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COMMISSION ON POPULATION AND DEVELOPMENT BACKGROUND GUIDE 2015

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NATIONAL MODEL UNITED NATIONS





THE 2015 NATIONAL MODEL UNITED NATIONS

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Dear Delegates,

Welcome to the 2015 National Model United Nations Conference in New York (NMUN•NY)! We are pleased to introduce you to our committee, the Commission on Population and Development (CPD). This year's staff is: Directors Linda Critzer (Conference A) and Tsesa Monaghan (Conference B), and Assistant Directors Stéphanie Toschi (Conference A) and Estefani Morales (Conference B). Linda completed her B.A. in International Relations and French in 2013 and currently works at a political consulting firm in Newport News, Virginia. This will be her third year on staff, and she is excited to return to NMUN•NY. Tsesa received her B.A. in Political Science and German Studies from Macalester College in 2013. She currently works as an English Teaching Assistant in Vienna, Austria, and is looking forward to her fourth year on NMUN•NY staff. Stéphanie graduated with a B.A. in Political Science and Sociology from the University of Bonn, Germany, and is enrolled in a Master's program in International Relations with a focus on International Law at the Université Libre de Bruxelles. Estefani received her B.A. in International Relations at San Francisco State University. She is currently pursuing an M.Sc. in Environment, Politics, and Globalization at King's College London.

The topics under discussion for the CPD are:

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

The Commission on the Population and Development is an important organization within the UN system, and it plays a critical role in the assessing and reviewing the implementation of the *Programme of Action* from the 1994 International Conference on Population and Development. CPD offers a forum for the international community to discuss a wide range of topics related to population issues and international development. In order to accurately simulate the committee, it will be critical for delegates to understand its role as an advisory body undertaking normative, not operational or programmatic, work.

We hope you will find this Background Guide useful as an introduction to the topics for this committee. However, it is not intended to replace individual research. We highly encourage you to explore your Member State's policies in-depth, as well as use the Annotated Bibliography and Bibliography to further your knowledge on these topics. In preparation for the conference, each delegation will submit a [position paper](#). Please take note of the [NMUN policies](#) on the website and in the [Delegate Preparation Guide](#) regarding plagiarism, codes of conduct, dress code, sexual harassment, and the awards philosophy and evaluation method. Adherence to these guidelines is mandatory.

The [NMUN Rules of Procedure](#) are available to download from the NMUN website. This document includes the long and short form of the rules, as well as an explanatory narrative and example script of the flow of procedure. It is thus an essential instrument in preparing for the conference, and a reference during committee.

If you have any questions concerning your preparation for the Committee or the Conference itself, feel free to contact the Under-Secretaries-General for the ECOSOC Department, Ardis Smith (Conference A) and Monika Milinauskyte (Conference B). You can reach either USG by contacting them at: usg.ecosoc@nmun.org.

We wish you all the best in your preparations and look forward to seeing you at the conference!

Sincerely,

Conference A

Linda Critzer, *Director*
Stéphanie Toschi, *Assistant Director*

Conference B

Tsesa Monaghan, *Director*
Estefani Morales, *Assistant Director*



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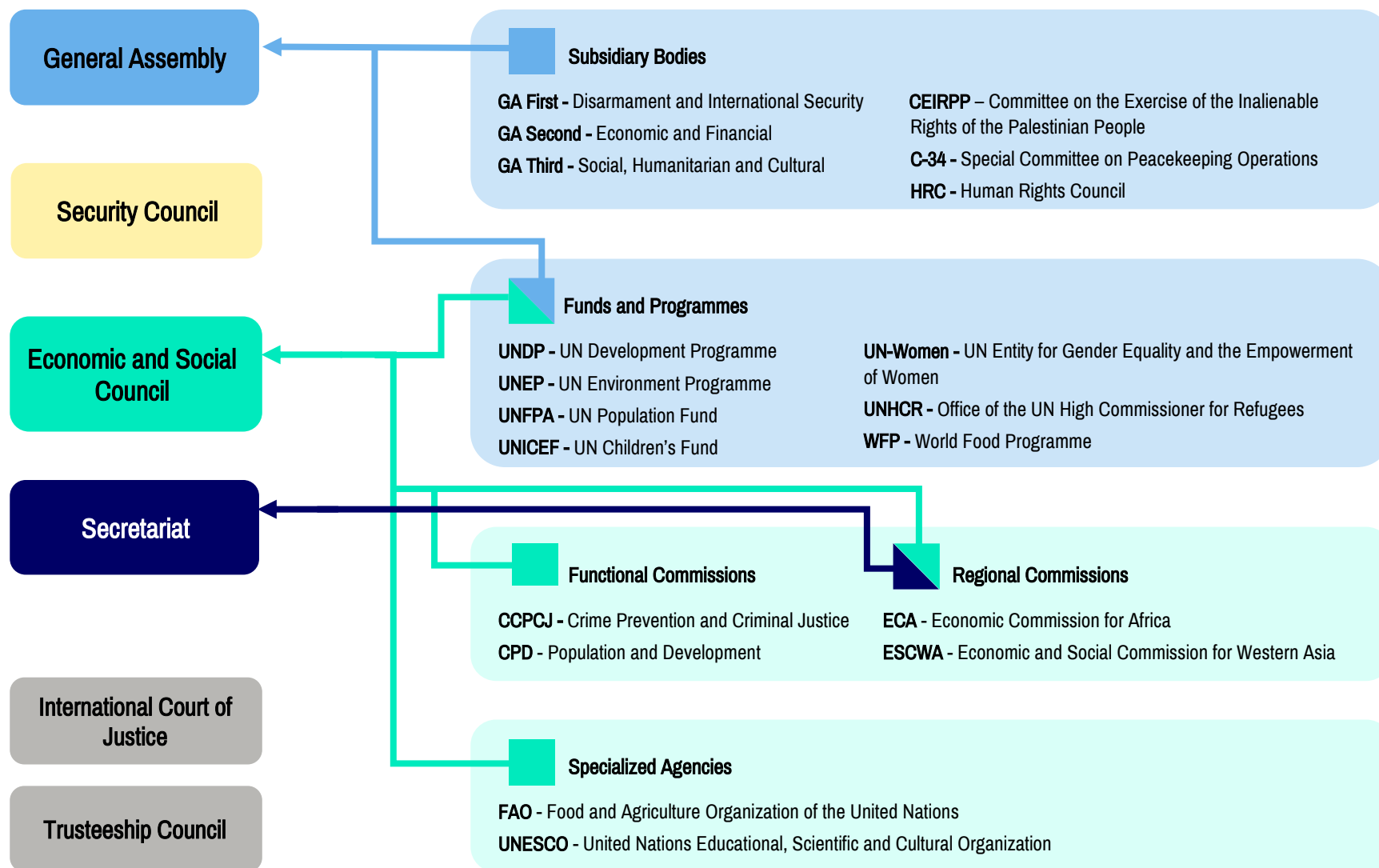
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Abbreviations

| | |
|---------------|--|
| AU | African Union |
| CEB | Chief Executives Board |
| CPD | Commission on Population and Development |
| CRPD | Community for Reproductive Health and Population Development |
| CSO | Civil society organizations |
| CSW | Commission on the Status of Women |
| DESA | Department of Economic and Social Affairs |
| ECOSOC | Economic and Social Council |
| FGM | Female genital mutilation |
| GA | General Assembly |
| HRC | Human Rights Council |
| ICPD | International Conference on Population and Development |
| IFA | International Federation on Ageing |
| IHR | International Health Regulations |
| IWHC | International Women's Health Coalition |
| IYOP | International Year of Older Persons |
| MDG | Millennium Development Goals |
| MIPAA | Madrid International Plan of Action on Ageing |
| NGO | Non-governmental organization |
| NMUN | National Model United Nations |
| NPOP | National Policy on Older Persons |
| OHCHR | Office of the High Commissioner for Human Rights |
| OWG | Open Working Group on Sustainable Development Goals |
| PHC | Primary healthcare |
| SDG | Sustainable Development Goals |
| SRH | Sexual and reproductive health |
| SRI | Sexual Rights Initiative |
| UC | Universal coverage |
| UDHR | Universal Declaration of Human Rights |
| UFPA | Ukrainian Family Planning Association |
| UN | United Nations |
| UNECE | United Nations Economic Commission for Europe |
| UNFPA | United Nations Population Fund |
| UNGASS | United Nations General Assembly Special Session |
| UNPFII | United Nations Permanent Forum on Indigenous Issues |
| WEAAD | World Elder Abuse Awareness Day |
| WHO | World Health Organization |
| WPAY | World Programme of Action for Youth |

United Nations System at NMUN·NY

This diagram illustrates the UN System simulated at NMUN·NY. It shows where each committee “sits” within the system, to help understand the reportage and relationships between the entities. Examine the diagram alongside the Committee Overview to gain a clear picture of the committee's position, purpose and powers within the UN System.





Committee Overview

Introduction

The year 2014 marks the twentieth anniversary of the International Conference on Population and Development (ICPD).¹ The outcome of this conference, the *Programme of Action*, identifies the links between a myriad of population and development issues, including sexual and reproductive health, human rights, and sustainable development. Since its adoption, immense progress has been made on population and development issues; while 1 in 2 people worldwide were living in extreme poverty in 1990, that ratio lowered to 1 in 5 by 2010.² Maternal deaths have been reduced by almost 50%, while contraceptive use has increased and fewer adolescent girls are bearing children.³ New human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) transmissions also decreased by 33% between 2001 and 2012.⁴ While the international community is making remarkable progress in tackling these issues, many challenges and questions still remain. In particular, increasing inequality poses a great threat to sustaining the progress that has been made in a world home to now over 7 billion people, as 8% of the global population controls 82% of the world's wealth.⁵

The United Nations Commission on Population and Development (CPD) is a functional commission, reporting to the Economic and Social Council.

Changing demographics means diversifying challenges and opportunities in development. Today, young people make up almost half of the world's population, while the world population also increasingly lives in urban areas.⁶ Trends in population will shape the post-2015 development agenda for the United Nations (UN), so the Commission on Population and Development (CPD) will continue to be at the forefront of these debates and serve as a critical body to research and discuss these issues.⁷

History

The roots of CPD are found in the Population Commission, established by the Economic and Social Council (ECOSOC) in 1946 to offer a forum for discussion on international population issues.⁸ One of the central ways of facilitating this discussion was through multilateral conferences, with agendas approved by the Commission and organization by the UN Population Division.⁹ The first conference, the World Population Conference, took place in Bucharest, Romania in August 1974.¹⁰ All but two of the UN's 138 Member States sent representatives, although only 59 states were promoting family planning at the time.¹¹ The political debates held illustrated the polarization of views on this subject, with two dominant perspectives: rapid population growth as a negative effect upon development, or as a negative result of underdevelopment that should be addressed through economic redistribution.¹² The second conference, the International Conference on Population, hosted in Mexico City in August 1984 and attended by 147 Member States, revealed a change in political landscape; more countries were promoting population policies and family planning.¹³

The Population Commission served as a Preparatory Committee for the most recent conference, the ICPD, also known as the Cairo Conference.¹⁴ Held in September 1994, this conference changed the way population and development fields were approached, also marking a re-envisioning of the Population Commission, now mandated to follow-up on the conference.¹⁵ The debate leading up to and taking place at the conference no longer centered on economics, but rather,

¹ UNFPA, *How Has the World Changed in the Last 20 Years?*, 2014.

² UN CPD, *Report on the forty-seventh session*, 2014; UNFPA, *How Has the World Changed in the Last 20 Years*.

³ UNFPA, *How Has the World Changed in the Last 20 Years?*, 2014.

⁴ Ibid.

⁵ Ibid.

⁶ UN CPD, *Ten Key Findings and Points for Action*, 2014, p. 2.

⁷ Ibid.

⁸ UN Population Division, *Commission on Population and Development; UN ECOSOC, Resolutions adopted by the Economic and Social Council during its Third Session from 11 September to 10 December 1946 (E/245/Rev.1)*, 1946.

⁹ UN Population Division, *United Nations Conferences on Population*.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Hayes, *Cairo and the Changing Definition of Population and Development Issues*, 1995, pp. 20-21.

the dominant perspective that emerged considered the environment, human rights, and civil society, as essential components of a holistic approach to population and development.¹⁶ The conference was the first to introduce the notion of sexual and reproductive health and reproductive rights, tied strongly to promotion of women's equity and rights.¹⁷ The outcome of the conference was the *Programme of Action* (1994) that articulates a wide range of goals for the UN and Member States to achieve over the following 20 years, which has guided the CPD's work in the past two decades.¹⁸ The document was critiqued for its lack of centralized focus, while also viewed as an important step in women's empowerment; in fact, one-third of the recommendations specifically mention women or girls.¹⁹ Themes of development and population were strongly linked for the first time, as the UN decided that women's empowerment, through routes such as education and realization of human rights, would be the key to reducing population growth.²⁰ Adopted by consensus, this document sent a strong political message about the included themes, and motivated numerous countries to review and change their national policies, for example by removing barriers to access contraceptives.²¹

Mandate

The mandate of the Commission is to provide “advice and assistance on matters affecting or affected by population changes,” with the specific charge:

“[to play] the primary role in the follow-up to the implementation of the Programme of Action of the International Conference on Population and Development, and that the Commission, as a functional commission assisting the Council, would monitor, review and assess the implementation of the Programme of Action at the national, regional and international levels and advise the [Economic and Social Council] thereon.”²²

In its founding document, the ECOSOC resolution entitled “Population Commission” (1946), the Population Commission was initially entrusted with the responsibility of: conducting studies and advising ECOSOC on the context, triggers and changes to population and related policies, the relationship between economic and social issues and population, migration, and other population challenges which may emerge.²³ Its mandate was redefined and expanded in 1994 with the adoption of General Assembly (GA) resolution 49/128.²⁴ In conjunction with the ICPD in Cairo, the GA decided to “revitalize” the former Population Commission.²⁵ Accordingly, it was decided that the renamed Commission on Population and Development would be the organization designated to “monitor, review and assess the implementation of the *Programme of Action* at the national, regional and international levels and advise ECOSOC thereon.”²⁶ This expanded mandate was endorsed by ECOSOC in resolution 1995/55 on “Implementation of the Programme of Action of the International Conference on Population and Development.”²⁷

Governance, Structure and Membership

As a functional commission of ECOSOC, CPD serves in an advisory role to both ECOSOC, as well as the UN system as a whole.²⁸ The Commission comprises 47 members, elected to serve four-year terms.²⁹ The members are geographically diverse, with 12 seats for African states, 11 Asian-Pacific states, 5 Eastern European states, 9 Latin

¹⁶ Hayes, *Cairo and the Changing Definition of Population and Development Issues*, 1995, pp. 16-20.

¹⁷ UN Population Division, *United Nations Conferences on Population*.

¹⁸ Ibid; UNFPA, *International Conference on Population and Development Programme of Action*, 1994.

¹⁹ Mirkin, *Evolution of National Population Policies since the United Nations 1954 World Population Conference*, 2005, p. 305.

²⁰ Hayes, *Cairo and the Changing Definition of Population and Development Issues*, 1995, p. 21.

²¹ Ibid; Mirkin, *Evolution of National Population Policies since the United Nations 1954 World Population Conference*, 2005, p. 306.

²² UN General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994.

²³ UN ECOSOC, *Resolutions adopted by the Economic and Social Council during its Third Session from 11 September to 10 December 1946 (E/245/Rev.1)*, 1946; New Zealand, *United Nations Handbook 2013-14*, 2013.

²⁴ UN General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994, p. 4.

²⁵ Ibid.

²⁶ Ibid.

²⁷ UN ECOSOC, *Implementation of the Programme of Action of the International Conference on Population and Development (E/1995/55)*, 1995.

²⁸ UN General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994.

²⁹ UN General Assembly, *Implementation of the Programme of Action of the International Conference on Population and Development (A/RES/50/124)*, 1996.

American and Caribbean states, and 10 Western European and Other states.³⁰ Members are expected to have a professional and/or academic background in population and development issues.³¹ The Commission meets annually in New York City, while the Bureau of the CPD holds inter-sessional meetings to prepare for the annual meetings.³²

In General Assembly resolution 50/24 on “Implementation of the Programme of Action of the International Conference on Population and Development,” adopted 23 February 1996, the body encouraged voluntary donations from Member States, particularly developed Member States, to ensure that the goals in the follow-up of the ICPD could be met.³³ The general administration of the CPD is funded by the UN, but the Commission has also encouraged Member States and government agencies to provide support to its work.³⁴

Closely related to the work of the CPD is the United Nations Population Fund (UNFPA). Both bodies were tasked with following up on the ICPD, but execute this mandate differently. While the Commission conducts normative work and serves as a forum for discussion, meeting only once a year, UNFPA conducts operational work and carries out programming at the field-level. UNFPA has offices around the world, and its staff works in partnership with a range of actors, including governments, as well as other UN agencies, and the civil society and private sector “to implement the Platform by offering technical guidance and expertise, training, and implementing programs to meet these goals.”³⁵ As specified in the Strategic Plan 2014-2017, UNFPA will continue to advance implementation of the Platform with a special emphasis on sexual and reproductive health care. UNFPA’s work is primarily carried out at the field-level, at both national and local levels, “primarily through advocacy, policy dialogue/advice, and capacity development, such as by supporting national governments to develop guidelines, protocols, standards, and quality of care mechanisms.”³⁶ In contrast, CPD monitors and assesses the implementation of the Platform, noting where progress has been made, drawing attention to areas where progress has been insufficient, and calling on relevant bodies, primarily UNFPA or other related entities, to continue or improve their work, rather than operating at field-level on these issues.³⁷

The Population Division within the Department of Economic and Social Affairs (DESA) serves as the substantive secretariat for the Commission.³⁸ The staff of the division support the work of the Commission by preparing background materials, ensuring logistics are organized and carrying out reports or studies upon request of the members of the Commission. The Population Division is divided into two branches, the Demographic Analysis Branch and the Population Studies Branch.³⁹ Each branch contains multiple sections, which are responsible for varying tasks relating to one topic that include monitoring trends and policies, maintaining databases, organizing meetings, and producing official documents and reports, among other responsibilities.⁴⁰

Functions and Powers

The primary functions of CPD are:

1. To conduct studies on population and development themes;
2. To monitor, review, and assess the ICPD *Programme of Action*; and
3. To give recommendations to ECOSOC on these themes.⁴¹

The Commission serves primarily an advisory function, offering recommendations for Member States and ECOSOC to take action on a wide variety of topics relating to population and development, and reviewing the status of the

³⁰ New Zealand, *United Nations Handbook 2013-14*, 2013.

