

25 – 29 MARCH 2018

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



Conference B

United Nations Population Fund (UNFPA)

Committee Staff

Director	Simón Arias
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Chair/Rapporteur	Hagar Darwish

Agenda

- I. Sexual and Reproductive Health in Humanitarian Response
- II. Managing the Needs and Challenges of an Ageing World
- III. The Impact of Climate Change on Achieving Sustainable Population Growth

Resolutions adopted by the Committee

Code	Topic	Vote
UNFPA/1/1	Sexual and Reproductive Health in Humanitarian Response	Adopted without a vote
UNFPA/1/2	Sexual and Reproductive Health in Humanitarian Response	12 votes in favor, 7 votes against, 2 abstentions
UNFPA/1/3	Sexual and Reproductive Health in Humanitarian Response	21 votes in favor, 0 votes against, 0 abstentions
UNFPA/1/4	Sexual and Reproductive Health in Humanitarian Response	Adopted without a vote

Summary Report

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

- I. Sexual and Reproductive Health in Humanitarian Response
- II. The Impact of Climate Change on Achieving Sustainable Population Growth
- III. Managing the Needs and Challenges of an Ageing World

The session was attended by representatives of 21 Member States.

On Sunday, the committee adopted the agenda at I, III, II, beginning discussion on the topic of “Sexual and Reproductive Health in Humanitarian Response.” By Tuesday, the Dais received a total of six proposals covering a wide range of subtopics such as health professions training, security to prevent gender-based violence, improved distribution of supplies, sexuality education for adolescents, and respect for varied cultural perspectives on these issues. Delegates discussed ideas diplomatically and cooperatively while remaining tolerant of differences in positions, reflecting the full spirit of the United Nations. Upon completing two merges, the Dais had a total of four working papers by the end of committee session on Tuesday evening.

On Wednesday, four draft resolutions had been approved by the Dais, one of which had an unfriendly amendment. The committee adopted four resolutions following voting procedure, three of which received unanimous support by the body. The resolutions represented a wide range of issues including engaging stakeholders in improving access to resources and services and increasing public outreach in emergencies, revising educational and training materials to acknowledge cultural sensitivity, improving existing mechanisms for reporting gender-based violence, and reducing discrimination based on gender and sexual orientation through data collection in crises. The committee’s sustainable and holistic solutions successfully addressed challenges related to sexual and reproductive health in humanitarian responses, advancing UNFPA’s mission of supporting reproductive rights for all.



Code: UNFPA/1/1

Committee: United Nations Population Fund

Topic: Sexual and Reproductive Health in Humanitarian Response

1 *The United Nations Population Fund,*

2
3 *Guided by the principles contained in Article I of the Charter of the United Nations (1945), regarding to the respect*
4 *for human rights and fundamental freedoms for everyone without distinction as to sex, race, language or religion,*

5
6 *Desiring the fulfilment of the Sustainable Development Goals (SDGs), established from General Assembly*
7 *resolution 70/1 (2015) on Transforming our World: the 2030 Agenda for Sustainable Development, particularly*
8 *Sustainable Development Goals (SDGs) 3 on “good health and wellbeing,” 4 on “quality education,” and 5 on*
9 *“gender equality,” with specific adherence to the subsequent targets on the eradication of HIV/AIDS, reduction of*
10 *STIs, deliverance of safer pregnancies and childbirth, and gender-based violence (GBV) issues,*

11
12 *Recalling the major role played by the 1994 International Conference on Population and Development (ICPD),*
13 *which asserts that sexual and reproductive health (SRH) is a concern and that the international community should*
14 *focus on the needs of women and youth who are disproportionately vulnerable,*

15
16 *Reaffirming the 1995 Beijing Declaration and Platform for Action, which supports the attainment of the highest*
17 *standard of health, increasing funding and access to SRH resources and services, and preventing gender-based*
18 *discrimination and violence,*

19
20 *Understanding the administrative role of United Nations Population Fund (UNFPA) in coordinating joint*
21 *programmes responding to SRH needs in times of crisis in conjunction with United Nations (UN) entities, such as*
22 *the Inter-Agency Working Group (IAWG), the Training Partner Initiative (TPI), Maternal Health Thematic Fund*
23 *(MHTF), and UNFPA Supplies Program, all of which have made progress in providing trainings and resources to*
24 *frontline humanitarian SRH workers, thereby enhancing treatment for HIV/AIDS, sexually transmitted infections*
25 *(STIs), sexual violence, and unsafe pregnancies,*

