology access in classrooms to improve the quality of education for children in terms of reproductive and sexual knowledge by increasing financial aid;

11. **Encourages** Member States to prioritize the increased access to technology in classrooms, utilizing programs such as those in operation by United Nations Educational, Scientific and Cultural Organization (UNESCO), in order to achieve universal quality education for children and adolescents emphasizing reproductive and sexual knowledge;

12. **Further invites** all Member States to include information regarding GBV in sexual and reproductive education in accordance with WHO recommendation in the “World Report of Violence” (2002);

13. **Urges** the increase of worldwide educative campaigns by WHO on sexual and reproductive rights such as the Sudanese “Salima” Campaign created by UNICEF to aid the local government in educating the citizens on FGM and its effects;

14. **Calls on** the Office of the High Commissioner for Human Rights (OHCHR) to assist in the fight against Obstetric Fistula and Female Genital Mutilation through:
   a. The establishment of clinics in rural regions, with a special focus on Sub-Saharan Africa;
   b. Research based solutions supported by UNFPA;

15. **Recommends** UNESCO International Bureau of Education (IBE), in collaboration with ECOSOC regional commissions, to develop regional portfolios for universal implementation of comprehensive sexuality education in primary school curriculums to contain:
   a. Up to date information on sexual and reproductive rights;
   b. Impartial and unbiased globalized information and opportunities for students of all identifying factors;
   c. National educational development plans and budgets;
   d. Technological mechanism accessibility for education;

16. **Recommends** the UNFPA cooperate with non-governmental educational organizations such as “Teachers Without Borders” to increase training programs and use the media through commercials to promote the recruitment of teachers for sexual education;

17. **Further requests** support from the IPPF and other international organizations in reducing the child mortality rate in accordance with SDG 3 “Ensure Healthy Lives and Promote Well-Being for All at All Ages” including but not limited to the following actions:
   a. Vaccinate children under twelve years of age for free;
   b. Strengthening clinical laboratory services;
   c. Improving quality control and production of vaccines;
   d. Establishing an international donor pool aided by multilateral and bilateral policy dialogue as well as extra budgetary contributions;

18. **Encourages** the UN Platform on Economic and Social Issues, Advocate for Youths, WHO, and UNICEF to assist Every Woman, Every Child within the framework of Family Planning 2020 in:
   a. Protecting female human rights through the acceptance of safe and adequate measures of contraception;
b. Promoting family planning in order to guarantee unbiased and friendly services for women to
   guarantee HIV prevention, contraception availability, and correct information on subjects;

c. Empowering women, as well providing them with the information needed to make informed decisions
   on their sexual reproductive health;

d. Availability of contraception as well as medical services such as blood testing, pap smears, and
   pregnancy testing;

e. In case of pregnancy resulting from rape, safe abortion, where it is not against the law, should be
   accessible, limited to a reasonable period of time of pregnancy which is determined by healthcare
   professionals, this health service should be provided in an accessible, affordable and safe way, and be
   complemented by psychological care, recognizing that abortion should not be promoted as a method of
   family planning, STD-prevention or for other inappropriate means as stated in Resolution
   E/CN.9/2011/8;

19. Draws attention to the unequivocal links between sexual and reproductive health rights and HIV/AIDS in order
    to strengthen synergies in an attempt to form an agreed upon language in the field of sexual and reproductive
    rights and further multilateral and bilateral policy dialogue;

20. Calls upon all Member States to expand funding for UNAIDS’ sustainable localized projects and treatment in
    order to:

   a. Increase access to antiretroviral medicines and therapies;

   b. Empowering pre-existing community based organization by strengthening the network of UNAIDS’
      community outreach;

   c. Halt the spread of HIV/AIDS in accordance with the MDG goal 6 and SDG goals 9 and 10;

21. Encourages Member States to adopt a human rights based approach for the achievement of the SDGs with a
    three-prong emphasis on the accountability, access, and participation of all Member States.
The Commission on Population and Development,

Recognizing the Economic and Social Council (ECOSOC) resolution entitled, “Commission on Human Rights Report”, otherwise known as E/CN.4/2005/SR.37, which promotes the involvement and empowerment of women especially in the areas of social and leadership inclusion, safer sex and sexually transmitted infection (STI) prevention,

Recalling the report by the Joint United Nations (UN) Programme on HIV/AIDS (UNAIDS), entitled Fast Track: Ending the AIDS Epidemic by 2030, which affirms the importance of approaching pregnant women to demonstrate the important economic gains when investing in HIV/AIDS prevention and the treatment in low and middle-income States,

Recognizing the importance of forming partnerships with non-governmental organizations (NGOs), including, but not limited to, Médecins Sans Frontières (MSF) and the Bill and Melinda Gates Foundation in order to make contraceptives more available in developing countries thereby allowing women to make conscientious, independent decisions,

Guided by the procedures outlined by the United States of America Department of Health and Human Services Office on Women’s Health regarding prenatal care so as to avoid difficulties during pregnancies,

Recalling the Programme of Action of the International Conference on Population and Development (ICPD) and its action to raise social awareness through effective programs in education and mass communication,