³¹ Ibid; UN General Assembly, *Implementation of the Programme of Action of the International Conference on Population and Development (A/RES/50/124)*, 1996, p. 3.

³² UN CPD, *Report on the forty-seventh session*, 2014.

³³ UN General Assembly, *Implementation of the Programme of Action of the International Conference on Population and Development (A/RES/50/124)*, 1996, p. 4.

³⁴ UN CPD, *Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development (Resolution 2014/1)*, 2014.

³⁵ UNFPA, *About UNFPA*.

³⁶ UNFPA, *Strategic Plan: 2014-2017*, 2013, pp. 6-7.

³⁷ UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014, p. 20.

³⁸ New Zealand, *United Nations Handbook 2013-14*, 2013, p. 138.

³⁹ UN Population Division, *Branches and Sections*.

⁴⁰ Ibid.

⁴¹ UN Population Division, *About the Commission on Population and Development*.

implementation of the ICPD Platform.⁴² The Commission conducts normative work, meaning that they are able to steer international priorities in the fields of population and development. Through its resolutions, the CPD discusses development topics and encourages Member States to contribute further resources to implement the Platform, highlighting “the importance of international cooperation and the role of public-private partnerships.”⁴³

The Commission holds an annual session to discuss population issues; these annual sessions are the only meetings of the CPD, serving as a critical forum for discussion of international development and for setting international norms and standards.⁴⁴ The resolutions of these sessions guide priorities of the international community on these topics, and review progress made on the Platform. The CPD can also expand on the Platform to address changing demographics and new challenges, calling on the international community to strengthen their efforts on specific themes.⁴⁵ These include dealing with unique challenges faced by various demographic segments of the population, such as ageing populations and youth. They also discuss issues related to fertility and family planning, as well as population changes, such as through urbanization, migration, and shifts in population trends.⁴⁶ The CPD raises awareness of population changes and notes their implications, such as by highlighting the linkages between changing age structures and an ageing population, and the difficulties in providing social support and opportunities for political engagement for elderly populations.⁴⁷ The Commission can strengthen global frameworks by calling for certain standards, such as “zero tolerance [policies] regarding violence against women and girls.”⁴⁸

As part of its mandate to conduct studies and provide research, the substantive secretariat of the CPD, the Population Division of the Department of Economic and Social Affairs is responsible for researching population and development issues, particularly as they relate to the status of the implementation of the Platform.⁴⁹ For example, the CPD can request the Population Division to conduct or continue research on specific topics, such as population growth.⁵⁰ The CPD can also call for increased research in its resolutions when it finds that information about the status of certain issues is lacking, such as by requesting the UNFPA or Secretary-General to increase research on population growth, or encouraging Member States to collect population data to enable better comparisons and gain a full picture of population and development in every state.⁵¹

Current Priorities

The ICPD provides a general framework of priorities for the CPD; under the umbrella of population and development, the Commission seeks to research and address a wide variety of issues, with human rights, sustainable development, and gender equity as interwoven priorities.⁵² The priorities of the CPD are informed by current demographics.⁵³ Accordingly, youth and adolescents are currently a large priority for the Commission, as the world population today is younger than ever before, leading the CPD to choose the special topic for its 45th session “Adolescents and youth.”⁵⁴ Meanwhile,

⁴² UN ECOSOC, *Implementation of the Programme of Action of the International Conference on Population and Development (E/RES/1995/55)*, 1995; UN Population Division, *About the Commission on Population and Development*.

⁴³ UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014, p. 5.

⁴⁴ *Ibid.*

⁴⁵ UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014, p. 4.

⁴⁶ UN Population Division, *About the Commission on Population and Development*.

⁴⁷ UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014, p. 4.

⁴⁸ *Ibid.*, p. 5.

⁴⁹ UN Population Division, *Compendium of Recommendations on Population and Development: Commission on Population and Development, 1994-2014 (Volume I)*, 2014, p. 5.

⁵⁰ *Ibid.*, p. 59.

⁵¹ UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014, p. 6.

⁵² UN CPD, *Assessment of the Status of the Implementation of the Programme of Action of the International Conference on Population and Development*, 2014.

⁵³ UNFPA, *How Has the World Changed in the Last 20 Years*.

⁵⁴ UN CPD, *Assessment of the Status of the Implementation of the Programme of Action of the International Conference on Population and Development*, 2014, p. 3; UN Population Division, *Compendium of Recommendations on Population and Development: Commission on Population and Development, 1994-2014 (Volume I)*, 2014, p. 67.

older people are also receiving increased attention as they represent the fastest growing segment of the population.⁵⁵ The Commission takes a focus on health, with priorities such as addressing HIV/AIDS.⁵⁶ The Commission also addresses gender disparities, particularly as they relate to health and family planning, and accordingly prioritizes maternal health, sexual and reproductive health (SRH), and fertility.⁵⁷ They also investigate general population trends and policies, by reviewing migration, urbanization, marriage, population structures, and ageing.⁵⁸

A particularly important concern to the Commission and the population and development community internationally is currently SRH. Although the world witnessed much progress on the ICPD *Programme of Action*, one of the largest remaining gaps in its full implementation is realizing women's sexual and reproductive rights.⁵⁹ The use of contraception has increased since the inception of the ICPD but progress still lags with leaving approximately 222 million women worldwide lacking access to modern contraception.⁶⁰ The Commission encourages governments to remove restrictions for all women, including adolescents, to SRH services and information.⁶¹ It is also seeking to influence the post-2015 development agenda and the Sustainable Development Goals, the predecessor to the Millennium Development Goals, through emphasizing the right to dignity held by each person, in addition to reproductive rights.⁶²

Recent Sessions

The most recent session of the Commission was held in April 2013 and 2014.⁶³ The forty-seventh session of the Commission, held in 2014, discussed the theme "Assessment of the Status of Implementation of the Programme of Action of the International Conference on Population and Development."⁶⁴ In one of his reports on the topic, the Secretary-General described the current state of population and development, elaborating upon such trends as increasing young population growth, decreasing population growth in developed countries, and the population shift to urban areas, among others.⁶⁵ It was concluded that the "current state of the world's population is one of unprecedented diversity and change, reflected in new patterns of fertility, mortality, migration, urbanization and ageing."⁶⁶ The second report underscored the importance of human rights and dignity for all and ties sexual and reproductive health rights and education to girls' well-being.⁶⁷

As a follow-up to the 20-year anniversary of the ICPD, the CPD reviewed the current state of the *Programme of Action*. They highlighted that any action taken to implement the Platform was "integrally linked to global efforts to eradicate poverty and achieve sustainable development."⁶⁸ The CPD encouraged Member States to create policies that addressed gaps in their approaches to poverty and sustainable development that "address the needs of children, adolescents and youth, older persons, unemployed persons and persons with disabilities, as well as other disadvantaged and marginalized groups in both urban and rural areas."⁶⁹

The General Assembly held a Special Session (UNGASS) during their sixty-ninth session to review the implementation of the ICPD Platform after 20 years, and "to renew political support for actions required for the full achievement of its

⁵⁵ UN CPD, *Assessment of the Status of the Implementation of the Programme of Action of the International Conference on Population and Development*, 2014; UNFPA, *How Has the World Changed in the Last 20 Years?*, 2014.

⁵⁶ UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014.

⁵⁷ UN CPD, *Assessment of the Status of the Implementation of the Programme of Action of the International Conference on Population and Development*, 2014; UN Population Division, *Compendium of Recommendations on Population and Development: Commission on Population and Development, 1994-2014 (Volume I)*, 2014.

⁵⁸ UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014.

⁵⁹ UNFPA, *How Has the World Changed in the Last 20 Years?*, 2014.

⁶⁰ *Ibid.*

⁶¹ UN CPD, *Need to Address Gaps in Sexual, Reproductive Health Recurrent Theme as Population Commission Adopts Resolution by Consensus*, 2014.

⁶² UNFPA, *Mapping a Sustainable Development Agenda for the 21st Century*, 2014.

⁶³ UN CPD, *Report on the forty-seventh session*, 2014.

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

⁶⁶ UN CPD, *Report on the forty-seventh session*, 2014.

⁶⁷ *Ibid.*

⁶⁸ UN CPD, *Report on the forty-seventh session*, 2014.

⁶⁹ *Ibid.*

goals and objectives.”⁷⁰ This meeting was held 22 September 2014, and served as a forum to review progress thus far and establish what further multilateral action must be taken.⁷¹ The session was met with widespread support to continue work on the themes identified in the Platform past its initial expiration, and reviewed the work of the Commission and its partners in the past two decades.⁷² In his opening remarks, the UN Secretary-General Ban Ki-moon thanked the CPD and UNFPA for their leadership and work in advancing the goals of the Platform.⁷³ He highlighted the progress made by the UN, but expressed that emphasis must continue to be placed on achieving “inclusive, sustainable development,” reducing economic inequalities, ensuring women’s rights, and promoting sexual and reproductive health.⁷⁴

Conclusion

The CPD is an advisory UN body that reports to ECOSOC and makes recommendations on the international and national level about population and development themes. Some of the most important themes are changing demographics, health, family planning and sexual and reproductive health, and human rights, which are all influenced by current population growth, migration, and urbanization. Due to emerging demographic trends, health care for youth and elderly populations are also gaining attention. The theme of women’s empowerment is viewed by the Commission as interwoven with all other themes it discusses, and is also usually included in its resolutions, while the theme of sexual and reproductive health also is seeing increased importance.⁷⁵ As the ICPD marks its twenty-year anniversary, the Commission is looking forward to updating the priorities and establishing a revised post-2015 agenda. It will be reflecting on its role in shaping this agenda by identifying where there are gaps in implementation of the PoA and identifying new population trends that should be discussed at the international level.⁷⁶

⁷⁰ UN General Assembly, *Follow-up to the International Conference on Population and Development beyond 2014 (A/RES/65/234)*, 2011, p. 2.

⁷¹ Ibid; UN General Assembly, *Organization of the special session of the General Assembly on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014 (A/RES/67/250)*, 2013.

⁷² UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014.

⁷³ UN Secretary-General, *Remarks at the Opening of the UNGASS on the 20th Anniversary of the ICPD*, 2014.

⁷⁴ Ibid.

⁷⁵ UN Population Division, *Compendium of Recommendations on Population and Development: Commission on Population and Development, 1994-2014 (Volume I)*, 2014, p. 35.

⁷⁶ UN CPD, *Report on the forty-seventh session*, 2014; UNFPA, *ICPD Beyond 2014*.

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United Nations, Department of Economic and Social Affairs, Population Division. (n.d.). *About the Commission on Population and Development* [Website]. Retrieved 10 July 2014 from: <http://www.un.org/en/development/desa/population/commission/index.shtml>

For a general overview of the work of the commission, delegates should refer to the official website of the CPD. This website highlights the mandate and functions of the CPD, in addition to offering a short history of the commission. This page also can serve as a reference for further links that may be of interest to delegates, including recent sessions and critical themes to the CPD.

United Nations, Commission on Population and Development, Forty-seventh session. (2014). *Report on the forty-seventh session (26 April 2013 and 7-11 April 2014)*. Retrieved 12 July 2014 from: <http://undocs.org/e/2014/25>

The report of the 47th session of the CPD will be highly value for delegates to understand the work of the commission, as well as learn more about current concerns of the commission. During the most recent session, world demographic trends were discussed, alongside a review of the UN's work on the Programme of Action of the ICPD. This report will provide the foundation for delegates' work on these topics in committee and is essential reading.

United Nations, Department of Economic and Social Affairs, Population Division. (2014). *Compendium of Recommendations on Population and Development: Commission on Population and Development, 1994-2014 (Volume I)*. Retrieved 12 October 2014 from:

<http://www.un.org/en/development/desa/population/publications/pdf/policy/Compendium/Volume%20I/Vol.%20I%20Full%20report.pdf>

This document, distributed by the UN Population Division, is a compilation and analysis of all resolutions adopted by the CPD since 1994. Delegates may find this useful when researching the various topics for the conference, as it provides all the resolutions in one easy-to-navigate document. The resolutions of the CPD are organized thematically, with introductory information on each major theme. The volume is also helpful in clarifying the role of the CPD and its functions.

United Nations, General Assembly, Forty-ninth session. (1994). *Report of the International Conference on Population and Development (A/RES/49/128)* [Resolution]. Retrieved 6 August 2014 from: <http://undocs.org/a/res/49/128>

The General Assembly's resolution concerning the adoption of the ICPD is important for delegates to read to understand the mandate of the CPD. This resolution entrusts the CPD with an updated mandate to monitor, review, and assess the implementation of the ICPD Programme of Action. The report also discusses Member States' governments' roles in implementing the Programme of Action and spreading awareness about it to their populations.

United Nations, General Assembly, Sixty-ninth session. (2014). *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*. Retrieved 12 October 2014 from: <http://www.undocs.org/a/69/122>

This report of the Secretary-General is a review of the work of the CPD in the past two decades. It essentially summarizes the resolutions of the CPD and identifies the key themes that were discussed by the Commission. This is a critical document for delegates to better understand how exactly the CPD works and what topics it has viewed as priorities.

United Nations Population Fund. (n.d.) *ICPD Beyond 2014* [Website]. Retrieved 16 August 2014 from: <http://www.icpdbeyond2014.org>

This website was created by the UNFPA to inform people around the world about the updates to the population and development agenda as guided by the ICPD. It also seeks to solicit input from people on what they view as priorities for the future. It is a key resource for delegates to see how the topics discussed at National Model United Nations (NMUN) fit into the current work being done on the Programme of Action, in addition to brief information on the main themes of poverty and inequality, women and girls, young people, reproductive health and rights, environmental sustainability, ageing, and urbanization and migration.

United Nations Population Fund. (2014). *How Has the World Changed in the Last 20 Years?* [Website]. Retrieved 16 August 2014 from: www.unfpa.org/public/home/news/pid/16955

This list published by the UNFPA informs readers of ways in which the world has changed since the adoption of the ICPD. It summarizes much of the progress that has been made, such as in reducing extreme poverty, while highlighting the gaps in progress that must continue to be addressed. This information provides an interesting introduction into the landscape of population and development today and the setting in which the post-2014 agenda is being discussed.

United Nations, Population Fund. (1995). *International Conference on Population and Development Programme of Action* [Report]. Retrieved 12 July 2014 from: www.unfpa.org/public/home/publications/pid/1973

The International Conference on Population and Development, also known as the Cairo Consensus, is a key document for delegates to be familiar with. More specifically, the Programme of Action lays out steps for the UN to take to make progress on the defined priorities, and its implementation is under the purview of the Commission. Monitoring and reviewing the implementation of the ICPD Programme of Action is one of the major responsibilities of the CPD, and its themes guide much of the work of the committee. Some key themes in the document include reproductive rights and gender equality, human rights, and maternal health.

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

Introduction

The World Health Organization (WHO) defines sexual rights as “the fulfillment of sexual health tied to the extent to which human rights are respected, protected and fulfilled.”⁷⁷ The United Nations (UN) and its related organizations have striven towards accomplishing these rights for all individuals.⁷⁸ Increasing awareness of women’s rights has been a goal of the UN since the establishment of the Commission on the Status of Women (CSW) on 21 June 1946 in Economic and Social Council (ECOSOC) resolution 11(II).⁷⁹ The establishment and development of CSW and other UN entities, such as the Commission on Population and Development (CPD), has contributed to the empowerment of women and encouraged discussion of the pertinent topic of sexual and reproductive rights for women and girls.⁸⁰ Despite progress, barriers still exist today for such rights, and topics significant to alleviating these barriers include family planning, contraception, HIV/AIDS and sexual education.⁸¹ It is important for continual international discussion on these rights, including efforts made and accomplished by Member States through the Millennium Development Goals (MDGs) and the post-2015 development agenda, as these also play a significant role in the achievement of sexual and reproductive rights, health services, and education.

International and Regional Framework

Documents such as the *Universal Declaration of Human Rights* (1948), the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW, 1979), and the *Beijing Platform for Action* (1995) have been key in establishing the rights of women.⁸² The movement towards the promotion of sexual reproductive rights, health services, and education began at the inaugural 1994 International Conference on Population and Development (ICPD) in Cairo, Egypt.⁸³ In the conference report, the importance of sexual, reproductive, and health rights were extended to both women and men, granting the right to a healthy and safe sexual life.⁸⁴ Previous conferences had focused mainly on family planning and fertility control; ICPD stressed the need to officially recognize the rights of a person for family planning, sexual education and access to health services.⁸⁵ In 1999, a second ICPD conference was held to further discuss which goals had been achieved and which goals were still unmet in the five years since the first conference.⁸⁶ As an effect of the continuing efforts to meet the goals set out at the 1999 ICPD+5 Conference, several conferences, conventions, and resolutions within the General Assembly (GA), CPD, and ECOSOC have promoted sexual and reproductive rights as basic human rights.⁸⁷

At the World Programme of Action for Youth (WPAY) in 2000, goals to reach within 10 to 20 years of ICPD were set.⁸⁸ The resulting report stated that all people are equal and free in their rights, including sexual and reproductive health.⁸⁹ As a main cause of sexual health issues is a lack of services and information available to adolescents, WPAY proposed actions in removal of legislation and policies that hinder girls and women from health and education access.⁹⁰ At the 2005 World Summit, the importance of “ensur[ing] equal access to reproductive health” to support women’s empowerment was considered.⁹¹ The summit discussed thematic topics such as development, HIV/AIDS, eliminating discrimination of women and reproductive health access for all.⁹²

⁷⁷ WHO, *Sexual and Reproductive Health*, 2014.