26
27 *Acknowledging UNFPA’s guide on “Planning and Implementing an Essential Package of Sexual and Reproductive*
28 *Health Services,” which recognizes the need for culturally appropriate awareness in SRH services and programmes*
29 *and should be delivered in the correct language(s) and literacy level in order to increase effectiveness,*

30
31 *Bearing in mind the concerning details shared by the Refugee Rights Data Project study stating that 46 percent of*
32 *women do not trust authorities or services due to feeling uncomfortable in refugee camps and the increased risk of*
33 *GBV occurring are due to current refugee camp and shelter layouts being shared between men and women, which*
34 *are not conducive to preventing GBV,*

35
36 *Noting with appreciation the Health and Human Rights Info's (HHRI) training manual specific to humanitarian*
37 *crises responders which addresses the negative consequences of GBV on mental health by detailing mental health*
38 *effects and prescriptions for treating survivors of GBV,*

39
40 *Deeply concerned by the lack of comprehensive information being reported to the Gender-Based Violence*
41 *Information Management System (GBVIMS), which falls short in incorporating STIs, unsafe pregnancies, meeting*
42 *urgent survival needs, caring for children and providing basic commodities,*

43
44 *Considering the discussion on “shaping priorities for financing the SDGs relevant to UNFPA mandate” in the 2016*
45 *“Informal Executive Board Consultation on UNFPA Funding Issues” report, the UNFPA “2018 Humanitarian*
46 *Action Overview” report, and the 2016 “UNFPA Annual Report,” which realizes the need to increase funding and*
47 *allocation efficiency of SRH resources for emergency humanitarian responses, since only 10 percent of funding is*
48 *allotted to programs working on immediate SRH humanitarian responses,*

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- 50
- 51 1. *Calls for* improving the GBVIMS by expanding SRH related non-governmental organization (NGOs) access to
52 the system, allowing victims of GBV and their care providers to report cases of sexual abuse, and modernizing
53 the measurement of relevant information to be include additional threats to SRH related matters;
54
- 55 2. *Recommends* improving the GBVIMS by increasing collaboration among NGOs by uploading all relevant NGO
56 data to strengthen the network’s ability in collectively analyzing and sharing SRH data, which includes
57 information on the proliferation of sexually transmitted infections (STI), unsafe childbirths, sexual trafficking,
58 and the overall degree of poor SRH;
59
- 60 3. *Encourages* adjusting the UNFPA Women’s Development Groups to provide information and resources, such
61 as menstruation products and contraceptives, to support groups for victims of sexual violence during
62 humanitarian crises;
63
- 64 4. *Calls for* a grassroots approach to recruit prominent community leaders who will assist humanitarian responses
65 by providing approachable counselling to victims of sexual abuse and sharing culturally appropriate information
66 regarding SRH to individuals in a gender appropriate setting;
67
- 68 5. *Requests that* aspects of the HHRI manual be used in conjunction with the World Health Organization's (WHO)
69 mental health Gap Action Programme Humanitarian Intervention Guide (mhGAP-HIG) and that Member States
70 refer their responders to mhGAP-HIG, keeping in mind the GBV section of the HHRI manual;
71
- 72 6. *Advocates for* a restructuring of the layout of refugee camps and shelters by designating female-only facilities
73 and increased security measures in restrooms to reduce GBV with the aim to enhance trust in services and
74 resources;
75
- 76 7. *Suggests* the funding for SRH resources and services are derived through better coordination and
77 communication of local efforts by enhancing multi-stakeholder partnerships with civil society and the private
78 sector;
79
- 80 8. *Further suggests* reducing operational costs by stabilizing core contributions through the reallocation of funding
81 from family planning and maternal health to SRH resources in emergencies;
82
- 83 9. *Expresses* hope for higher reporting rates of sexual abuse and GBV, with more data regarding sexual abuse
84 rates, STIs and unsafe pregnancies being collected.