Convinced that successful programs, policies, and initiatives dealing with sexual and reproductive health (SRH) should be built upon and echoed by Member States through partnerships with UN bodies and organs as well as NGOs,

Realizing the benefits of involving all members of society in the discussion of sexual and reproductive health and rights through awareness programs, such as the UN’s HeForShe campaign, and the need for developing strategies for significantly male-dominated societies, as evidenced through Niger’s highly successful Schools for Husbands program,

Emphasizing the success of open communication counseling implemented by the International Planned Parenthood Federation which provided fertility options for all people living with HIV/AIDS,

Acknowledging the lack of access to SRH vaccinations, medications and education in rural areas with regards to the health issues of HIV/AIDS, Hepatitis C and maternal mortality, and additional gaps in providing treatment services,

Taking note of the tremendous increase in social media usage in all parts of the globe and the usefulness of media and awareness campaigns in bridging the gap of HIV treatment and information about sexual and reproductive rights,

Emphasizing the necessity to further increase contraceptive accessibility with regards to the goal of safe sexual practices for all,

Noting with approval the success of the Uruguayan government’s counseling courses initiative, which worked to decrease maternal mortality and provide access to inexpensive contraceptive means via prescriptions,

Reaffirming the importance of Article 23 of the 2005 Ibero-American Convention on Young People’s Rights and the right to education, including sexual education, as a source of personal and effective development,
Emphasizing the local and national outcomes of the *Geração Biz Programme* in Mozambique, which has scaled up its successful youth HIV prevention and sexual and reproductive health program to a national level,

Taking into consideration, the 13th session of the United Nations Permanent Forum on Indigenous Issues (UNPFII), emphasizing sexual education as an essential human right,

Noting with deep concern that the world community has yet to ensure that all children receive a quality education by completing primary school in regions where it is economically and financially difficult to meet such requirements,

Acknowledging that education provides the basis of promotion of gender equality and the empowerment of women,

Recognizing the *Convention on the Elimination of Discrimination against Women* (CEDAW) which states that women living in poverty have the least access to education, health infrastructures and sexual information,

Concerned by the lack of access to appropriate healthcare systems, sexual education for rural and indigenous women, as described by the International Fund for Agricultural Development (IFAD),

Emphasizing the value of using educated local women as role models to promote access to education, as well as sexual education training for girls in local communities,

Keeping in mind the work of UNAIDS in Senegal which successfully lowered the level of HIV in the population from 19.8% to below 1% in six years,

Reaffirming successful implementation of funds provided from donor countries to the United Nations Population Fund (UNFPA),

1. *Notes* the usefulness of raising sexual consciousness of all country’s population in promoting SRH in appropriate and sensible manners as seen through Niger’s *Schools for Husbands*, which utilizes existing cultural frameworks;

2. *Calls upon* Member States to adopt a set health system to tackle STI’s and enhance test and diagnosis SRH services such as:
   a. Universal STI screening test recommended for everyone aged 15 to 65, which should consist of a blood or saliva test for human immunodeficiency virus (HIV);
   b. Screening for HIV, hepatitis B, chlamydia and syphilis, especially for pregnant women, which generally takes place at the first prenatal visit for all pregnant women, and gonorrhea and hepatitis C screening tests are strongly recommended at least once during pregnancy for women at high risk of these infections;

3. *Recommends* the proper prenatal care for women to avoid pregnancy complications and/or death by potentially mirroring the already established procedures within the by potentially mirroring the already established procedures of the United States of America Department of Health and Human Services Offices on Women’s Health by promoting:
   a. First trimester screening test which includes a pin prick blood sample and an Ultrasound;
   b. Second trimester screening in which a blood test called the Multiple-Marker Test is used to screen for Down syndrome and neural tube defects;
   c. Third trimester screening which includes a full physical, urine test, and blood test to check for maternal immunity, presence of other possible diseases and overall general health of the women right before labor;
4. **Calls upon** Member States to emulate global, regional, and national initiatives and their principles as found in the following:

   a. The ICPD *Programme of Action* which refers to the female right to education which can be addressed as sexual education and reproductive health and the need to involve NGOs, states, and civil organizations in this process;

   b. Nepal’s National Policy on Skilled Birth Attendants which was groundbreaking in incorporating midwives and females into the government’s SRH approach;

5. **Encourages** having accessible and properly trained local healthcare workers to provide these services by creating support groups and counseling groups for those affected by sexual and reproductive health issues:

   a. Working to make current counseling clinics more well-known to citizens of member states as effective means to treat depression and other mental illnesses;

   b. Creating outreach programs such as making a yearly school counselor visit mandatory or strongly recommended to students starting at middle school or the national equivalent;

   c. Working with NGOs such as MSF and the World Concern Project to train social workers or the general public to increase the amount and quality of psychological care;

6. **Recommends** governments to develop, strengthen, and implement effective strategies that target vaccine-preventable sexual diseases such as human papillomavirus (HPV) and promote the development and introduction of new vaccines and technologies to developing states, citing examples of successes in the work of Partners in Health, supported by organizations such as MSP International, and the Global Fund Project in Uruguay;