⁷⁸ UNFPA, *UNFPA*, 2014.

⁷⁹ UN-Women, *Commission on the Status of Women*, 2014.

⁸⁰ UNFPA, *UNFPA*, 2014.

⁸¹ *Ibid.*

⁸² UN-Women, *Commission on the Status of Women*. 2014.

⁸³ United Nations, *Report of the International Conference on Population and Development (A/CONF. 17/1/13/Rev. 1)*, 1995.

⁸⁴ *Ibid.*

⁸⁵ *Ibid.*

⁸⁶ UNFPA, *Progress in the Implementation of the ICPD Programme of Action*, 1999.

⁸⁷ UN CPD, *Framework of Action for the follow-up to the Programme of Action of the International Conference on Population and Development (E/CN.9/2014/4)*, 2014.

⁸⁸ United Nations, *Report of the International Conference on Population and Development (A/CONF. 17/1/13/Rev. 1)*, 1995.

⁸⁹ *Ibid.*

⁹⁰ UN ECOSOC, *World Programme of Action for Youth*, 2010, pp. 23-24.

⁹¹ UN General Assembly, *2005 World Summit Outcome (A/RES60/1)*, 2005.

⁹² *Ibid.*

During the 65th session of the GA, resolution 65/234 (2010) was adopted; this specifically established the ICPD Beyond 2014 meeting.⁹³ The GA recognized the importance of further implementation of the goals developed from previous ICPD conferences.⁹⁴ The GA also called upon Member States to give participate and contribute, and called for a special session on 22 September 2014 to help further discuss the status of the goals from ICPD.⁹⁵ This session included not only Member States, but also civil society organizations (CSOs), and discussed new goals, including sexual and reproductive health as one of the main foci to be discussed with ICPD.⁹⁶

Several international and regional efforts have built upon the work of ICPD. The *Convention on the Rights of the Child* (1989) emphasizes the significance of the rights of children and youth.⁹⁷ The *Ibero-American Convention on Young People's Rights* (2005) is an example of an international document promoting sexual and reproductive rights.⁹⁸ This Convention was the first international treaty of its type, in that it specifically focused on youth rights.⁹⁹ In this Convention, Member States are called upon to adopt policies, including granting access to “free primary health care, preventive education, nutrition, specialized health care and care of youth health, promotion of sexual and reproductive health.”¹⁰⁰ Another regional example is the *African Youth Charter* (2006), which promoted the ideas of sexual and reproductive health and education among African Union (AU) members.¹⁰¹ The Charter discusses the importance of sexual health and combating discrimination against women, especially those who have sexual diseases as a result of a lack of access to medical services.¹⁰²

Another important current international conversation is on the MDGs, the set of goals agreed upon to accomplish by 2015, and the post-2015 development agenda.¹⁰³ The MDGs illustrate similar goals for reproductive health access to those found in the ICPD *Programme of Action*.¹⁰⁴ MDG 5b specifically notes that there should be a “universal access to reproductive health,” which needs to be a high priority in the post-2015 world.¹⁰⁵ The *Programme of Action* and several MDGs emphasize the significance of access to health services, and several goals are linked to sexual, reproductive, and health rights.¹⁰⁶ MDG 3 entails women’s empowerment through education, non-discrimination, and representation.¹⁰⁷ MDG 4 looks to reduce child mortality, and MDG 5’s goal is to improve maternal health; these both work towards better health systems and ensuring that skilled physicians are trained for childbirth.¹⁰⁸ MDG 6 aims to combat HIV/AIDS and other diseases by educating the global population on safe sex practices, as well as promoting ways to have individuals tested.¹⁰⁹ In relation to new development goals, it was recently decided that the work of the Open Working Group (OWG) on Sustainable Development Goals (SDGs) will be used to combine SDG efforts into the post-2015 development agenda.¹¹⁰ As the 2015 deadline for the MDGs approaches, the SDGs and the post-2015 development agenda are being set to provide goals stemming from the original MDGs.¹¹¹

Role of the International System

⁹³ UN General Assembly, *Follow-up to the International Conference on Population and Development beyond 2014* (A/RES/65/234), 2010.

⁹⁴ Ibid.

⁹⁵ UN General Assembly, *Follow-up to the International Conference on Population and Development beyond 2014* (A/RES/65/234), 2010; UN DESA, *Special Session of the General Assembly on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014*, 2014.

⁹⁶ UN DESA, *Special Session of the General Assembly on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014*, 2014; UN General Assembly, *Follow-up to the International Conference on Population and Development beyond 2014* (A/RES/65/234), 2010.

⁹⁷ UN General Assembly, *Convention on the Rights of the Child* (A/RES/44/25), 1989.

⁹⁸ Child Rights International Network, *Ibero-America: First Youth Rights Convention*, 2014.

⁹⁹ Ibid.

¹⁰⁰ United Nations Children’s Fund, *Ibero-American Convention on Rights for Youth*, 2005.

¹⁰¹ Assembly of the African Union, *African Youth Charter*, 2006.

¹⁰² Ibid.

¹⁰³ UNSCEB, *Report of the High-level Committee on Programmes on its twenty-fifth session* (CEB/2013/4), 2013.

¹⁰⁴ UN Commission on the Status of Women, *Women, the girl child, and HIV and AIDS* (E/CN/6/2014/L.5), 2014.

¹⁰⁵ Sexual Rights Initiative, *Application of a Human Rights-based Approach to Sexual and Reproductive Health*, 2012.

¹⁰⁶ United Nations, *Report of the International Conference on Population and Development* (A/CONF. 17/1/13/Rev. 1), 1995.

¹⁰⁷ United Nations, *We Can End Poverty: Millennium Development Goals and Beyond 2014*, 2014.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid.

¹¹⁰ International Institute for Sustainable Development, *OWG Report to be “Main Basis” for SDGs in Post-2015 Agenda*, 2014.

¹¹¹ UN General Assembly, *Report of the Open Working Group of the General Assembly on Sustainable Development Goals* (A/68/970), 2014.

A Population Commission was established on 3 October 1946; it was later renamed the Commission on Population and Development (CPD) on 19 December 1994 in GA resolution 49/128 as a means of integrating a three-tiered intergovernmental structure which would deal mainly with the continuation of the *ICPD Programme of Action*.¹¹² At CPD's 47th session, the Commission called on Member States to recognize the importance of using goals from ICPD to further development.¹¹³ CPD noted the unfinished goals of ICPD and urged action from Member States to accomplish these goals.¹¹⁴ A resulting document from this session mentioned several different recent statistics on goals such as maternal health and combating child mortality, as well as others that require more attention, like ending discrimination against women and girls.¹¹⁵ In the report of CPD's 47th session, the impact and consequences of population trends was one of the many problems noted in relation to the post-2015 development agenda.¹¹⁶

Along with CPD, the United Nations Population Fund (UNFPA) has taken a role of supporting and discussing the ideas on sexual and reproductive rights.¹¹⁷ The GA requested at their 65th session that UNFPA help research and present a review on the implementation on ICPD Beyond 2014.¹¹⁸ The UN and other entities have assisted with forums and conferences to promote these ideas, such as the August 2014 UNFPA meeting in Nairobi on Ending Preventable Maternal Deaths in Kenya.¹¹⁹ The GA has also created several initiatives in order to promote ICPD and sexual and reproductive rights. Such discussions occurred at their 65th and 67th sessions, including resulting documents such as resolution 67/146 on "Intensifying global efforts for the elimination of female genital mutilation" and 67/250 on "Organization of the special session of the General Assembly on the follow-up Programme of Action of the International Conference on Population and Development beyond 2014."¹²⁰

Organizations such as the World Health Organization (WHO) focus on specific regions to help develop and research ways to eradicate problems, such as combating HIV/AIDS and providing sanitary conditions at health institutions.¹²¹ Africa is one region WHO works within, and efforts have accomplished much; for example, in promoting the use of different treatments such as antiretroviral therapy, there has been a 24% reduction in new cases of HIV.¹²² Other organizations, such as the CSO Jungle Mamas, have started initiatives to provide training courses in birth attendance in indigenous communities in South America.¹²³ This course teaches individuals not only how to deliver an infant, but also how to provide a clean and healthy environment when doing so.¹²⁴ Other CSOs such as the Ukrainian Family Planning Association (UFPA) and Community for Reproductive Health and Population Development (CRPD) are effective examples of efforts being made to provide healthier sexual and reproductive environments.¹²⁵

Sexual and Reproductive Rights

There are many challenges, past and present, for gaining sexual and reproductive rights throughout the world.¹²⁶ These rights have been denied in the past and are, in some aspects, still being denied today due to the lack of readily available

¹¹² UN ECOSOC, *Resolutions adopted by the Economic and Social Council during its Third Session from 11 September to 10 December 1946 (E/245/Rev. 1)*, 1946; UN DESA, *Commission on Population and Development*, 2014.

¹¹³ United Nations, *Need to Address Gaps in Sexual, Reproductive Health Recurrent Theme as Population Commission Adopts Resolution by Consensus*, 2014.

¹¹⁴ UN CPD, *Report on the forty-seventh session (E/2014/25-E/CN.9/2014/7)*, 2014.

¹¹⁵ UN CPD, *Framework of Action for the follow-up to the Programme of Action of the International Conference on Population and Development (E/CN.9/2014/4)*, 2014.

¹¹⁶ UN CPD, *Report on the forty-seventh session (E/2014/25-E/CN.9/2014/7)*, 2014.

¹¹⁷ UNFPA, *UNFPA*, 2014.

¹¹⁸ UN General Assembly, *Follow-up to the International Conference on Population and Development beyond 2014 (A/RES/65/234)*, 2010.

¹¹⁹ UNFPA, *UNFPA*, 2014.

¹²⁰ UN General Assembly, *Intensifying global efforts for the elimination of female genital mutilations (A/RES/67/146)*, 2013; UN General Assembly, *Organization of the special session of the General Assembly on the follow-up Programme of Action of the International Conference on Population and Development beyond 2014*, 2013.

¹²¹ WHO, *The Work of WHO in the African Region 2012-2013: Biennial Report of the Regional Director*, 2014.

¹²² *Ibid.*

¹²³ See Your Impact, *Jungle Mamas*, 2014.

¹²⁴ *Ibid.*

¹²⁵ United Nations, *List of Civil Society organizations not in consultative status with the Economic and Social Council that have been approved for accreditation to the high-level international intergovernmental event on HIV/AIDS including its preparatory process by Member States, 18 May 2001*, 2014.

¹²⁶ United Nations, *Report of the International Conference on Population and Development (A/CONF. 17/1/13/Rev. 1)*, 1995.

health services.¹²⁷ However, sexual reproductive rights are a human right and should be treated as such.¹²⁸ Even though efforts are being made by international and regional organizations to help promote sexual health rights, barriers still exist today.¹²⁹ As stated in *The Convention on the Rights of the Child* (1989), adolescents have the capability to make decisions that affect their lives; however, parents often times hinder this ability, as some Member States require parental consent to allow adolescents to purchase contraceptives or attend informational sessions on sexual health.¹³⁰ As a result, many adolescents do not seek health education.¹³¹ In situations where parental consent may not be required, adolescents still tend not to seek out available services or to be offered these services due to societal perceptions of youth and sexuality and cost of services.¹³² Among the several barriers of sexual and reproductive health, female genital mutilation (FGM) is one of significant concern.¹³³ This human rights violation approximately affects up to 140 million women and girls globally, and this number continues to grow each year.¹³⁴ FGM not only affects the physical health of women and girls, but also their psychological and reproductive health.¹³⁵ In light of these issues, it is important to discuss efforts that have been and can be made to combat these barriers, as well as the goals yet to be met.

According to WHO, sexual rights include non-discrimination of sexuality and the right to sexual health.¹³⁶ The UNFPA defines sexual rights as access to services such as family planning, antenatal and prenatal care, and sexual health and reproductive education.¹³⁷ Currently, discriminatory practices against sexual and reproductive rights still continue throughout the world.¹³⁸ In addition to the prevalence of FGM, violence against women, including rape, also exists.¹³⁹ Ten to 62% of men, depending on region, revealed that they had committed rape against women, many of whom did not receive any legal punishment.¹⁴⁰ Human Rights Council (HRC) resolution 11/37 recognizes the need to provide sexual and health education in order to proactively assist in sexual and reproductive health.¹⁴¹ Member States and CSOs must continue to promote not only human rights, but sexual and reproductive rights to eliminate these violations.¹⁴²

Maternal Health and Child Mortality

According to an Amnesty International study, every minute and a half, a woman dies while pregnant or giving birth; this equals more than 350,000 women each year.¹⁴³ In order to help combat this problem, it is extremely important to provide women with qualified and attentive antenatal and post-natal care.¹⁴⁴ Currently, 25 to 40 percent of women that die in childbirth could be saved if resources were provided to help prevent unplanned pregnancies.¹⁴⁵ Obstetric fistulas are a medical condition that creates a hole in the vaginal or rectal area due to inadequate medical attention during labor, and this is most prevalent in poorer regions of the world.¹⁴⁶ The need for proper medical care is extremely important to prevent this from occurring because fistulas cause a higher risk at delivering a stillborn child.¹⁴⁷ Member States also need

¹²⁷ UN CPD, *Framework of Action for the follow-up to the Programme of Action of the International Conference on Population and Development* (E/CN.9/2014/4), 2014.

¹²⁸ *Ibid.*

¹²⁹ United Nations, *Report of the International Conference on Population and Development* (A/CONF. 17/1/13/Rev. 1), 1995.

¹³⁰ UN CPD, *Monitoring of population programmes, focusing on adolescents and youth: Report of the Secretary-General* (E/CN.9/2012/5), 2012.

¹³¹ *Ibid.*

¹³² *Ibid.*

¹³³ UN General Assembly, *Intensifying global efforts for the elimination of female mutilation* (A/RES/67/146), 2013.

¹³⁴ *Ibid.*

¹³⁵ *Ibid.*

¹³⁶ WHO, *Sexual and Reproductive Health*, 2014.

¹³⁷ UNFPA, *Making Reproductive Rights and Sexual and Reproductive Health a Reality for All*, 2008.

¹³⁸ UN CPD, *Framework of Action for the follow-up to the Programme of Action of the International Conference on Population and Development* (E/CN.9/2014/4), 2014.

¹³⁹ *Ibid.*

¹⁴⁰ *Ibid.*

¹⁴¹ Sexual Rights Initiative, *Application of a Human Rights-based Approach to Sexual and Reproductive Health*, 2012.

¹⁴² UN CPD, *Framework of Action for the follow-up to the Programme of Action of the International Conference on Population and Development* (E/CN.9/2014/4), 2014.

¹⁴³ Amnesty International, *Amnesty International*, 2013.

¹⁴⁴ *Ibid.*

¹⁴⁵ UN CPD, *World population monitoring, focusing on 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: Report of the Secretary-General* (E/CN.9/2009/3), 2009.

¹⁴⁶ UN General Assembly, *Supporting efforts to end obstetric fistula* (A/RES/67/147), 2013.

¹⁴⁷ *Ibid.*

to address root causes of social inequities.¹⁴⁸ Member States must realize that inequities occur with minority groups, such as women and indigenous groups, and therefore they do not receive proper medical care.¹⁴⁹ It is important that all members of any group are given the same basic human rights.¹⁵⁰

Child mortality is also a direct result of the lack of available reproductive health services to pregnant women, and children should be able to attain the highest level of health.¹⁵¹ The standards for health need to be raised to help reduce child morbidity, referring to the prevalence of diseases among children versus deaths.¹⁵² Overall, certain regions have been more successful in reducing child mortality; however, global targets still have not been met.¹⁵³ ICPD highlighted the links between population issues and child mortality, including reproductive health.¹⁵⁴ Providing access to health services to children and mothers will lessen the rate and change of disease and sickness passed from mother-to-child.¹⁵⁵ Between the years 1990 and 2007, child mortality decreased from 103 to 74 deaths per 1,000 births; however, this decline is not extensive enough to achieve MDG 4 by 2015.¹⁵⁶ Governments need to mandate that health systems become better prepared and equipped to provide post-natal and antenatal care for pregnant women to help reduce the prevalence of child mortality.¹⁵⁷

HIV/AIDS and Family Planning

HIV/AIDS has hindered life expectancy targets in the MDGs and ICPD, and the number of AIDS-related deaths doubled from 810,000 in 1994 to 1.6 million in 2012.¹⁵⁸ A statistic from the Secretary-General's Report (E/CN.9/2009/3) on "World population monitoring, focusing on 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" stated that 3.4% of women, compared to 1.4% of men, are living with HIV.¹⁵⁹ Unmarried women in developing countries often experience a lack of contraceptives, which causes 6 million unplanned pregnancies in the developing world, many of which are stopped through unsafe termination.¹⁶⁰ These unintended pregnancies also occur in women who have HIV/AIDS and are not using contraceptives or are using them incorrectly, and so they become pregnant as a result of unavailable family planning.¹⁶¹ Pregnant women infected with HIV/AIDS should be given priority health services to begin treatment so that there is a less chance for transmission from mother-to-child.¹⁶² Allowing for autonomy, non-discrimination and accountability of sexual health can help individuals become more comfortable with going for testing of sexually transmitted diseases and learning about safe sex practices, as well as gaining better health services from governments.¹⁶³

Child Marriages

The prevalence of child marriages and the need to eliminate all such marriages remains a pertinent international topic.¹⁶⁴ Research provided by ECOSOC from 1970 to 2010 shows that there has been a decline in unions of women at the reproductive ages of 15 to 24.¹⁶⁵ ICPD called on all governments to discourage and eliminate child marriages.¹⁶⁶ If

¹⁴⁸ Sexual Rights Initiative, *Application of a Human Rights-based Approach to Sexual and Reproductive Health*, 2012.