Code: UNFPA/1/2

Committee: United Nations Population Fund

Topic: Sexual and Reproductive Health in Humanitarian Response

1 *The United Nations Population Fund,*

2
3 *Reaffirming* that “all human beings are born free and equal in dignity and rights,” and that “everyone is entitled to all
4 the rights and freedoms” as set forth in the *Universal Declaration of Human Rights* (1948),

5
6 *Underlining* that protecting the rights of women and lesbian, gay, bisexual, and transgender (LGBT) persons are
7 fundamental to ensuring social progress and to increasing their standard of living by emphasizing freedom and
8 equality, as outlined in the *Beijing Declaration and Platform for Action* (1995) and in several UN agencies’ *Joint*
9 *Statement on Ending Violence and Discrimination Against LGBTI People* (2015),

10
11 *Emphasizing* the mandate of the United Nations Population Fund (UNFPA) as an organization that promotes
12 universal access to sexual and reproductive health (SRH), especially in times of humanitarian crises where Member
13 States may lack appropriate support,

14
15 *Expressing its appreciation for* the actions of Member States in promoting gender equality in their legislative and
16 aspirational policies, such as the Netherlands’ National Action Plan 1325 (2012-2015) which promoted the
17 enfranchisement of women in the Democratic Republic of the Congo,

18
19 *Draws attention to* Human Rights Council resolution 32/2 (2016) on “Protection against violence and discrimination
20 based on sexual orientation and gender identity,”

21
22 *Deploring* the discrimination and violence based on gender and sexual orientation that especially pervades armed
23 and post-conflict situations,

24
25 *Affirming* that people have multiple identities relating to their gender, race and culture and may face intersectional
26 discrimination, especially in times of conflict and other humanitarian crises,

27
28 *Noting* that gender discrimination has links to the socioeconomic, political, and legal structures that continue to
29 entrench oppression and privilege and is exacerbated in times of humanitarian crisis, for instance in the risk for
30 violence and impaired access to services that LGBT populations face,

31
32 *Recognizing* the guidelines of the Inter-Agency Standing Committee (IASC) developed by the World Health
33 Organization (WHO) to plan and coordinate responses to promote psychological wellbeing and mental health during
34 times of humanitarian crises,

35
36 *Noting* the importance of confidentiality and data security, such as the best practices established by the United
37 Nations Statistical Commission, to ensure protection and prevent the misuse of information on LGBT persons in
38 times of humanitarian crises,

39
40 *Applauding* the efforts of the Gender-Based Violence Information Management System developed by UNFPA in
41 conjunction with other humanitarian actors to enable reliable collection of data on gender-based violence to inform
42 humanitarian responses,

43
44 *Noting* the necessity of gathering data in accordance with the United Nations Statistical Commission on the
45 effectiveness of reproductive and sexual health interventions, such as condoms and post-exposure prophylaxis for
46 HIV/AIDS, to combat diseases that disproportionately impact LGBT populations in humanitarian crises,

47
48 *Appreciating* that the UNFPA Regional Office for Asia and the Pacific has developed an online key population
49 resource (The Connect Effect) to share tools and information, integrate SRH and HIV prevention services, and
50 address sexual health needs, pregnancy options, reproductive health, and violence prevention,

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In approval of the collaboration between UNFPA and the University of Pretoria, in conducting a comprehensive analysis of the laws and policies affecting sexual and reproductive health and rights (SRHR) among adolescents in 23 Member States in eastern and southern Africa, as mentioned by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in their “Report on the Implementation of the Decisions and Recommendations of the Programme Coordinating Board” (2017),

Deeply concerned by the issue of human trafficking which affects vulnerable populations such as persons with disabilities, economically vulnerable people, and young LGBT individuals,

Acknowledging Human Rights Council resolution 11/3 (2009) on “Trafficking in persons, especially women and children,” which condemned the practice of human trafficking and urged Member States to enhance preventive measures to stop exploiters of trafficked persons and to guarantee their accountability,