7. **Urges** Member States to address education disparities in SRH services as stated in the ICPD *Programme of Action* and emulate programs such as the United Kingdom’s Department for International Development Policy for 2010 which sends professional health care personnel to train local health care workers on current and safe practices in order to make sensible medical decisions and diagnosis;

8. **Encourages** Member States to emulate the International Planned Parenthood Federation’s (IPPF) fertility awareness initiative, as an affordable method to promote contraceptive usage among couples, sexually active adolescents and those who may be at risk for contracting HIV/AIDS;

9. **Calls upon** Member States to increase civilian access to contraceptives by:

   a. Establishing access to male and female condoms within universities and high schools of willing Member States;

   b. Encouraging the creation and promotion of reproductive health facilities within official state policies;

   c. Calling for the supply of condoms to these health facilities;

   d. Working in collaboration with organizations such as the Bill and Melinda Gates Foundation and the IPPF so as to increase access to contraceptives while being able to maintain low costs to states;

10. **Stresses** the importance of women and girls’ rights to education at all levels as well as sex education based on full and accurate information with appropriate direction and guidance from parents and legal guardians;

11. **Endorses** a program similar to the *Geração Biz Programme* in Mozambique which showed to be an effective measure in increasing sexual training education as well as prevention and reproductive health programs at a national level by using three main outlets:
a. Promoting in-school interventions;

b. Establishing clinical youth-friendly health services (YFHS);

c. Working towards a community-based outreach through the implementation of trained educators with
the aim to provide information on services, life skills and contraception;

12. **Suggests** Member States continue to collaborate with organizations like the UNFPA to improve family planning
packages that will provide information regarding young women’s health and reproductive rights to girls and
women of ages 15 through 30 booklets containing information of women’s reproductive health and available
resources including education, such as:

- Regional emergency hotlines,
- Contact information of counselors and resource centers;

13. **Recommends** that Member States ensure proper allocation of funds from the UNFPA to healthcare professionals
and patients in countries where programs are actively combating the spread of HIV/AIDS and sexual and
reproductive rights;

14. **Encourages** participating donor states to allocate more funds to the UNFPA and services included in the
program;

15. **Invites** for further funding of development aid in order to properly fulfill SRH services in remote and
impoverished regions;

16. **Reaffirming** the use of innovative preventative media campaigns similar to those seen in Brazil, by using large
social media events or gatherings to release Public Service Announcements, specifically targeting Brazilian
youth through the use of public figures;

17. **Urges** Member States to promote and protect the right of women and girls to education at all levels, providing
young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender
equality and on dealing positively and responsibly with their sexuality;

18. **Engaging** all members of society in culturally appropriate educational courses implemented within primary and
secondary educational institutions, as well as community-based programs and campaign, aimed at raising
awareness on sexual and reproductive rights and cultivating respect for women as partners, providers, and
caretakers.
The Commission on Population and Development,

1. **Suggests** the involvement of women of all ages and backgrounds across all platforms, including government agencies, healthcare services, leadership positions, with the primary goal of properly addressing their sexual and reproductive needs and situations, as such an approach can guarantee accessibility and representation;

2. **Recommends** swift and effective administration of proper medication and care to women and children diagnosed with HIV/AIDS specifically demonstrated in the MSF program, “Prevent Mother-to-Child Transmission” (Option B+), with the goal of:
   a. Preventing transmission of the virus to the child in the womb;
   b. Expanding life expectancy for mothers HIV- positive by reducing the risk of developing opportunistic infections;
   c. Giving mothers the chance to access antiretroviral medication in spite of their cells in a cubic millimeter of blood (CD4) count;

3. **Encourages** donor governments to re-evaluate resources currently distributed for all SRH-related developments projects, including:
   a. Monetary donations to support existing financing frameworks;
   b. Material supplies such as modern health technologies and pharmaceutical drugs;
   c. Information communication technologies to promote a transfer of knowledge among local, national and private industries;

4. **Encourages** Member States to collaborate with media outlets to inform the public of services provided by each state and relevant partners, like NGOs, such as those seen in the HeforShe campaign or the Janani project, by:
   a. Suggesting a system similar to AMBER or Imminent Threat Alerts used in the United States of America which entails using text messaging systems to spread information about high incidence of disease in an area and safety tips and information on various aspects of sexual and reproductive health to all cell phone users in each willing nation;
   b. Promoting campaign outlets such as Facebook, Twitter, and Instagram to spread more awareness about sexual and reproductive health similar to the HeforShe campaign and other sections discussed in this document;
   c. Reaching out to local news and television stations to increase the spread of such campaigns dealing with contraceptives and other sexual health measures;
   d. Contacting radio stations to broadcast messages within their broadcast range encouraging the use of contraceptives and safe sexual practices;
   e. Making sure that these campaigns target both males and females;

5. **Calls upon** Governments to further strive to ensure the complete access to primary school or an equivalent level of education by both girls and boys as quickly as possible, and urges countries to extend education and training to secondary and higher school levels, and to facilitate access to and completion of education at those levels.