¹⁴⁹ *Ibid.*

¹⁵⁰ *Ibid.*

¹⁵¹ UN Human Rights Council, *Rights of the child: the right of the child to the enjoyment of the highest attainable standard of health (A/HRC/RES/22/32)*, 2013.

¹⁵² *Ibid.*

¹⁵³ UN DESA, *World Mortality Rate 2013*, 2013.

¹⁵⁴ *Ibid.*

¹⁵⁵ United Nations, *Report of the International Conference on Population and Development (A/CONF. 17/1/13/Rev. 1)*, 1995.

¹⁵⁶ UN CPD, *World population monitoring, focusing on 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: Report of the Secretary-General (E/CN.9/2009/3)*, 2009.

¹⁵⁷ *Ibid.*

¹⁵⁸ UN DESA, *World Mortality Rate 2013*, 2013.

¹⁵⁹ UN CPD, *Adolescents and youth: Report of the Secretary-General (E/CN.9/2012/4)*, 2012.

¹⁶⁰ *Ibid.*

¹⁶¹ UN Commission on the Status of Women, *Women, the girl child, and HIV and AIDS (E/CN.6/2014/L.5)*, 2014.

¹⁶² UN CPD, *Adolescents and youth: Report of the Secretary-General (E/CN.9/2012/4)*, 2012.

¹⁶³ UNFPA, *ICPD and Human Rights: 20 years of advancing through UN treaty bodies and legal reform*, 2013.

¹⁶⁴ United Nations, *Report of the International Conference on Population and Development (A/CONF. 17/1/13/Rev. 1)*, 1995.

¹⁶⁵ UN DESA, *National, Regional and Global Estimates and Projections of the Number of Women Aged 15 to 49 Who are Married or in a Union, 1970-2030*, 2013.

¹⁶⁶ United Nations, *Report of the International Conference on Population and Development (A/CONF. 17/1/13/Rev. 1)*, 1995.

women and girls have access to education early in life, they are less likely to marry young.¹⁶⁷ As a result of marrying at a young age, women also bear children at an early age, which causes a higher rate in maternal health issues and maternal mortality, due to lack of proper health services.¹⁶⁸ The spread of sexual diseases, such as HIV/AIDS, are more prevalent as well, since young brides are not always educated on sexual health and contraception.¹⁶⁹ The importance of providing sexual and reproductive rights and education is to help prevent these issues from occurring and provide strategies that empower individuals.¹⁷⁰

Sexual Health Education and Access to Reproductive Health Services

At the 13th session of the United Nations Permanent Forum on Indigenous Issues (UNPFII), sexual education was emphasized as an essential human right.¹⁷¹ An International Expert Group, who consisted of experts in sociocultural regions, specifically discussed this right among indigenous populations and the importance of teaching sexual education as a means of teaching biological processes.¹⁷² Sexual education is important for youths and adolescents in order to combat HIV/AIDS and unwanted pregnancies.¹⁷³ As a means of implementation, governmental, non-governmental, and private organizations need to work with one another to help form policies and systems that will promote health services and education.¹⁷⁴ At the GA's 67th session in 2013, the need for the incorporation of civil society partners, including non-governmental organizations (NGOs), in addressing international issues was emphasized.¹⁷⁵ Several UN and non-UN entities are engaging in creating policies that are health-centric for youth.¹⁷⁶ Such policies include legislation that protect gender inequities and assist with health access.¹⁷⁷ In order to create a sustainable life, women and girls require the freedom to make their own reproductive choices, recognizing that demographics have an influence over sustainability.¹⁷⁸ In a statement made by the International Women's Health Coalition (IWHC) at the 45th session of CPD, they urged governments and other international bodies to act and begin providing health services.¹⁷⁹ It is the obligation of Member States to ensure the human rights of young women, as with all members of society, in order "[to] protect the right of all individuals, including adolescent girls" so that they have the right to make their own decisions.¹⁸⁰

Geração Biz of Mozambique, a program that involves 4 million youth and 7000 facilitators, is an example of how sexual education can impact the global population.¹⁸¹ The program is run by interconnected efforts of the Mozambican Ministries of Education, Health and Youth.¹⁸² It began in 1999 with a focus on providing sexual health education to the youth population.¹⁸³ Classes were held in schools, as well as programs outside of school, which included available counseling sessions and information on safe sexual health practices.¹⁸⁴ This program can serve as an effective model to other Member States in its promotion of the idea on a national scale.¹⁸⁵

¹⁶⁷ UN CPD, *Adolescents and youth: Report of the Secretary-General (E/CN.9/2012/4)*, 2012.

¹⁶⁸ *Ibid.*

¹⁶⁹ *Ibid.*

¹⁷⁰ *Ibid.*

¹⁷¹ UN Permanent Forum on Indigenous Issues, *Report of the international expert group meeting on the theme "Sexual health and reproductive rights: articles 21, 22 (1), 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples" (E/C.19/2014/8)*, 2014.

¹⁷² *Ibid.*

¹⁷³ UN ECOSOC, *Report of the international expert group meeting on the theme "Sexual health and reproductive rights: articles 21, 22 (1), 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples" (E/C.19/2014/8)*, 2014.

¹⁷⁴ UN ECOSOC, *World Programme of Action for Youth*, 2010, p. 62.

¹⁷⁵ UN General Assembly, *Organization of the special session of the General Assembly on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014 (A/RES/67/250)*, 2013.

¹⁷⁶ UNSCEB, *United Nations System: Chief Executives Board for Coordination*, 2014.

¹⁷⁷ *Ibid.*

¹⁷⁸ UN General Assembly, *Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary-General (A/RES/69/62)*, 2014.

¹⁷⁹ UN CPD, *Statement by International Women's Health Coalition, a non-governmental organization in consultative status with the Economic and Social Council 27 April 2012*, 2012.

¹⁸⁰ *Ibid.*

¹⁸¹ UN CPD, *Monitoring of population programmes, focusing on adolescents and youth: Report of the Secretary-General (E/CN.9/2012/5)*, 2012.

¹⁸² *Ibid.*

¹⁸³ WHO, *From Inception to Large-Scale: the Geração Biz programme in Mozambique*, 2009.

¹⁸⁴ WHO, *From Inception to Large-Scale: the Geração Biz programme in Mozambique*, 2009.

¹⁸⁵ *Ibid.*

CSOs and other community organizations can have an impact on raising awareness in the community on reproductive health services at the “local level” through encouraging public forums and open discussions.¹⁸⁶ The UNFPA suggests that CSOs bring health services to rural populations who do not have access to health institutions.¹⁸⁷ CSOs can also help provide more efficient, innovative, and effective health services.¹⁸⁸ The UNFPA project “Stronger-Voices” in Member States such as India provides an example for other CSOs who would like to provide sexual and reproductive health services to women who would otherwise not have access.¹⁸⁹ Funded by UNFPA, the project focuses on specific geographical regions and works with women’s groups in each region to mobilize to the community.¹⁹⁰

It is also important that a human rights-based approach be a main focus of the post-2015 development agenda.¹⁹¹ Member States and CSOs need to focus more on providing women equal opportunities in areas such as politics, education and health.¹⁹² Promotion of non-discrimination of all people with sexually transmitted diseases, as well as the prevention of violence and hate crimes, should be primary foci.¹⁹³ Health systems, as well as civil society and nonprofit health organizations, should make an effort to provide better sexual and reproductive health through education and health services.¹⁹⁴

Conclusion

To help continue efforts to improve sexual reproductive and health rights, it is important that future efforts of the international community and the actions of the UN, consider the cultural and religious traditions of Member States.¹⁹⁵ The importance and prevalence of attention to sexual and reproductive rights continues to grow and is important within the post-2015 development agenda. The work of the UN, CPD, and other organizations provides a hope in achieving the goals set for the ICPD and the new post-2015 development agenda. Within these regional and international frameworks, several goals and targets can be accomplished. It is important that the global population work together to combat the barriers and stigmas of sexual and reproductive health and provide an environment where sexual and reproductive rights can be more fully achieved.

Further Research

Thinking about more actions that can be taken by Member States to move forward in sexual and reproductive rights, delegates should consider the following questions: What practical steps can be taken to promote better access to sexual health services? How can the UN work towards improving sexual education in order to make an impact? Understanding that although there has been a lot accomplished on a regional level, what additionally can be accomplished by national governments? What gaps need to be filled in on the topic of sexual and reproductive health? Are there additional barriers that need to be eliminated?

¹⁸⁶ UNFPA, *UNFPA*, 2014.

¹⁸⁷ *Ibid.*

¹⁸⁸ *Ibid.*

¹⁸⁹ UNFPA, *Stronger Voices*, 2014.

¹⁹⁰ *Ibid.*

¹⁹¹ Sexual Rights Initiative, *Application of a Human Rights-based Approach to Sexual and Reproductive Health*, 2012.

¹⁹² UN CPD, *Framework of Action for the follow-up to the Programme of Action of the International Conference on Population and Development (E/CN.9/2014/4)*, 2014.

¹⁹³ *Ibid.*

¹⁹⁴ *Ibid.*

¹⁹⁵ UN CPD, *Statement of the Mission of Belarus to the United Nations*, 2014.

Annotated Bibliography

Assembly of the African Union. (2006). *African Youth Charter*. Retrieved 5 August 2014 from: http://www.au.int/en/sites/default/files/AFRICAN_YOUTH_CHARTER.pdf

In 2006, the Assembly of the African Union met to write a Charter that would encompass the rights of today's youth population. This Charter was agreed upon by all Member States of the African Union and produced several important goals in youth sexual and reproductive rights, as well as the right to health services and sexual education. This will be a useful source for delegates to use as an example of policies and goals to include in their research. The African Youth Charter gives an overview of the current problems the youth population face and possible actions.

Ibero-American Young Organization (2005). *Ibero-American Convention on Rights of Youth* [Treaty]. Retrieved 28 July 2014 from: [http://www.unicef.org/lac/IberoAmerican_Convention_on_the_Rights_of_Youth\(1\).pdf](http://www.unicef.org/lac/IberoAmerican_Convention_on_the_Rights_of_Youth(1).pdf)

The Ibero-American Convention on Rights for Youth provides important policies regarding youth rights and freedoms. This is the first international treaty of its type and encompasses a complete detail of the basic rights that belong to the youth population. Each article within the document lays out a certain right that belongs to the youth population and what measures are required of those Member States who have agreed to the treaty. Delegates will find this source useful in developing a better understanding of an international treaty on this topic and what this entails.

Sexual Rights Initiative. (2012). *Application of a Human Rights-based Approach to Sexual and Reproductive Health* [Website]. Retrieved 8 July 2014 from: www.worldwewant2015.org/file/298828/download/324187

This is an essential resource for delegates in relation to sexual reproductive rights because the Sexual Rights Initiative (SRI), a coalition of NGOs, focuses on sexual and reproductive health. SRI explains the importance of providing sexual health services to populations and educating on sexual rights. The group strongly urges that not only health services be provided, but that local, regional and national governments are assessed by their efforts in promoting sexual education and human rights. It is suggested that in order to achieve MDG 5 concerning maternal health, the international community should focus on promoting human rights by ensuring health policies include a wide variety of services and education to the public.

United Nations, Commission on Population and Development, Forty-second session. (2009). *World population monitoring, focusing on 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: Report of the Secretary-General* (E/CN.9/2009/3). Retrieved 9 July 2014 from: www.undocs.org/E/CN.9/2009/3

This report was developed in 2009, and it looks at ICPD and the MDGs and their impact on the world population. In the Secretary-General's Report, the importance of decreasing the rate of child mortality is noted. The report calls on more prenatal and post-natal care to help reduce this rate. Signs of progress for combating HIV/AIDS have been recognized; however, there is still a need to provide education for the population to help prevent further spread. It is also stated that women and men have the freedom to access services for reproductive health, as well as education.

United Nations, Commission on Population and Development, Forty-fifth session. (2012). *Adolescents and youth: Report of the Secretary-General* (E/CN.9/2012/4). Retrieved 9 July 2014 from: www.undocs.org/E/CN.9/2012/4

The prevalence of child marriages still existing today is pointed to as a large concern. Therefore, this document highlights the importance of providing women with education so as to discourage child marriages. It also discusses how the amount of young adults partaking in sexual activity before maturation is high, which is associated with higher levels of adolescent fertility due to lack of contraceptive use. Sexually transmitted diseases, as well as other health issues, are contracted as a result of adolescent sexual activity. The report explains that access to education and sexual contraceptives can help mitigate some of these concerns. Delegates will find this source useful while looking for ideas and information on how to provide better access to contraceptives and sexual education.

United Nations, Commission on Population and Development, Forty-fifth session. (2012). *Monitoring of population programmes, focusing on adolescents and youth: Report of the Secretary-General* (E/CN.9/2012/5). Retrieved 9 July 2014 from: www.undocs.org/E/CN.9/2012/5

In this report of the Secretary-General, it is noted that the lack of information on contraceptives is one of the factors that attribute to the lack of contraceptive use among the youth population. It highlights that women and children are sexually abused often, and in the case of women, sometimes by their own partners. Female genital mutilation is also a contentious issue still today, and the report remarks that this act promotes mental and emotional health problems for women. Delegates will benefit from this source in learning more on the issue of female genital mutilation.

United Nations, Economic and Social Council. (2010). *World Programme of Action for Youth* [Report]. Retrieved 8 July 2014 from: <http://www.un.org/esa/socdev/unyin/documents/wpay2010.pdf>

The World Programme of Action for Youth report specifically discusses the current and potential problems youths are facing. Currently, the youth population faces many challenges, including lack of education and human rights and freedom violations, as well as inadequate access to nutritional meals. The potential problems facing the youth population include a lack of social and economic opportunity, higher risk of disease, and deterioration of the environment. The report provides several proposals of action for the betterment of these problems.

United Nations, General Assembly, Sixtieth session. (2005). *2005 World Summit Outcome (A/RES/60/1)* [Resolution]. Adopted by the General Assembly without reference to a main committee (A/60/L.1). Retrieved 7 August 2014 from: www.undocs.org/A/Res/60/1

The World Summit occurred in 2005. In each Chapter of this document, the goals set from the summit were laid out, along with a detailed description of the achievements made in these goals. The resolution discusses the rights of children, along with basic human rights and a commitment to continuing to provide basic human rights to everyone around the world. This resolution will give delegates a strong example of several different topics discussed at the World Summit, which relate to the very important topic of sexual reproductive rights and health services.

United Nations, General Assembly, Sixty-seventh session. (2013). *Intensifying global efforts for the elimination of female mutilation (A/RES/67/146)* [Resolution]. Adopted on the report of the Third Committee (A/67/450 and Corr. 1). Retrieved 28 July 2014 from: www.undocs.org/a/res/67/146

The act of female genital mutilation still exists throughout the world today. In the 67th session of the General Assembly, the many human rights violations due to female genital mutilations were deliberated. Proactive steps were laid out in this resolution, as well as immediate actions that need to be taken. This source provides delegates helpful information for their research on the barriers to sexual and reproductive health.

United Nations, General Assembly, Sixty-seventh session. (2013). *Organization of the special session of the General Assembly on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014 (A/RES/67/250)* [Resolution]. Retrieved 8 July 2014 from: www.undocs.org/A/Res/67/250

In 2013, the General Assembly wrote a resolution to organize a special session to meet in 2014 and discuss the ICPD Beyond 2014. The GA in the resolution calls upon all Member States to participate, as well as any civil society organizations, including non-governmental organizations. This meeting discussed goals to accomplish beyond 2014 and goals that have yet to be accomplished from the 1994 ICPD. Specialized committees and other UN entities were also invited to join the September 2014 meeting. Delegates can refer to this resolution to use in their research on the recent ICPD meeting.

United Nations, General Assembly, Sixty-seventh session. (2013). *Supporting efforts to end obstetric fistula (A/RES/67/147)* [Resolution]. Adopted on the report of the Third Committee (A/67/450 and Corr. 1). Retrieved 28 July 2014 from: www.undocs.org/a/res/67/147

At the 67th session of the General Assembly, the important topic of obstetric fistula and efforts to end this were discussed. An obstetric fistula is a current and large problem among poorer, underdeveloped countries, and is due to the lack in proper medical care. In this resolution, the GA promotes policies and calls for immediate action to end improper medical care. Delegates can use this source as a tool for further research into maternal health issues.

United Nations, General Assembly, Sixty-ninth session. (2014). *Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary-General (A/RES/69/62)*. Retrieved 8 July 2014 from: http://www.un.org/ga/search/view_doc.asp?symbol=A/69/62

This year, the General Assembly met to discuss future framework for ICPD Beyond 2014. This resolution looks at the topics discussed at the ICPD and the important steps that have been taken to accomplish these goals. It also discusses the need for more action and what can be done to help progress further and beyond 2014. Delegates can use this source for information on "ICPD Beyond 2014" and post-2015 efforts, as well as accomplishments achieved, thus far, for the ICPD.

United Nations Population Fund. (1999). *Progress in the Implementation of the ICPD Programme of Action*. Retrieved 5 August 2014 from: <https://www.unfpa.org/webdav/site/global/shared/documents/publications/1998/icpd%20report.pdf>

After the 1994 ICPD, Member States met again in 1999 to discuss the progress of policy implementation from the 1994 conference. Goals met, and unmet are pointed out in this resulting report, as well as new and extended goals are added. The report explains that although the world was working hard to make strides in completing the goals, success

was not immediate. This is a great source for delegates to use to think about future goals, following 2014 that ICPD may need to consider.