1. *Proposes* that all humanitarian crisis response programs are gender inclusive and free of discrimination based on gender identity or sexual orientation by:
 - a. Implementing a comprehensive training program as part of standard operating procedures in a humanitarian response for medical and aid professionals that promotes inclusive and responsible service provision for LGBT persons and does not discriminate on the basis of sexual orientation or gender;
 - b. Supporting aid for displaced LGBT persons that does not lead to further stigmatization nor exclusion, such as the provision of menstrual products;
 - c. Encouraging all staff involved in the chain of aid, such as translators, volunteers and diplomatic personnel to be sensitive to matters of sexual orientation or gender identity;
2. *Encourages* international and domestic agencies, academic institutions, and other organizations that conduct research and collect data on SRH in humanitarian crises to include issues relating to LGBT populations by:
 - a. Supporting the addition of questions that recognize LGBT violence in existing reporting on harassment, abuse, and gender-based violence, especially in high-risk areas such as police stations and refugee camps;
 - b. Recommending that the confidentiality of data gathered is protected in accordance with the United Nations Statistical Commission’s guidelines and cannot be used to discriminate against individuals based on gender or sexual orientation;
 - c. Calling upon Member States to conduct a comprehensive information gathering program into the nature of the needs, vulnerabilities and priorities that specifically affect groups being marginalized based on sexual orientation and gender;
 - d. Providing training to Member States to conduct research on both population-wide trends and smaller-scale studies to assess the local and individual impacts of discrimination and violence;
 - e. Comparing trends of groups to investigate the impact of policies and practices on the health outcomes of LGBT persons, especially diseases to which they are more susceptible, such as HIV/AIDS and mental disorders;
 - f. Recommending that Member States work with educational institutions such as universities to continue research with greater specificity, investigate the connection between childhood development of LGBT persons and their SRH, and understanding best practices for care for gender diverse children in acute settings;

- 106 3. *Recognizes* the opportunity to collaborate with non-governmental organizations (NGOs) and civil society
107 organizations (CSOs) working on problems relating to LGBT rights, such as the Human Rights Campaign, and
108 individual Member States by:
109
- 110 a. Considering partnerships with Member States' humanitarian crisis reporting systems, to ensure that
111 anonymized and secure sexual assault support and crisis monitoring is available;
112
 - 113 b. Proposing the use of SRH data to prepare more comprehensive strategies for the prevention, treatment,
114 and detection of HIV/AIDS before crises occur;
115
 - 116 c. Promoting analysis of datasets between nongovernmental organizations and civil society organizations
117 with respect to LGBT health issues, which can be improved by including questions on gender identity,
118 assigned sex at birth, and sexual orientation;
119
- 120 4. *Encourages* an increased participation of persons with diverse sexual orientations and gender identities in
121 leadership roles in emergency situations, to the extent appropriate for local communities, to prevent systemic
122 forms of gendered discrimination that further intensify their vulnerable status;
123
- 124 5. *Suggests* that further emphasis should be placed on online resources in times of crisis, including in HIV/AIDS
125 prevention by strengthening cooperation with related organizations by:
126
- 127 a. Supporting expanding the use of the UNFPA's online key population resource (The Connect Effect) to
128 share tools and information to integrate SRH into more communities in developing Member States;
129
 - 130 b. Promoting online awareness campaigns to spread knowledge on SRH, sexually transmitted infection
131 (STI) prevention, and sexual violence prevention, as well as relevant sexual assault laws and law
132 enforcement reporting mechanisms;
133
 - 134 c. Calling upon Member States to promote applications to help women who are sexually harassed online
135 by researching network identification systems;
136
 - 137 d. Encouraging the use of forensic medical devices to help victims gather evidence of sexual violence in
138 humanitarian responses by sharing successful experiences among Member States and strengthening
139 cooperation among UNFPA, WHO, and NGOs;
140
- 141 6. *Further recommends* integrating comprehensive anti-sexual trafficking programs into standard operating
142 procedures for humanitarian crisis response by:
143
- 144 a. Endorsing counselling and psychological programs for victims rescued from sexual trafficking;
145
 - 146 b. Enhancing access to comprehensive reproductive health services as a priority for victims of sexual
147 trafficking, to provide screenings and treatment for STIs and other diseases of high risk, such as
148 tuberculosis;
149
 - 150 c. Encouraging awareness campaigns and training programs for aid workers to identify those affected by
151 sex trafficking.