United Nations Population Fund & Center for Reproductive Rights. (2013). *ICPD and Human Rights: 20 years of advancing through UN treaty bodies and legal reform*. Retrieved 8 July 2014 from:

http://www.unfpa.org/rights/docs/icpd_and_human_rights_20_years.pdf

This report from the UN Population Fund (UNFPA) and the Center for Reproductive Rights provides an overview of goals from the ICPD and specific examples of the accomplishments of Member States, which will be a great source for delegates. The report also lays out ideas for what a “human rights-based approach” should include. Autonomy, non-discrimination and equality are only some examples of what Member States should use in order to accomplish complete human rights. The chapters laid out also discuss maternal morbidity and abortion, which link to sexual and reproductive health.

United Nations System Chief Executives Board for Coordination, Twenty-fifth session. (2013). *Report of the High-level Committee on Programmes on its twenty-fifth session (CEB/2013/4)*. Retrieved 28 July 2014 from:

www.undocs.org/CEB/2013/4

At this meeting of the Chief Executives Board for Coordination in 2013, the Board agreed to discuss the process to take to prepare for the post-2015 world. This is an invaluable source for delegates to use as a way to look at future goals for the post-2015 world. The report discusses themes such as the MDG implementation and “demographic dimensions.” The CEB are trying to find a way to accelerate the achievements of the MDGs as to reach their expected target in 2015 on issues such as providing sexual and reproductive health education for youth.

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II. Ageing Populations' Health and Participation in Society

*“A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society. To work towards this goal, it is necessary to remove whatever excludes or discriminates against them.”*¹⁹⁶

Introduction

With global changes in population demographics, it is increasingly important for the international community to address the role of an ageing population. Today's average life expectancy is rising quickly, resulting in an increasing proportion of older persons in societies.¹⁹⁷ The age median of 22.6 years in 1980 climbed to 29.2 years in 2013 and is expected to increase to 36.1 years by 2050.¹⁹⁸ This means that by 2050, half of the global population will be younger than 36.1 years, and the population of those aged over sixty will reach over 2 billion, consisting of 22% of the world's population.¹⁹⁹ In addition, the United Nations Population Fund (UNFPA) and the non-governmental organization (NGO) HelpAge International have found that “the older population itself is ageing.”²⁰⁰ As a consequence, according to data from the UN Department of Economic and Social Affairs (DESA), the population aged over 80, which in 2013 made up for 14% of the population aged 60 years and older, will compose 19% of this group by 2050.²⁰¹ A decrease in mortality and decline in fertility have been linked to these changes.²⁰² These variations in population demographics are a global phenomenon, with almost every Member State affected.²⁰³

The report of the International Conference on Population and Development (ICPD) in 1994 and its *Programme of Action* state that international changes in age structures should be seen as both a challenge and an opportunity.²⁰⁴ The phenomenon can challenge healthcare and social security systems, as Member States need to adapt their structures to accommodate the growing number of people over 60 years.²⁰⁵ Yet, this demographic transition also creates opportunities for older individuals to work for the benefit of society; for example, as caregivers, volunteers, and within the labor market.²⁰⁶ This background guide will explore the international and regional framework and role of the UN system in relation to this topic, different ways in which the elderly can and should participate in society, as well as the incorporation of the ageing in the formulation of a post-2015 development agenda.

International and Regional Framework

Protecting the rights of the elderly has been included in the work of the UN since its establishment. In 1948, the *Universal Declaration of Human Rights* (UDHR) established protection in old age as a human right.²⁰⁷ The preamble of the *Vienna International Plan of Action on Ageing* (1982), endorsed at the First World Assembly on Ageing, reaffirmed the UDHR's articles on the ageing.²⁰⁸ The *Plan of Action* established a link between development and changing demographics by stating that the inclusion of all people, including the ageing, is the basis of development.²⁰⁹ It specifically focused on sub-topics like health and nutrition, housing and the environment, income security, and employment and education.²¹⁰ With the adoption of General Assembly (GA) resolution 46/91, the *UN Principles for Older Persons* (1991) were formulated in an annex.²¹¹ The principles encapsulated include independence, participation, care, self-fulfillment and dignity, with the goal of guaranteeing the well-being and inclusion of the ageing.²¹² Over the past four decades, several conferences

¹⁹⁶ United Nations, *Madrid Political Declaration and International Plan of Action on Ageing*, 2002, art. 19.

¹⁹⁷ UN Population Division, *World Population Ageing 2013*, 2013, p. xii.

¹⁹⁸ UN Population Division, *Profiles of Ageing 2013*, 2013.

¹⁹⁹ UN Population Division, *Population Ageing and Development - Ten Years After Madrid*, 2012, p. 1.

²⁰⁰ UNFPA & HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012, p. 25.

²⁰¹ UN Population Division, *World Population Ageing 2013*, 2013, p. xiii.

²⁰² *Ibid.*

²⁰³ *Ibid.*, p. xii.

²⁰⁴ UNFPA, *Report of the International Conference on Population and Development (A/CONF.171/13/Rev.1)*, 1995, p. 35.

²⁰⁵ *Ibid.*, p. 36.

²⁰⁶ UNFPA & HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012, p. 35.

²⁰⁷ UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948, art. 25 (1).

²⁰⁸ World Assembly on Ageing, *Vienna International Plan of Action on Ageing*, 1982.

²⁰⁹ *Ibid.*, art. 17.

²¹⁰ *Ibid.*

²¹¹ UN General Assembly, *Implementation of the International Plan of Action on Ageing and Related Activities (A/RES/46/91)*, 1991.

²¹² UN General Assembly, *Implementation of the International Plan of Action on Ageing and Related Activities (A/RES/46/91)*, 1991.

have discussed the importance of the ageing for future development, one of the most important being the aforementioned ICPD, held in Cairo in 1994.²¹³ The adopted ICPD *Programme of Action* acknowledged economic and social repercussions of the change in age structures, as well as gender in changing demographics.²¹⁴ The *Programme of Action*, which expires in 2014, has been under review in order to assess the progress made in terms of policies adapted to the demographic change and development, and to set a new ICPD agenda reflecting the needs of the 21st century.²¹⁵ In 2002, the specific links between ageing and development were discussed at the Second World Assembly on Ageing held in Madrid.²¹⁶ The outcome of the Second World Assembly on Ageing was the *Madrid International Plan of Action on Ageing* (MIPAA), in which three priority directions were emphasized: “older persons and development,” “advancing health and well-being into old age,” and “ensuring enabling and supportive environments.”²¹⁷ In September 2014, on the occasion of the 29th GA Special Session on the Follow-up to the Programme of Action of the ICPD beyond 2014, Secretary-General Ban Ki-moon reiterated the international community’s commitment to the goals set in the ICPD *Programme of Action*.²¹⁸

In addition to UN efforts, some regional institutions and national governments have committed to implementing frameworks to include the needs of the ageing into policy-making. In 2007, the AU 41st Ordinary Session in Ghana adopted the *Resolution on the Rights of Older Persons in Africa*.²¹⁹ In this resolution, the AU calls for the drafting of a “Protocol to the African Charter on the Rights of Older Persons in Africa,” to make the rights of older persons part of its institutional framework.²²⁰ On a national level, some Member States have adopted policies specifically designed to fit the needs of the ageing. This has been the case in India, for example, where its *National Policy on Older Persons* (NPOP) was adopted in 1999, with a special focus on the provision of adequate healthcare and healthy ageing opportunities.²²¹

Role of the International System

Following the creation of the Population Commission in 1946, the Commission had a mandate to monitor population changes and evaluate its effects, as well as to analyze needed policies.²²² In 1994, this organization became the Commission on Population and Development (CPD), and its mandate expanded to also monitor the implementation of the ICPD *Programme of Action*.²²³ As ageing is one of the key areas in which the ICPD formulated recommendations, it is also one of the main focus areas of the CPD’s work.²²⁴ In this effort, the 40th session of the CPD held in 2007 was dedicated to “the changing age structures of populations and their implications for development.”²²⁵ In addition to recognizing the opportunity for development with changing age structures, CPD’s resolution 2007/1 adopted at this session highlights the need to mainstream a gender-sensitive approach and to incorporate the Millennium Development Goals (MDGs), especially MDG 3, achieving universal primary education.²²⁶ As the MDGs will be expiring in 2015, international discussion is focusing upon global development goals following this deadline, and CPD’s 48th session in April 2015 will be held under the theme “Realizing the future we want: integrating population issues into sustainable development, including the post-2015 development agenda,” thus also addressing the issue of ageing as the post-2015 development agenda deadline approaches.²²⁷ The post-2015 discussion also includes the development of Sustainable Development Goals (SDGs), which will be incorporated into the post-2015 development agenda; age has also been emphasized as a consideration in the development of the SDGs.²²⁸

²¹³ UN ECOSOC, *Convening an International Meeting on Population (E/1989/91)*, 1989.

²¹⁴ United Nations, *International Conference on Population and Development, Programme of Action (A/CONF.171/13/Rev.1)*, 1994, p. 35.

²¹⁵ UN International Conference on Population and Development Beyond 2014, *ICPD Beyond 2014*, 2014.

²¹⁶ United Nations, *Political Declaration and Madrid International Plan of Action on Ageing*, 2012, art. 7.

²¹⁷ United Nations, *Political Declaration and Madrid International Plan of Action on Ageing*, 2012.

²¹⁸ UN General Assembly, *Remarks at the Opening of the United Nations General Assembly Special Session on the 20th Anniversary of the International Conference on Population and Development on 22 September 2014*, 2014.

²¹⁹ African Commission on Human and People’s Rights, *Resolution on the Rights of Older Persons in Africa (106)*, 2007.

²²⁰ *Ibid.*

²²¹ Government of India, *Senior Citizens Corner*.

²²² UN ECOSOC, *Population Commission 3(III) (E/245/Rev.1)*, 1946.

²²³ UN General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1995.

²²⁴ *Ibid.*; UN CPD, *Fortieth session 2007*.

²²⁵ UN CPD, *Fortieth session 2007*.

²²⁶ UN CPD, *Report on the Fortieth session (E/2007/25)*, 2007.

²²⁷ UN CPD, *Commission on Population and Development Forty-eighth Session*.

²²⁸ International Institute for Sustainable Development, *OWG Report to be “Main Basis” for SDGs in Post-2015 Agenda*, 2014; UN Open Working Group, *Proposal of the Open Working Group on Sustainable Development Goals*, 2014.

Following the implementation of the ICPD *Programme of Action*, the UNFPA also took on a leading role by serving as a platform through which intergovernmental cooperation in implementing the ICPD *Platform for Action* could be coordinated.²²⁹ This mandate is being fulfilled in close cooperation with CPD.²³⁰ Additionally, in its report on “Policy, Research and Institutional Arrangements relating to Older Persons,” UNFPA assessed the progress made by countries on a national level since the adoption of the MIPAA.²³¹ It recognized that further actions beneficial to the elderly include programs to foster intergenerational relationships and further accessibility through, for example, free public transportation.²³² Another notable report by UNFPA and HelpAge International is the report on “Ageing in the Twenty-First Century: A Celebration and a Challenge,” which offers a holistic overview of the potential that the inclusion of the elderly has for societies.²³³

In order to raise awareness about issues related to ageing, the UN has designated 1 October to be the International Day of the Elderly.²³⁴ In a similar effort, the UN also designated 1999 as the International Year of Older Persons (IYOP) under the general theme “Towards a Society for all Ages.”²³⁵ In addition to these efforts, the GA also began in 2011 to hold an annual World Elder Abuse Awareness Day (WEAAD) on 15 June.²³⁶ The dedication of the UN system to the promotion of human rights of the ageing has also been seen through the creation of an Open-ended Working Group on Ageing with the goal to review the international framework for human rights of the elderly.²³⁷ During the group’s fifth session, which took place from 30 July to 1 August 2014, violence and abuse against older persons, human rights and care of older persons, planning for end-of-life care and older persons and post-2015 agenda were discussed.²³⁸

Recently, especially during the post-2015 conversation on ageing, the NGO HelpAge International has been actively involved in the global discussion on the ageing.²³⁹ HelpAge International advocates the inclusion of various key policy areas related to the needs of the elderly into the post-2015 agenda and the SDGs.²⁴⁰ In this context, the organization refers to the urgency to encompass human rights in future sustainable development programs and foster a structure for systematic data collection related to the demographics of the ageing to better adapt policies in relation to age and gender.²⁴¹ Other areas of concern involve the spread of effective social protection, especially for older persons, fostering health into old age and adopting a more gendered perspective when discussing age.²⁴² HelpAge International has also been involved in sessions of the Open Working Group (OWG) on SDGs in order to emphasize the needs of including the ageing in development goals.²⁴³ Thus far, proposed SDGs as produced by the OWG have included the needs of older persons in several goals, including Goals 2 (on malnutrition); 3 (health and well-being for all); 10 (lowering inequality); and 11 (older persons and urbanization).²⁴⁴ The International Federation on Ageing (IFA) also represents the interests of the older population and has worked closely with the UN, demonstrated through their commitment in the formulation of the *UN Principles for Older People*.²⁴⁵

Ageing Population and Development

There are numerous benefits of the full participation and integration of the ageing into society. Yet, the challenges that older persons have on a day-to-day basis are numerous and need to be addressed in order to allow their inclusion into

²²⁹ UN General Assembly, *Report on the International Conference on Population and Development (A/RES/49/128)*, 1995.

²³⁰ UNFPA, *Statement by Thoraya Ahmed Obaid Executive Director United Nations Population Fund at CPD's fortieth session on 9 April 2007*, 2007.

²³¹ UNFPA & HelpAge International, *Policy, Research and Institutional Arrangements Relating to Older Persons*, 2011, p. iv.

²³² *Ibid.*, p. 21.

²³³ UNFPA & HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012.

²³⁴ UN General Assembly, *Implementation of the International Plan of Action on Ageing and Related Activities (A/RES/45/106)*, 1990.

²³⁵ UN General Assembly, *Proclamation on Ageing (A/RES/47/5)*, 1992.

²³⁶ UN DESA, *World Elder Abuse Awareness Day*.

²³⁷ UN General Assembly, *Follow-up to the Second World Assembly on Ageing (A/RES/65/182)*, 2011.

²³⁸ UN DESA & UN Office for the High Commissioner of Human Rights, *Fifth Session of the UN Open-ended Working Group on strengthening the protection of the human rights of older persons*.

²³⁹ HelpAge International, *Post-2015 Process: What comes after the MDGs?*.

²⁴⁰ HelpAge International, *Post-2015: Our Key Messages*.

²⁴¹ *Ibid.*

²⁴² *Ibid.*

²⁴³ HelpAge International, *Post-2015 and Sustainable Development Goals*.

²⁴⁴ UN Open Working Group, *Proposal of the Open Working Group on Sustainable Development Goals*, 2014.

²⁴⁵ International Federation on Ageing, *About us*.

the community.²⁴⁶ The eradication of the obstacles concerning the ageing population, which were not formally incorporated into the MDGs, is relevant to the elaboration of the post-2015 development agenda.²⁴⁷

The GA's Open-Ended Working Group has identified four groups of gaps in the international framework pertaining to the human rights of the older population: normative, implementation, monitoring and information gaps.²⁴⁸ These findings are supported by the UN High Commissioner for Human Rights, who also pointed at a lack of coordinated international strategies to counter abuse, neglect and misrepresentation of the elderly.²⁴⁹ Additionally, it is crucial to include civil and political rights into an international framework for the protection of the rights of the ageing, as they are often victims of inhumane treatment in care services and need access to judicial protection and legal advice.²⁵⁰ In 2011, the Office of the High Commissioner for Human Rights (OHCHR), in collaboration with the Open-ended Working Group on Ageing, released a background paper on the human rights situation of older persons that notes that universal human rights should protect older persons; yet, there has been no specific international framework ensuring dignity for the ageing.²⁵¹ The Secretary-General's Report, as a follow-up to the Second World Assembly on Ageing, lists age discrimination as a predominant challenge for the ageing population as a result of stigmas related to ageism, wherein older people are not considered as efficient as younger people.²⁵² Age discrimination is most noticeable in employment settings, where ageist arguments are often used against older persons.²⁵³ Means to eradicate age discrimination vary from case to case and include legislation specifically designed to fight age discrimination and raising awareness to counteract stereotypes associated with old age.²⁵⁴

Another important element is that the ageing population is, and will remain, predominantly female, with two times more women than men over the age of 80.²⁵⁵ This is due to a higher life expectancy of 4 to 5 years for women.²⁵⁶ It is crucial to discuss the problems of an ageing population in a gendered perspective, as the challenges faced by the elderly have different effects for women and men.²⁵⁷ This includes, for example, the health needs of older women.²⁵⁸ According to the World Health Organization (WHO), women are more likely to suffer from certain types of mental disorders, including depression and anxiety.²⁵⁹ WHO further notes that gender inequalities ultimately affect ageing women's health; not only are they discriminated on the basis of ageist arguments, but also because of their gender.²⁶⁰ This has implications for both access to healthcare and active participation in society, which can negatively reinforce exclusion and poverty.²⁶¹ International efforts need to mainstream gender aspects into policies related to the ageing population in order to eradicate inequalities for older women and allow life in dignity.²⁶²

Promoting Healthcare

As noted in the *World Population Ageing Report* published by the Population Division of DESA, one of the consequences of an ageing population is a growth in health expenditures.²⁶³ Change in age structures and non-communicable diseases

²⁴⁶ UNFPA & HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012, p. 11.

²⁴⁷ *Ibid.*, p. 15.

²⁴⁸ UN General Assembly, *Report of the Open-ended Working Group on Ageing (A/AC.278/2011/4)*, 2011, p. 13.

²⁴⁹ UN ECOSOC, *Report of the United Nations High Commissioner for Human Rights (E/2012/51)*, 2012, p. 7.

²⁵⁰ UN Office of the High Commissioner for Human Rights, *Statement of Mr. Craig Mokhiber, Office of the High Commissioner for Human Rights at the Open-Ended Working Group on the Human Rights of Older Persons, First Substantive Session on 18-21 April 2011 in New York*, 2011, p. 2.

²⁵¹ UN Office of the High Commissioner for Human Rights, *Human Rights of Older Persons - International Human Rights Principles and standards: Background Paper*, 2011, p. 2.

²⁵² UN General Assembly, *Follow-up to the Second World Assembly on Ageing: Report of the Secretary-General (A/66/173)*, 2011, p. 5.

²⁵³ WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002, p. 51.

²⁵⁴ UN DESA, *Current Status of the Social Situation, Well-being, Participation in Development and Rights of Older Persons Worldwide*, 2011, p. 21.

²⁵⁵ *Ibid.*

²⁵⁶ World Economic Forum, *Global Population Ageing: Peril or Promise?*, 2012, p. 21.

²⁵⁷ UNFPA & HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012, p. 27.

²⁵⁸ UN-Women, *Gender Dimensions of Ageing*, 2002, p. 15.

²⁵⁹ WHO, *Women, Ageing and Health: A Global Framework*, 2007, p. 12.

²⁶⁰ WHO, *Women and Health: Today's Evidence, Tomorrow's Agenda*, 2009, p. 9.

²⁶¹ WHO, *Women and Health: Today's Evidence, Tomorrow's Agenda*, 2009, p. 10; WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002, p. 40.

²⁶² HelpAge International, *Older Women Count*.

²⁶³ UN Population Division, *World Population Ageing 2013*, 2013, p. 43.

are one of the major causes of health problems.²⁶⁴ Accordingly, healthcare policies will have to adapt to the increasing number of individuals needing special medical attention.²⁶⁵

Healthcare Policies in Developing and Developed Countries

Ageing occurs more rapidly in developing countries compared to developed countries, leading to a greater and faster encumbrance of healthcare systems in developing countries.²⁶⁶ In a 2012 Secretary-General's Report, it was recognized that healthcare systems in developing countries are mainly structured to cure communicable diseases and are not prepared for the greater emergence of ailments related to ageing.²⁶⁷ Problematic for developed countries are preconceived perceptions of ageing which often stand in the way of clear assessments of the patient's health and possible treatments.²⁶⁸ Such ageist perceptions result in longer surgery wait times and less frequent screening services.²⁶⁹ This restricts the ageing population's access to adequate healthcare, which can lead to their further isolation.²⁷⁰ As a result, there is a strong need to create supportive environments to allow the elderly access to adequate healthcare to help them to move into old age with dignity.²⁷¹ Independence can only be guaranteed if older persons have access to healthcare and social services in order to expand their self-reliance.²⁷² Conditions that frequently impede the independence of older persons also include speech, hearing, and visual impairments.²⁷³ These impairments can be treated, yet lead to the further social exclusion if neglected.²⁷⁴

Preventive Care

In recent years, the international community has recognized the need to implement preventive measures in order to reduce the risk of illness in old age.²⁷⁵ Preventive measures include reduction in tobacco and alcohol use, healthy eating and physical activity, and medical provisions such as early screenings.²⁷⁶ Already, the MIPAA-designated preventive measures are crucial in reducing disability in old age and assuring the independence of the ageing.²⁷⁷ Attention to preventive care can reduce the risk of disabilities and symptoms of non-communicable diseases, offering the elderly access to the medical attention they need.²⁷⁸ International efforts need to be concentrated on the further implementation of these goals in order to promote the inclusion of the ageing population into society.²⁷⁹

Active Ageing

One of the strategies to promote a healthier lifestyle is seen through WHO's Active Ageing Policy Framework.²⁸⁰ This framework describes active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age.”²⁸¹ According to this, health systems need to reorganize in order to develop preventive care provisions to reduce the risk of non-communicable diseases in old age.²⁸² It is also necessary to expand the offer of “chronic disease management, end-of-life and palliative care.”²⁸³ WHO notes that active ageing goes

²⁶⁴ Ibid.p. xii.

²⁶⁵ Ibid., p. 47.

²⁶⁶ UNFPA & HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012, p. 12.

²⁶⁷ UN General Assembly, *Follow-up to the Second World Assembly on Ageing: Report of the Secretary-General (A/67/188)*, 2012, p. 11.

²⁶⁸ Ibid.

²⁶⁹ *NHS Age Discrimination 'Common'*, BBC News, 2009; International Federation on Ageing, *International Symposium on Age Discrimination held on 5 September 2005*, London, 2005, p. 7.

²⁷⁰ WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002, p. 28.

²⁷¹ UN DESA, *Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide*, 2011, p. 63.

²⁷² UNFPA & HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012, p. 15.

²⁷³ UN General Assembly, *Follow-up to the Second World Assembly on Ageing: Report of the Secretary-General (A/67/188)*, 2012, p. 10.

²⁷⁴ Ibid.

²⁷⁵ WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002, p. 21.

²⁷⁶ Ibid.

²⁷⁷ United Nations, *Political Declaration and Madrid International Plan of Action on Ageing*, 2012, art. 58.

²⁷⁸ Ibid., art. 63.

²⁷⁹ UN ECOSOC, *Second review and appraisal of the Madrid International Plan of Action, 2002: Report of the Secretary-General (E/CN.5/2013/6)*, 2012, p. 9.

²⁸⁰ WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002.

²⁸¹ Ibid., p. 12.

²⁸² Ibid., p. 21.

²⁸³ UN General Assembly, *Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary-General (A/69/62)*, 2014, p. 73.

even further and that policies should include mental health programs and the establishment of social connections.²⁸⁴ Thus, the concept of active ageing requires healthcare policies to have widened scopes and to consider medical, economic and social aspects of ageing.²⁸⁵ Additionally, WHO lauded the creation of support groups and the promotion of intergenerational relationships as beneficial for the social inclusion of older persons.²⁸⁶

Promoting Integration and Participation

Article 5 of the MIPAA's *Political Declaration* (2002) “recognize[s] that persons, as they age, should enjoy a life of fulfillment, health, security and active participation in the economic, social, cultural and political life of their societies.”²⁸⁷ One important step towards the full participation of the elderly is to ameliorate illiteracy and offer education for all levels of society.²⁸⁸ The need for inclusiveness in light of a post-2015 sustainable development agenda is also a current international focus, which has been reiterated by the Secretary-General Report on the *Implementation of Agenda 21* from August 2014.²⁸⁹

Social Participation

The perception of older persons as a burden for society is one of the main reasons for loneliness and social isolation amongst the ageing population.²⁹⁰ These ageist stereotypes keep the ageing from fully sharing their knowledge and skills, which when used can be beneficial for their community and Member States.²⁹¹ The MIPAA lists some ways in which the life experiences of older persons can benefit whole communities and highlights the involvement of the ageing in the care for other family members, in voluntary work, and in the household.²⁹² Accordingly, Member States can foster the social participation of the ageing by creating an environment in which they are treated with respect and without the fear of direct or indirect abuse.²⁹³ An Expert Group Meeting of the DESA *Programme on the Family* proposes the establishment of centers of active ageing, reuniting the younger and older generations with the goal to make active ageing a framework encompassing people of all ages.²⁹⁴

Economic and Decision-Making Participation

Both economic and decision-making participation, crucial for the empowerment and equal representation of the ageing at all levels of society, are encumbered by age discrimination and ageist arguments.²⁹⁵ When older persons are associated with negative stereotypes regarding their mental health and reliability, this poses a threat to their economic participation and political influence.²⁹⁶ The lack of consideration of older people's needs in policy-making becomes clear when looking at the priorities Member States set with regards to policies related to ageing as laid out in the Secretary-General's Report on the *Framework of Actions for the Follow-up of the ICPD beyond 2014*.²⁹⁷ Nevertheless, the ageing population's human capital is an important resource for the global community.²⁹⁸ Not only is work important to secure income and escape poverty, it can also be beneficial for mental health.²⁹⁹ In cases where work is not an option, social security

²⁸⁴ WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002, p. 12.

²⁸⁵ UN ECE, *Active Ageing: UNECE Policy Brief on Ageing No. 13*, 2012, p. 13.

²⁸⁶ WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002, p. 48.

²⁸⁷ United Nations, *Political Declaration and Madrid International Plan of Action on Ageing*, 2012.

²⁸⁸ UN General Assembly, *Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary-General (A/69/62)*, 2014, p. 74.

²⁸⁹ UN General Assembly, *Implementation of Agenda 21, the Programme for the Further Implementation of Agenda 21 and the outcomes of the World Summit on Sustainable Development and of the United Nations Conference on Sustainable Development: Report of the Secretary-General (A/69/312)*, 2014, p. 4.

²⁹⁰ UN DESA, *Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide*, 2011, p. 50; UNFPA & HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012, p. 42.

²⁹¹ United Nations, *Madrid Political Declaration and International Plan of Action on Ageing*, 2002, art. 6.

²⁹² *Ibid.*, art. 19.

²⁹³ UN General Assembly, *Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014: Report of the Secretary-General (A/69/62)*, 2014, p. 70.

²⁹⁴ UN DESA, *Family Policy in a Changing World: Promoting Social Protection and Intergenerational Solidarity*, 2009, p. 24.

²⁹⁵ UN DESA, *Report of the Expert Group Meeting “Rights of Older Persons”*, 2009, p. 4.

²⁹⁶ UN DESA, *Report of the Expert Group Meeting “Rights of Older Persons”*, 2009, p. 4.

²⁹⁷ UN General Assembly, *Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014: Report of the Secretary-General (A/69/62)*, 2014, p. 77.

²⁹⁸ *Ibid.*, p. 73.

²⁹⁹ WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002, p. 30; UN DESA, *Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide*, 2011, p.17.

systems need to take action to ensure a minimum income through financial transfers with pensions and other insurance programs.³⁰⁰ As recognized by the OWG on SDGs, poverty eradication and sustainable development are inextricably linked, thus there is a strong need to incorporate this, as well as considerations in relation to ageing, as aspects of the SDGs and the post-2015 development agenda.³⁰¹

Change in demographics demands a greater involvement of the ageing population in decision-making processes, which becomes clear when considering that by 2050, one-third of the population invited to the polls will be aged 60 years and above.³⁰² The need for older people to be encouraged to take part in the decision-making process was already acknowledged in the MIPAA in 2002.³⁰³ Within the participation of ageing populations, there is also a need to “ensur[e] the inclusion and equitable participation of older persons in the design and implementation of policies, programmes and plans that affect their lives.”³⁰⁴

Case Studies

In its Global Activities Report in 2013, the UN Human Settlements Programme (UN-Habitat) noted that in the past four decades, the proportion of people living in urban areas has increased from 0.75 billion in 1950 to 3.63 billion in 2011.³⁰⁵ At the same time, the population is ageing drastically, thus creating new challenges to urbanization, especially in terms of accessibility to healthcare services and transportation.³⁰⁶ As a result of the above, WHO implemented a program in 2007 on Age-Friendly Cities, whose focus areas range widely from transportation and housing to social participation, civic participation and employment.³⁰⁷ Following the creation of the network, WHO also organized International Conferences on Age-Friendly Cities; recently, the second conference was held in Quebec in 2013, attended by 700 officials and researchers from 46 countries.³⁰⁸

Since the launch of the Age-Friendly Cities program, New Delhi, India, has been one of the six mega-cities with over 10 million inhabitants to commit actively to the Age-Friendly Cities goals.³⁰⁹ In 2011, HelpAge India published a report evaluating the effects of the program and analyzing how age-friendly New Delhi is highlighting newly-built facilities like banks and shopping malls, which included lifts and ramps to guarantee accessibility for disabled persons and the ageing.³¹⁰ In terms of social participation, HelpAge India mentions the creation of Senior Citizens Associations as beneficial for the social inclusion of the elderly, as they usually offered weekly meetings and outings and served as a platform for social interaction between older persons.³¹¹

Conclusion

Ageing is a cross-sectional issue, and policies in other areas, such as poverty eradication and access to healthcare, affect the ageing population in a very direct manner. Therefore, it is crucial for the SDGs and the post-2015 development agenda currently being developed to recognize the rights and needs of older persons throughout all goals and benchmarks in order for sustainable development to be inclusive and effective. This need has been strongly recognized by civil society, and organizations like HelpAge International have developed strategies with the goal to mainstream ageing into the post-2015 development agenda.³¹² Demographic changes related to ageing will affect societies progressively, and developing countries will require the support of the international community. As the topics

³⁰⁰ WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002, p. 30.

³⁰¹ UN General Assembly, *Report of the Open Working Group of the General Assembly on Sustainable Development Goals (A/68/970)*, 2014, p. 6.

³⁰² UN DESA, *Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide*, 2011, p. 56.

³⁰³ United Nations, *Political Declaration and Madrid International Plan of Action on Ageing*, 2002, art. 22.

³⁰⁴ UN General Assembly, *Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014: Report of the Secretary-General (A/69/62)*, 2014, p. 72.

³⁰⁵ UN-Habitat, *Global Activities Report 2013: Our Presence and Partnerships*, 2013, p. ix.

³⁰⁶ *Ibid.*, p. xiii.

³⁰⁷ WHO, *Global Age-friendly Cities: A Guide*, 2007, p. 9.

³⁰⁸ WHO, *Second International Conference on Age-Friendly Cities*.

³⁰⁹ WHO, *Global Age-friendly Cities: A Guide*, 2007, p. 7.

³¹⁰ HelpAge India, *Age Friendly Cities - Delhi Report*, 2011, p. 7.

³¹¹ *Ibid.*, pp. 10, 31.

³¹² HelpAge International, *Post-2015: Our key messages*.

concerning ageing are interconnected, there are still considerable barriers that the ageing must overcome.³¹³ These barriers reach from ageist stereotypes and age discrimination to serious lacks in the provision of adequate healthcare and their marginalization in the social, economic and political spheres of society.³¹⁴ CPD can address issues of economic and social development including access to adequate healthcare, preventive measures for non-communicable diseases, income security, and gender equality. Furthermore, CPD should commit to the incorporation of the human rights for the ageing in international frameworks to prevent abuse and neglect. The topic of promoting the inclusion of the ageing within society remains a pertinent issue for the international community to discuss as the MDGs expire in 2015, and a post-2015 development agenda is adopted.

Further Research

Delegates should consider the following questions when conducting their research: What is the role of the ageing within sustainable development? How can access to health care, especially preventive care, be assured for older persons? What practices can foster the inclusion of the ageing in society and how can the UN support these efforts? How supportive are governments and societies towards older persons? What steps are necessary to improve intergenerational solidarity? How can ageing be included in the post-2015 development agenda? How effectively can active ageing be translated into national policy and within healthcare? What lessons can be learned from the implementation of the MIPAA thus far? To what extent do international and regional frameworks attend to the needs of different regions in relation to ageing? Are platforms for exchanging data and examples of good practice and successful policy implementation, or is there a need for their expansion?

³¹³ UN DESA, *Current Status of the Social Situation, Well-being, Participation in Development and Rights of Older Persons Worldwide*, 2011, p. 68.

³¹⁴ UN DESA, *Report of the Expert Group Meeting "Rights of Older Persons,"* 2009, p. 3.

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United Nations. (2002). *Political Declaration and Madrid International Plan of Action on Ageing*. Retrieved 10 July 2014 from: <http://undesadspd.org/Portals/0/ageing/documents/Fulltext-E.pdf>

In 2002, the Second World Assembly on Ageing was held, and its resulting document was the Madrid International Plan of Action on Ageing (MIPAA). This is an essential resource for delegates because it offers a framework for policy implementation on ageing. To this extent, Priority Direction 2 (Advancing health and well-being into old age) and 3 (Ensuring enabling and supportive environments) are of particular concern for the topic at hand. Although the formulation of this Plan of Action occurred over a decade ago, many of the recommendations formulated here within still require further implementation.

United Nations, Commission on Social Development, Fifty-first session. (2012). *Second review and appraisal of the Madrid International Plan of Action on Ageing, 2002: Report of the Secretary-General (E/CN.5/2013/6)*. Retrieved 8 August 2014 from: http://www.un.org/ga/search/view_doc.asp?symbol=E/CN.5/2013/6

In 2012, this Report by the Secretary-General on the second review of the MIPAA was adopted by the Economic and Social Council (ECOSOC) and delegates should use as a complement to the MIPAA. The information provided is based on regional reviews and allows a comparative perspective on practices used and policies implemented related to ageing in different regions. The focal points are health, income security and human rights, which are all interconnected and relevant when considering the topic at hand.

United Nations, General Assembly, Sixty-eighth session. (2013). *Follow-up to the International Year of Older Persons: Second World Assembly on Ageing: Report of the Secretary-General (A/68/167)*. Retrieved 10 July 2014 from: http://www.un.org/ga/search/view_doc.asp?symbol=A/68/167

This Report of the Secretary-General, written as a follow-up to the International Year of Older Persons, gives an overview of the areas in which the goals of the Madrid Plan of Action has been successful and which key areas still have to be accomplished. Chapter 2, "Access to decent work and employment for older persons" as well as Chapter 4, "Older Adults and Mental Health," are especially of interest for this topic. This source offers country-specific and international data on best practices and policies implemented, which will offer guidance to the delegates regarding ways in which CPD can actively promote the role of the ageing.

United Nations, General Assembly, Sixty-ninth session. (2014). *Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary-General (A/69/62)*. Retrieved 8 August 2014 from: http://www.un.org/ga/search/view_doc.asp?symbol=A/69/62

This report, adopted by the General Assembly in 2014, should be considered in relation with the International Conference on Population and Development's (ICPD) Programme of Action. Through putting the Programme of Action into the 2015 development context, this document is fundamental in assessing the progress achieved, thus far, in the goals set by the Programme of Action. It also highlights areas where Member States still need to adopt policies to guarantee a barrier-free life for older persons. The report serves as a helpful resource for delegates, as it provides regional data not only on the trends of the changing age structures but also on priorities set by policy-makers.