Code: UNFPA/1/3

Committee: United Nations Population Fund

Topic: Sexual and Reproductive Health in Humanitarian Response

1 *The United Nations Population Fund,*

2
3 *Recognizing* the vital role that sexual and reproductive health (SRH) education plays in mitigating the negative
4 effects of humanitarian crises on SRH,

5
6 *Bearing in mind* that the need for sufficient funding for SRH education programs can be addressed through
7 cooperation between Member States and the private sector in public-private partnerships (PPPs),

8
9 *Recognizing* that persons displaced by humanitarian crises are often relocated to communities with differing systems
10 of SRH education and varying cultural values,

11
12 *Deeply concerned* by the fact that sexually-transmitted infections (STIs) such as HIV/AIDS disproportionately affect
13 young people in the developing world, and that HIV rates have dramatically increased among young women aged 15
14 to 24, according to the United Nations Population Fund's (UNFPA) report *Women and HIV/AIDS: Confronting the*
15 *Crisis* (2004),

16
17 *Acknowledging* the UNFPA report *Adolescent Girls in Disaster and Conflict* (2016), which states that crisis
18 situations exacerbate gender inequality and discrimination already present in society and pose barriers to continuing
19 SRH education programs,

20
21 *Noting with regret* the issues addressed in General Assembly resolution 71/175 (2017) on "Child, early, and forced
22 marriages," which outlines the effects of armed conflict and humanitarian emergencies on this problem,

23
24 *Appreciating* the work of the Women's Refugee Commission (WRC) and their Eleanor Bellows Pillsbury Fund for
25 Reproductive Health Care and Rights for Adolescent Refugees, which has provided over 61,000 adolescents in
26 humanitarian situations reproductive health training and education,

27
28 *In approval of* UNFPA's support of countries in their campaigns to prevent violence against women, and the
29 inclusion of gender equality and human rights education in the curricula of police schools as outlined in the
30 Commission on Population and Development's "Report of the Secretary-General on Monitoring of population
31 programmes, focusing on health morbidity and development" (2010),

32
33 *Recalling* the work of the Joint United Nations Programme on HIV/AIDS (UNAIDS) outlined in their "Report on
34 the Implementation of the Decisions and Recommendations of the Programme Coordinating Board" (2017), which
35 emphasizes the role of the Department of Peacekeeping Operations (DPKO) in helping establish and strengthen
36 programs for host communities to prevent sexual violence and HIV in conflict and post-conflict settings,

37
38 *Recognizing* the role of the United Nations Children's Fund (UNICEF) as the head of the education cluster for the
39 United Nations Office for the Coordination of Humanitarian Affairs (OCHA),

40
41 *Reaffirming* that marginalized adolescents, including gender diverse youth; young people of sexual minorities; poor,
42 rural, indigenous, and minority youth; and young people with disabilities face specific and unique challenges and are
43 often overlooked in sexual education programming,

44
45 *Guided by* the UNFPA's "Strategy on Adolescents and Youth" Outcome 2, which calls for the prioritization of
46 adolescents in the development of national policies and programs, especially in increasing the availability of
47 comprehensive SRH education and services, and specifically Indicator 2, which calls for monitoring the number of
48 countries with laws providing access to SRH services for adolescents,