United Nations, Department of Economic and Social Affairs. (2011). *Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide*. Retrieved 10 July 2014 from: <http://www.un.org/esa/socdev/ageing/documents/publications/current-status-older-persons.pdf>

This report offers a complete overview of the current situation of the older population, including their access to healthcare and health services (Chapter 3) as well as their social and civic participation (Chapter 4). It is a good resource for delegates who are looking for hard data and comparative studies on the situation of the elderly in different stages of their lives. Thus, it provides an overview of how well the access to healthcare is guaranteed as well as on the situation of older persons in the labor market.

United Nations, Department of Economic and Social Affairs, Population Division (2013). *World Population Ageing 2013*. Retrieved 10 July 2014 from: <http://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2013.pdf>

This report is the fourth published by the Population Division on World Population Ageing, and it offers a holistic overview of the demographic aspects of ageing as well as their implications for the future of societies. Far from only considering ageing as a challenge for society, the report extends into the characteristics of the ageing population itself. The specific data presented in this report could be of use when trying to determine the extent of the demographic change and what the demographic future will look like.

United Nations, Office of the High Commissioner for Human Rights. (2011). *Human Rights of Older Persons - International Human Rights Principles and standards: Background paper*. Retrieved 8 August 2014 from: <http://www.ohchr.org/Documents/Issues/OlderPersons/OHCHRBackgroundpaper2011.pdf>

This background paper from the Office of the High Commission for Human Rights, in cooperation with the Open-ended Working Group on Ageing, attempts to assess the international human rights framework and its applicability to old persons. As the mandate of the Open-ended Working Group on Ageing is to identify possible gaps in the human rights framework for older persons and make recommendations on how to counter these, this paper summarizes the work done since the creation of the working group. It serves as an essential resource for delegates who wish to study the interconnectivity between health, participation and human rights.

United Nations Population Fund & HelpAge International. (2012). *Ageing in the Twenty-First Century: A Celebration and a Challenge*. Retrieved 11 July 2014 from:

https://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/Ageing-Report_full.pdf

This report, published by the UN Population Fund (UNFPA) in cooperation with the non-governmental organization (NGO) HelpAge International, provides a useful overview of the challenges and benefits of old age internationally. It addresses the challenge that old age poses to social security and healthcare systems, as well as the benefits that longevity brings for the economy and society. Chapter 5 on Findings may be particularly of interest for delegates wishing to further look into the benefits and challenges of ageing.

World Health Organization. (2009). *Women and Health: Today's Evidence, Tomorrow's Agenda*. Retrieved 8 August 2014 from: http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf

This World Health Organization (WHO) publication responds to the need to assess the implications of gender inequalities on women's health. The Chapter focusing on women of age is a resourceful document, as it considers various aspects of how the discrimination of older women can restrict their independence. Especially with the Millennium Development Goals expiring in 2015, the aspects of double discrimination of older women on the basis of gender and age should be of interest for the delegates.

World Health Organization. (2012). *Good Health Adds Life to Years - Global Brief for World Health Day 2012*. Retrieved 10 July 2014 from: http://whqlibdoc.who.int/hq/2012/WHO_DCO_WHD_2012.2_eng.pdf?ua=1

This report from WHO focuses on the different aspects of care and how they should be translated into policy. It further explains what role health plays within the changing demographics and to what extent policies need to include preventive care in order to promote economic wealth and social development. This document is a helpful resource for delegates wishing to focus part of their research on the health implications of age, as it singles out issues that still need to be addressed by the international community and how to address them.

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III. Strengthening National Health Systems

“Universal health coverage is the single most powerful concept that public health has to offer.”³¹⁵

Introduction

The United Nations (UN) established that the right of the individual to health is fundamental to the fabric of a prosperous society in the *Constitution of the World Health Organization* (1946), *Declaration of Alma-Ata* (1978), and the *Universal Declaration on Human Rights* (1948).³¹⁶ Realizing this right to health, however, requires strong national health systems that meet the diverse needs of individuals around the globe.³¹⁷ The Commission on Population and Development (CPD) has expressed the importance of strengthening health systems to promote health in all populations, and has linked better health outcomes to increased development, poverty eradication, and equality.³¹⁸ However, despite the international agreement on the importance of health, UN Member States continually face challenges in providing health care to their citizens.

National health systems differ greatly in their cost, scope of coverage, and overall quality depending on many different factors, which leaves many, especially those living in poverty, without the sufficient care needed to live a prosperous life.³¹⁹ Many developing countries have fragile health systems that are inaccessible and do not provide the required health services their populations need, while many middle- and high-income countries lack inclusive health systems, often excluding marginalized groups such as indigenous populations or undocumented immigrants.³²⁰ These systems must adapt to the changing nature of health care, which has grown from the tradition of local medical practitioners serving their small communities, to now national health systems that must care for the world’s 7 billion people.³²¹ Current issues such as population growth, inaccessibility, the rising costs of care, the rise of life expectancy, and the treatment of incommunicable diseases, have all mired the ability for health systems to provide quality, affordable health care for all.³²²

The World Health Organization (WHO) defines national health systems as the network of health-related institutions in a state, and the actions taken within a state to maintain or improve health, such as delivery of medical care, disease prevention strategies, and public health initiatives.³²³ Consequently, WHO and the CPD have stressed the importance of the creation of health systems that are simultaneously effective and equitable.³²⁴ Strong health systems have been critical to advancing development and working towards meeting the Millennium Development Goals (MDGs), and will continue to play a vital role in the post-2015 development agenda.³²⁵

This topic will provide an overview of the work undertaken by the UN and the international community to create stronger, more effective national health systems around the globe. Additionally, the guide will provide information on the Commission’s work on this topic, and will delve into various thematic issues including the challenges of strengthening health systems, methods to expand access and increase affordability, and the meeting the health needs of women in national health systems.

International and Regional Framework

³¹⁵ Chan, *Address to the Sixty-fifth World Health Assembly*, 2012.

³¹⁶ UN General Assembly, *Universal Declaration of Human Rights*, 1948.

³¹⁷ WHO, *World Health Organization Assesses the World’s Health Systems*, 2000.

³¹⁸ UN CPD, *Health, morbidity, mortality and development (E/2010/1)*, 2010.

³¹⁹ WHO, *World Health Organization Assesses the World’s Health Systems*, 2000.

³²⁰ UN General Assembly, *Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary General (A/69/62)*, 2014, p. 122.

³²¹ UN CPD, *Health, morbidity, mortality and development (E/2010/1)*, 2010.

³²² WHO, *World Health Organization Assesses the World’s Health Systems*, 2000.

³²³ WHO, *The World Health Report*, 2000, p. xi-5.

³²⁴ UN CPD, *Health, morbidity, mortality and development (E/2010/1)*, 2010; WHO, *The World Health Report*, 2000, p. xi; WHO, *World Health Organization Assesses the World’s Health Systems*, 2000.

³²⁵ UN General Assembly, *United Nations Millennium Declaration, (A/RES/55/2)*, 2000; UN CPD, *Health, morbidity, mortality and development (E/2010/1)*; UN General Assembly, *Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary General (A/69/62)*, 2014 p. 7.

Health is not simply an absence of illness or ailments, but rather, should be defined as “a state of complete physical, mental and social well-being,” as declared in the *Constitution of the World Health Organization* (1946).³²⁶ In 1948, the United Nations General Assembly (GA) established health as a basic human right within the *Universal Declaration on Human Rights*.³²⁷ Article XXVI (1) stated that every human being has the right a certain standard of living that is sufficient enough for their own good health as well as the well-being of their families.³²⁸ The right to health was further articulated in the *Declaration of Alma-Ata*, which was adopted at the International Conference on Primary Healthcare in 1978 and signed by 134 health ministries.³²⁹ It was the first declaration that emphasized primary healthcare (PHC) as the standard for establishing good health for all, and highlighted the inequalities between developed and developing states’ ability to establish healthcare systems.³³⁰ The Declaration defined PHC as “essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible ... at a cost the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.”³³¹ The right to health was defined as not merely an individual right, but rather, something that contributes to the betterment of health of a global society.³³²

The *Declaration of Alma-Ata* (1978) also set goals in order to achieve a good standard of health to the globe’s populations by the year 2000³³³. It outlined some of the ways in which Member States could establish a high-level of achievement in PHC, and called upon various sectors of a society, including economic and social contributors, to work together in establishing sound health systems.³³⁴ The suggestions to achieve this target included providing education to communities about the largest health problems afflicting their populations, coupled with methods to prevent and control them.³³⁵ The Declaration also directed international actors to promote better food supply, grant an adequate supply of safe drinking water and sanitation, increase immunizations for infectious diseases, allow the provision of essential medications, and provide maternal care that included family planning.³³⁶ Among these actions, the call for community-based preventive care, with increased community member involvement, was underscored, demonstrating that other international actors were important to create strong national health systems and promote PHC.³³⁷

At the regional level, various documents guide multilateral groups in realizing the right to health. The European Union affirmed this right in the *European Social Charter* (1996), declaring that everyone has the right to benefit from the best possible standard of health care available.³³⁸ This Charter is important in the establishment of consensus amongst a broad range of topics and calls upon all European Member States to comply with the declarations made therein.³³⁹ The African Region, as established in WHO, is guided by the *Declaration of Ouagadougou*, which was signed by all of its Member States at the International Conference on Primary Health Care and Health Systems in Africa in April of 2008, hosted by Burkina Faso.³⁴⁰ This declaration reaffirmed Alma-Ata, while analyzing what progress has been made, and what action the region still needs to take.³⁴¹

The post-2015 development agenda, which focuses on continuing to improve global development after the Millennium Development Goals, further underscores the need to tackle maternity health, infant mortality, and mitigating the spread of HIV/AIDS as a top priority.³⁴² In discussions on establishing the post-2015 development agenda, the international community has called attention to regional efforts to achieve these goals and highlighted their importance.³⁴³ Specifically,

³²⁶ WHO, *Constitution*, 1948, p 2.

³²⁷ UN General Assembly, *Universal Declaration of Human Rights*, 1948, p. 1.

³²⁸ UN General Assembly, *Universal Declaration of Human Rights*, 1948, p. 1.

³²⁹ Hall and Taylor, *Health for all beyond 2000: The demise of the Alma Ata Declaration and primary health care in developing countries*, 2003, p. 18.

³³⁰ *Ibid.*, p. 17.

³³¹ WHO, *Declaration of Alma-Ata – International Conference on Primary Health Care*, 1978, p. 1.

³³² *Ibid.*

³³³ *Ibid.*

³³⁴ *Ibid.*, p. 2(VII).

³³⁵ *Ibid.*, p. 1.

³³⁶ *Ibid.*

³³⁷ Hall and Taylor, *Health for all beyond 2000: The demise of the Alma Ata Declaration and primary health care in developing countries*, 2003, p. 18.

³³⁸ Council of Europe, *European Social Charter (Revised)*, 1996, p. 3.

³³⁹ *Ibid.*, p. 2.

³⁴⁰ WHO Regional Office for Africa, *Declaration of Ouagadougou*, 2008.

³⁴¹ *Ibid.*

³⁴² UN General Assembly, *Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary General (A/69/62)*, 2014, p. 16.

³⁴³ UN General Assembly, *Keeping the promise: United to achieve the Millennium Development Goals, (A/65/L.1)*, 2010, p. 11.

it underscored efforts undertaken by the African Union in convening discussions to address infant mortality rates, the Special Ministerial Review conducted in Asia and the Pacific, as well as efforts to create a report regarding progress towards the MDGs in Latin America.³⁴⁴ As part of the efforts to continue working towards universal healthcare, Ban Ki-moon created the High-Level Panel of Eminent Persons to create further benchmarks based on assessment of the current progress towards the MDGs.³⁴⁵

Role of the International System

The CPD works on the topic of strengthening health systems as part of its follow-up to the 1994 International Conference on Population and Development (ICPD). This conference took place to create and adopt the *Programme of Action* for matters concerning population and development over the following 20 years. The document urged all governments to improve access to primary health care for all populations, and put a priority on the individual as an actor in achieving better health outcomes.³⁴⁶ The *Programme* recommended a holistic, sustainable approach to improving health by suggesting that measures be taken to prevent environmental degradation as well.³⁴⁷ The document set a wide range of ambitious goals related to health, including: increasing access to primary care to reduce the rate of highly transmittable diseases, especially HIV/AIDS; reducing mortality and morbidity; and increasing access to reproductive health services.³⁴⁸ The *Programme* was particularly important in placing the need to empower women at the forefront of development, and established health-related goals for Member States to provide prenatal and maternal care, ensure access to sexual and reproductive health care, and provide assistance with childbirth.³⁴⁹

As per its mandate, the Commission follows-up on the implementation of the *Programme*, in part, by issuing recommendations to ECOSOC and Member States on how to strengthen national health systems and produce better health outcomes in their countries.³⁵⁰ The CPD reports annually on the progress towards meeting the goals of the *Programme* and has held many sessions discussing ways in which ECOSOC can further support its Member States' progress towards these ends.³⁵¹ An example of the type of action requested by the Commission can be seen in CPD resolution 2010/1 on "Health, Morbidity, Mortality, and Development," which urged governments to educate their country's young people about human sexuality and sexual and reproductive health, as well as enforce laws regarding consent in marriage, in order to further implement the *Programme*.³⁵²

Overall, the Commission has addressed health systems in many of its sessions over the past two decades, including the 29th, 25th, 31st, 35th, 38th, 45th sessions. In 1998, during the 31st session focused on "Health and Mortality," CPD recommended that Member States conduct a census to collect data surrounding infant mortality rates.³⁵³ The 38th session, in 2005, on "Population and HIV/AIDS," recommended that, broadly, health systems need to be strengthened, particularly in widely affected areas including Sub-Saharan Africa and the Caribbean, by steering more funding towards providing more skilled health professionals.³⁵⁴ Commission's 29th, 35th, and 45th sessions all called for more focus on reproductive health and rights.³⁵⁵ In 2014, CPD conducted an assessment of its work in the context of the general reflection on ICPD and efforts to establish and implementation framework beyond 2015.³⁵⁶ As part of this, the Commission submitted a report to ECOSOC in April 2014 evaluating the progress made since the ICPD which highlighted where great strides have been made while noting areas for improvement, identifying the landscape of health and development has changed and noting a significant shift from 1990 to 2010 in the issues most prevalent in

³⁴⁴ Ibid.

³⁴⁵ UN High-Level Panel of Eminent Persons, *A New Global Partnership: Eradicate Poverty and Transform Economies Through Sustainable Development*, 2013, p. 38.

³⁴⁶ UN General Assembly, *Implementation of the Programme of Action of the International Conference on Population and Development (A/RES/51/176)*, 1996.

³⁴⁷ UNFPA, *International Conference on Population and Development – ICPD – Programme of Action*, 1994, Chs. IV, V, VI.

³⁴⁸ UN General Assembly, *Implementation of the Programme of Action of the International Conference on Population and Development (A/RES/51/176)*, 1996.

³⁴⁹ UNFPA, *International Conference on Population and Development – ICPD – Programme of Action*, 1994, p. 57.

³⁵⁰ Ibid., p. 59.

³⁵¹ UN ECOSOC, *About CPD*, 2014.

³⁵² UN CPD, *Health, morbidity, mortality and development (E/2010/1)*, 2010, pp. 7-8.p. 3.

³⁵³ UN CPD, *Report on the 31st Session (E/1998/25)*, 1998, p. 6.

³⁵⁴ UN CPD, *Report on the 38th Session (E/2005/25)*, 2005, p. 5.

³⁵⁵ Ibid., p. 5.

³⁵⁶ UN CPD, *Report on the 47th Session (E/2014/25)*, 2014, p. 4.

establishing good health for all.³⁵⁷ Among them was the trend that while many states find it difficult to address the needs of individuals with highly communicable diseases, there has been a shift towards more states being burdened by non-communicable diseases such as cancer.³⁵⁸

The United Nations Population Fund (UNFPA) also has worked towards building on the precedence set by the *Programme*. The UNFPA's goals of improving the overall quality of life for all, as well as continuously working towards increased access to gender-specific care, has been among their main priorities.³⁵⁹ Focusing on a different element of health systems, WHO gathers information and create standards to which many Member States strive to reach. Its efforts to shape global health care norms have included providing definitions for good health care standards and providing assessments and regular reports on the progress of individual Member States' efforts to achieve these standards.³⁶⁰

More broadly within the UN system, the creation and strengthening of national health systems has become a highly debated topic of conversation.³⁶¹ General Assembly resolution 63/33 on "Global Health and Foreign Policy," adopted on 26 November 2008, connects the provision of universal health care in national health systems with "other foreign policy issues, such as the social dimension of globalization, cohesion and stability, inclusive and equitable growth and sustainable development."³⁶²

Challenges to Strengthening National Health Systems

To date, issues around poverty, education, and growing populations remain some of the most challenging aspects of creating sound, national health systems. The world's most recent statistics estimate that as of 2013, there were 7.2 billion people in the world with nearly an increase of 1 billion predicted within the next 12 years.³⁶³ Meanwhile, changes in demographic trends are resulting in new challenges, as states attempt to adapt their health systems to meet the needs of all groups in the population, including large cohorts of youth and older persons that bring specific needs and challenges.³⁶⁴ The other challenges are related to providing equal access to basic health care to marginalized populations, those located in more rural areas, as well as meeting the basic needs for reproductive health for women when there is a lack of financial resources.³⁶⁵

Due to increased life expectancy, long-term care has also become an issue that commonly deters potential progress towards universal health care.³⁶⁶ The average lifespan has increased within the past decade and is predicted to rise further, which means that more people will need quality health care coverage for longer periods of time.³⁶⁷ The rise of non-communicable diseases is yet another factor that threatens to increase the cost of health care. Conditions such as cancer, diabetes, and heart disease are on the rise globally, which will result in an increase in the amount of services provided to treat these illnesses.³⁶⁸ Generally, providing a national health system with low-cost care to the population remains one of the furthest reaching goals, especially for developing states.³⁶⁹ Sub-Saharan Africa, for example, historically has struggled with being burdened both with highly infectious and chronic diseases. As such, the need to provide basic infrastructure to contain and manage highly infectious diseases remains a top priority, which places the care of more long-term diseases such as cancer, on hold.³⁷⁰

³⁵⁷ WHO, *MDGs*, 2014; UN ECOSOC, *Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014: Report of the Secretary-General*, 2014, p. 1.

³⁵⁸ UN ECOSOC, *Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014: Report of the Secretary-General*, 2014, p. 16.

³⁵⁹ UNFPA, *Population Issues: Overview*.

³⁶⁰ WHO, *Key components of a well-functioning health care system*, 2010.

³⁶¹ UN General Assembly, *Global health and foreign policy (A/63/L.28)*, 2009.

³⁶² *Ibid.*

³⁶³ UNFPA, *Linking Population, Poverty, and Development*, 2013, p. 1.

³⁶⁴ UN General Assembly, *Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary General (A/69/62)*, 2014.

³⁶⁵ *Health Systems 20/20, Zimbabwe Health System Assessment 2010*, 2010, p. xiii.

³⁶⁶ *Ibid.*

³⁶⁷ *Ibid.*

³⁶⁸ WHO, *The many pathways towards universal health coverage* 2013.

³⁶⁹ WHO, *The World Health Report*, 2000, p. 136.

³⁷⁰ WHO, *The World Health Report*, 2000, p. 138.

In addition, the rising issue of global pandemics is leading to further challenges in public health. In 2007, 197 states adopted the World Health Assembly's International Health Regulations (IHR).³⁷¹ These regulations were created to help the world cope with emergency pandemic situations and encourage common practices to be adopted amongst its members to prevent the spread of disease.³⁷² In 2013 Margaret Chan, Director-General of WHO, underscored the critical importance of the role of national health systems by stating: "The aim [of IHR core capacities] is not only to achieve the widest possible population coverage. It is also to ensure that there are no significant gaps at the national level, as these have the potential to threaten the health security of all countries in the world."³⁷³

Ways to Improve and Provide Quality Healthcare

Strengthening health systems will require states to expand their reach, provide comprehensive coverage, increase the number of qualified medical professionals and personnel, and ensure access to all individuals on an equitable basis, included marginalized groups, women, and those living in poverty.³⁷⁴ In order to set the foundation for progress on global health, WHO has outlined the components of a sound national health system, which Member States should strive to achieve. These key criteria include: the ability to improve the general health status of all of its citizens and communities; the ability to defend a population against health threats; the establishment of affordable care for its citizens that does not create a dramatic financial burden on individuals or families; the provision of access to people-centered care; and the creation of a system that allows for the active participation of the population in voicing their opinions about their care and exerting autonomy in their health decisions.³⁷⁵

The first step towards successful provision of quality health care is related to government's commitment and creation of comprehensive national health policies. Some key components to good health care policy and governance include ensuring that health officials are held accountable for decisions made regarding health policies and creating goals that are people-centered and are grounded in sound action with steps that can be taken to achieve the set targets.³⁷⁶ Besides governance, the other factors contributing to a successful health system include:

- financial bodies (whether public or private funding should be given);
- human resources to provide highly-qualified staffing;
- provision of necessary pharmaceuticals;
- delivery of service; and
- investments in infrastructure.³⁷⁷

Health information systems are the final piece to monitoring and implementing a successful health care program. This can take the form of household surveys, epidemiological assessments, or different methods of data collecting registration.³⁷⁸ This information should then be used to assess the quality of healthcare provided.

Case Study: Zimbabwe

One example of a state that was able to strengthen its health system through these strategies, as well as through cooperation with other Member States, is Zimbabwe. In 2010, Zimbabwe was able to conduct an assessment of its own health system through aid provided by the government of the United States of America through its development agency, USAID.³⁷⁹ The work was completed in collaboration with the Zimbabwe Ministry of Health and Child Welfare, which helped assess how the country is handling six different aspects of its national health system, including its performance in health governance, health financing, human resources, pharmaceutical management, the delivery of its services, and its National Health Information and Surveillance System.³⁸⁰ The final study report recommended that Zimbabwe invest in revitalizing its health committees in order to reengage community leaders within the broader health care process.³⁸¹ Providing a channel for locals to participate and give feedback on the current health systems was an area that could see

³⁷¹ WHO, *International Health Regulations*, 2005, p. 1.

³⁷² *Ibid.*

³⁷³ WHO, *Implementation of the International Health Regulations*, 2005, p. 12.

³⁷⁴ UNFPA, *ICPD Beyond 2014*.

³⁷⁵ WHO, *Key components of a well functioning health system*, 2010, pp. 1-2.

³⁷⁶ *Ibid.*, p. 2.

³⁷⁷ *Ibid.*

³⁷⁸ *Ibid.*

³⁷⁹ Health Systems 20/20, *Zimbabwe Health System Assessment 2010*, 2010, p. xiii.

³⁸⁰ Health Systems 20/20, *Zimbabwe Health System Assessment 2010*, 2010, p. xvi.

³⁸¹ *Ibid.*, p. 31.

great improvement and would provide more direction for future health providers in better serving the immediate population.³⁸² The report also recommended that Zimbabwe immediately seeks support from external organizations to address the lack of highly-qualified staff and focus on mobilizing resources to provide higher wages for health care providers and invest in their training.³⁸³ Such evaluation exercise has provided Zimbabwe with a clear guidance how to regain a hold on providing basic health care which can help to mitigate the rise of highly infectious diseases.

Addressing Affordability

Thailand serves as a good example how to implement a low-cost health care provision for its citizens. In 2003, Thailand launched an initiative entitled the Universal Coverage (UC) of Healthcare program, also referred to as the “UC Scheme.”³⁸⁴ Through this initiative, as well as through the passage of the National Security Act in 2002, Thailand saw an increase in coverage to 98% of its population of 65 million people.³⁸⁵ While Thailand had been striving towards universal health care coverage as far back as the 1970s, it was due to public demand during the election process of 2001 that candidates dedicated themselves to platforms that would provide this within their time in office.³⁸⁶

China can also be looked to as a case study of finding methods to cover large portions of its populations with basic primary care.³⁸⁷ Currently, the system is free of charge due to the services being financed primarily through a general tax.³⁸⁸ China’s actions since the 1970s have been to create inclusive health care with particular attention to increasing basic health services in the most rural areas.³⁸⁹ With China’s population set at around 1.2 billion, it makes up nearly 20% of the entire globe’s population.³⁹⁰ China’s expansion of care covers a vast majority of their population under a system that has subsidized the cost of buying into the national program system from the federal to the local municipalities.³⁹¹ Since the barefoot doctor movement in the 1970’s, China has come a very long way in not only promoting and ringing the alarm to the necessity of universal health care to be provided through national health systems, but has proven that it can be worked towards with some success.³⁹²

Women’s Health

The health needs of women, intertwined with women’s rights and women’s empowerment, have been key points in the development agenda in the past two decades, including the *Programme* of the ICPD and the MDGs; although the international community has made many strides in meeting the health needs of women, unmet needs still remain. There is evidence to suggest that the provision of a few basic reproductive health services to women can have a large impact within a relatively short amount of time. For instance, increased access to modern contraception could lead to a reduction of 70% in maternal mortality, as well as a 40% reduction of infant and child mortality.³⁹³ Some recent successes with this include the case of Rwanda, where access to maternal care was broadened, and universal access to reproductive services and family planning were made widely available.³⁹⁴ As a result, the use of contraception has jumped from only 10% in 2005 to 47% in 2012.³⁹⁵

One major theme on the women’s health agenda is family planning and realizing reproductive health rights for women. The *Programme* included the goal of expanding access to sexual and reproductive health rights and integrating this into primary health care.³⁹⁶ In following up to the *Programme*, many Member States have developed national policies to remove barriers to reproductive health, and have made progress on this topic after identifying the specific needs and

³⁸² Ibid., p. xvi.

³⁸³ Ibid., p. 5.

³⁸⁴ Joint Learning Network, *Government Health Insurance Programs Profiled: Thailand*, 2000.

³⁸⁵ Ibid.

³⁸⁶ Ibid.

³⁸⁷ WHO, *The many pathways towards universal health coverage*, 2013.

³⁸⁸ Joint Learning Network, *Government Health Insurance Programs Profiled: Thailand*, 2000.

³⁸⁹ WHO, *The many pathways towards universal health coverage*, 2013.

³⁹⁰ Stanford Center for Health Policy/Center for Primary Care and Research, *China provides universal health insurance at a fraction of the cost*, 2012.

³⁹¹ Ibid.

³⁹² Ibid.

³⁹³ UNFPA, *Looking Back, Moving Forward: Results and Recommendations from the ICPD-at-15 Process*, 2010, p. 29.

³⁹⁴ UN ECOSOC, *Need to Address Gaps in Sexual, Reproductive Health Recurrent Theme POP/1030*, 2014.

³⁹⁵ Ibid.

³⁹⁶ UNFPA, *Looking Back, Moving Forward: Results and Recommendations from the ICPD-at-15 Process*, 2010, p. 27.

shortfalls of their national health systems.³⁹⁷ Many states included reproductive health in their national budgets or partnered with organizations or regional groups to expand access to modern contraceptives for free or at a low-cost to women who previously lacked access.³⁹⁸ Some also removed legal obstacles, such as requiring a husband's signature for a woman to gain access to contraceptives.³⁹⁹ The status of reproductive health rights varies around the globe and between states, but increases in the percentage of women who have access to contraceptives, for example, has increased in many regions due to governments taking measures to integrate sexual and reproductive health into their national health systems.⁴⁰⁰ While excluding access to reproductive care can sometimes be found in historical or cultural roots, countries with weak health systems, especially in states in conflict or recovering from conflict, face many challenges in providing sexual and reproductive health care.⁴⁰¹ Without strong health systems, it is unlikely that these rights will be realized. Further challenges include integrating services for people with HIV/AIDS into reproductive health services and providing access to care in a culturally-sensitive way.⁴⁰²

Conclusion

The further expansion and accessibility of basic health care to all people remains a struggle. Barriers such as poverty, the increasing costs of care, the prevalence of communicable and non-communicable diseases as well as a larger and longer living population all threaten the ability for Member States to adequately provide this basic right to their citizens. It is essential for the international community to direct its efforts towards early care and prevention of disease, increase accessibility of services to remote populations, and keeping the out of pocket costs to a minimum in order strengthen health systems and their standards. In fact, the former WHO Director-General Dr. Gro Harlem Brundtland stressed, "the health and well-being of people around the world depend critically on the performance of the health systems that serve them."⁴⁰³ For this reason, the CPD plays an instrumental role in prioritizing this issue and urging its Member States to develop effective and just national health systems.

Further Research

While researching this topic further, delegates should consider the following questions: What further support can the CPD, and other organizations provide to Member States, so they are able to strengthen their health care systems? What financing mechanism should be put in place to allow affordable and subsidized access to health care? What are the remaining barriers to providing comprehensive health care and treatment to populations?

³⁹⁷ *Ibid.*, p. 17.

³⁹⁸ *Ibid.*

³⁹⁹ *Ibid.*

⁴⁰⁰ *Ibid.*, p. 26.

⁴⁰¹ *Ibid.*

⁴⁰² *Ibid.*

⁴⁰³ WHO, *World Health Organization Assesses the World's Health Systems*, 2000.

Annotated Bibliography

The World We Want. (2013). *Health in the post-2015 agenda: Report of the Global Thematic Consultation on Health*. Retrieved 10 July 2014 from: <http://www.worldwewant2015.org/file/337378/download/366802>

This report from the Task Team for the Global Thematic Consultation on Health reflects on the achievements made so far in the field of health, particularly in the context of the MDGs, and introduces the improvement required in the context of the post-2015 development agenda. The study of the synergies between health and other sectors will provide delegates with insightful content on the conditions to favor in order to reduce the burden of major non-communicable diseases, to reach universal health coverage and to maximize health lives. Particular attention can be paid to Chapter 4, dedicated to the link between health and development; Chapter 5 and the section on the importance of health systems; as well as Chapter 7 on the implementation which focuses on the interaction between health and poverty reduction mechanisms, financial resources, accountability and measurement capacities, cooperation and coordination.

United Nations, Commission on Population and Development. (2010). *Health, morbidity, mortality and development (E/2010/1)* [Resolution]. Retrieved 10 July 2014 from:

http://www.un.org/en/development/desa/population/commission/pdf/43/CPD43_Res2010-1.pdf

This resolution from the CPD is an important document for delegates seeking to increase their knowledge of the topic. It encompasses many themes relating to health and will enable them to grasp the necessity of focusing on national health system, in relation to development and reduction of population vulnerability. This document is a useful starting point for delegates to understand the perspective the CPD has on how to tackle the issue of urging Member States to provide better quality health care to their populations, and what kinds of recommendations the Commission is likely to make.

United Nations, Economic and Social Council. (2014). *Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014: Report of the Secretary-General*. Retrieved 18 August 2014 from:

http://icpdbeyond2014.org/uploads/browser/files/sg_report_on_icpd_operational_review_final.unedited.pdf

This is a topical report assessing the status of the goals established by the Follow-up to the Programme of Action done in April of 2014. It provides crucial and up to date information regarding the progress towards providing better health care for all and providing recommendations on how to move forward in attempting to achieve those goals. Delegates may reference this document to get a sense of the kinds of broader goals being monitored by the CPD.

United Nations, General Assembly, Sixty-ninth session. (2014). *Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary-General (A/69/62)*.

Retrieved 10 July 2014 from: <http://undocs.org/A/69/62>

This report of the Secretary-General discusses what has been achieved internationally since the 1994 Cairo International Conference on Population and Development, as a part of the ICPD Beyond 2014 discussion. Chapter II is dedicated to health, and section G especially is relevant to this topic as it relates to the unfinished agenda of health system strengthening. It will provide delegates with the most recent assessment of challenges to deal with regarding this topic. This topic is fundamental for delegates to understand the mandate of the Commission on Population and Development, which is to assess the implementation of the 1994 Programme of Action at the national, regional and international levels.

United Nations Office of the High Commissioner for Human Rights and the World Health Organization. (2008). *Human Rights, Health and Poverty Reduction Strategies* [Report]. Retrieved 10 July 2014 from:

http://www.ohchr.org/Documents/Issues/ESCR/Health/HHR_PovertyReductionsStrategies_WHO.pdf

This report reaffirms the particular relationship between health and development and how the strengthening of national health systems relates to the reduction of poverty. Section 4 of the booklet is dedicated to "Implementation: transparency and accountability through monitoring and evaluation," and will detail to delegates the mechanisms to implement at a national level that can help strengthening national health systems and contribute to poverty reduction in the meantime. This resource will assist delegates in understanding how the topic relates to the mandate of the CPD, in order to reduce population vulnerability.

United Nations, World Health Assembly, Sixty-fourth session. (2011). *Health System Strengthening: Current trends and challenges (A/64/13)* [Report]. Retrieved 10 July 2014 from: http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_13-en.pdf

This report from the World Health Assembly summarizes main areas to investigate when dealing with the strengthening of national health systems. Two paragraphs are dedicated to the efforts undertaken by countries in order to finance universal coverage and invest in human resources for health. It also summarizes the importance of technology as a driver

of the expansion of health systems and describes mechanisms designed to foster innovation through global partnerships. It is important for delegates to understand the specific actions being called on for further progress on creating sound health systems within Member States.

World Health Organization. (1994). *Achieving Health for All by the Year 2000* [Report]. Retrieved 17 August 2014 from: <http://whqlibdoc.who.int/publications/1991/9241561327.pdf>

This midway report, conducted in 1994, is a document where conclusions were drawn from a general meeting in Riga, Latvia, with the goal of judging several countries' progress towards achieving the goals outlined within Alma-Ata. This could be beneficial for delegates to understand how a handful of Member States self-assessed their own progress towards their goals in 1994, at a time when progress towards achieving universal healthcare by 2000 seemed feasible.

World Health Organization. (1978). Declaration of Alma-Ata. Retrieved 10 July 2014 from: http://www.who.int/publications/almaata_declaration_en.pdf

The declaration on primary health care remains a key document that guides Member States in understanding the necessity of collaboration in the field of health in order to promote global health. This declaration developed a human rights-based approach to health and detailed a strategy for government to introduce primary health care as a main component of their health systems. More than thirty years after its adoption, the declaration reaffirms the challenges and fundamental characteristics of health systems. This document is fundamental to understanding the precedence created for reaching sound health care with regards to high-quality primary health care.

World Health Organization. (2000). *The World Health Report 2000*. Retrieved 17 August 2014 from: http://www.who.int/whr/2000/en/whr00_en.pdf

This report conducted by the World Health Organization provides a comprehensive overview of various health systems. The report provides a useful background on how systems have evolved over time, why they matter, and the make up of different kinds of systems today. It also provides a detailed discussion about financing health systems, which is one of the biggest barriers to providing quality care. Delegates may wish to read this to gain a more in-depth knowledge on the functions of health systems and how they operate both theoretically as well as in specific examples discussed therein.

World Health Organization. (1946). *World Health Organization Constitution*. Retrieved 17 August 2014 from: http://whqlibdoc.who.int/hist/official_records/constitution.pdf

This document outlines the agreements made by all members of the World Health Organization. This document is foundational in establishing the groundwork for further research regarding what each delegate's nation has agreed to and in tracing a path in understanding where their own national health systems began. The Declaration outlines the objectives that each Member State will strive to, as well as the organizations which will be primarily called upon to provide support in achieving these goals.

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