49

50 *Cognizant of the importance of parents in the education of adolescents on SRH and in adolescent development, as*
51 *seen through the Caribbean Informed Parents and Children Together (CImPACT) program in the Bahamas which*
52 *directly included parents in SRH education through information sessions where the concerns of teachers, parents,*
53 *and students were represented,*
54
55 *Appreciating UNFPA’s Stop Early Marriage Campaign and its commitment to working with families, community*
56 *leaders, and adolescents in rural areas to encourage delaying marriage and childbearing and supporting married*
57 *adolescent girls by providing literacy, life skills, and information on reproductive health,*
58
59 *Acknowledging the role of cultural and community centers in Member States affected by humanitarian crisis in*
60 *connecting adolescents to SRH education, when access to these services is limited or interrupted,*
61
62 *Noting with approval the UNFPA’s “Guidelines for Engaging Faith-Based Organisations (FBOs) as Agents of*
63 *Change” (2009) and publication “Engaging Faith-Based Organizations in HIV Prevention: A Training Manual for*
64 *Programme Managers” (2007),*
65
66 *Fully aware of the need to facilitate dialogue between SRH education providers, non-governmental organizations*
67 *(NGOs), and religious leaders in humanitarian situations,*
68
69 *Emphasizing that the International Family Care Organization sees the provision of SRH, including HIV/AIDS*
70 *prevention and care services to poor women, youth, and sexual and gender minorities, as stated at the March 2005*
71 *meeting of the Economic and Social Council,*
72
73 *Recognizing that lessons learned from humanitarian SRH programs in individual Member States can increase the*
74 *effectiveness of future programs,*
75
76 *Noting the success of the UNFPA in partnering with Seiko and in forming other PPPs to conduct advertising and*
77 *marketing campaigns for contraceptive education and use and that such campaigns can be effective in educating*
78 *youth when formal education has been interrupted by humanitarian crises,*
79
80 *Accepting that peer-to-peer adolescent reproductive health education can be effective in the provision of SRH*
81 *education to adolescents if they have appropriate guidance mechanisms as noted in UNFPA’s report “Adolescent*
82 *Sexual and Reproductive Health Programs in Humanitarian Settings: An In-Depth Look at Family Planning*
83 *Services” (2013) produced in partnership with other agencies,*
84
85 *Concerned by UNFPA’s report on “Protection Risks for Women and Girls in the European Refugee and Migrant*
86 *Crisis” (2016) with the Office of the United Nations High Commissioner for Refugees (UNHCR) and WRC, which*
87 *states that many refugee women are forced to engage in sex work to pay for travel costs and that during*
88 *humanitarian crises sex workers face a heightened risk for transmission of STIs like HIV and for other unsafe*
89 *conditions such as unwanted pregnancy and mental health issues,*
90
91 *Recognizing the 16th annual meeting of the Inter-Agency Working Group on Reproductive Health in Crises (IAWG)*
92 *in 2016, which acknowledged the positive influence that peer mentoring programs have on access to SRH services*
93 *for sex workers and the success of the SHAKTI program in promoting peer-to-peer education between sex workers*
94 *in Bangladesh,*
95
96 1. *Encourages* Member States to set individual goals for the SRH education of all adolescents to reach the general
97 goal of allowing their populations to make conscious and informed decisions on sexual activity with
98 recommendations and oversight from UNFPA;
99
100 2. *Invites* Member States, within six years, to explore implementing legislation specifically formalizing SRH
101 education in intermediate schools following humanitarian crises by:
102
103 a. Welcoming collaboration among Member States, the United Nation’s Children’s Fund (UNICEF), and
104 the World Health Organization (WHO) in teacher training for SRH in formal education systems;
105

- 106 b. Including a focus on the de-stigmatization, prevention and treatment of HIV/AIDS and other STIs;
107
- 108 3. *Encourages* the engagement of NGOs, religious organizations, and community leaders in the utilization and
109 implementation of SRH education and family planning programs by:
110
- 111 a. Focusing on obstacles for women and girls' sexual education, such as child marriage, gender-based
112 violence, gender inequality and contraceptive use;
113
- 114 b. Promoting culturally sensitive, inclusive, and appropriate policy recommendations;
115
- 116 4. *Strongly urges* Member States to draft policies for ending the practice of early, forced and child marriages, by
117 encouraging an age requirement for Member State incentives to married couples in humanitarian crises,
118 educating adolescent girls on their rights and health, and advocating community involvement to help achieve
119 these rights;
120
- 121 5. *Emphasizes* the importance of involving NGOs, religious organizations, and community leaders in the
122 utilization and implementation of SRH education and family planning programs in health, cultural, religious,
123 and community centers to promote culturally sensitive, inclusive, and appropriate policy recommendations;
124
- 125 6. *Urges* Member States to focus on obstacles for women and girls' sexual education, such as child marriage,
126 gender-based violence, gender inequality and contraceptive use, through the integration of education programs
127 in cultural community centers;
128
- 129 7. *Encourages* the implementation of new programs and the strengthening of existing SRH education programs
130 through community centers by:
131
- 132 a. Engaging parents and religious and cultural leaders;
133
- 134 b. Advocating for the prevention of child marriages and adolescent pregnancies, especially in areas
135 affected by humanitarian crises;
136
- 137 8. *Suggests* that Member States implement peer-to-peer education for sex workers in humanitarian settings to
138 improve working environments and reduce the transmission of HIV and other STIs;
139
- 140 9. *Advises* UNFPA to collaborate with WHO and UNICEF to expand the Pan-American Health Association's
141 Mapping Adolescent Programming and Measurement Framework globally by;
142
- 143 a. Including existing adolescent SRH education programs within Member States into this database to
144 assist in further developing programs and evaluating their effectiveness;
145
- 146 b. Incorporating data from the United Nations Statistics Division on the number of births per child under
147 the age of 18, number of adolescents with STIs, and number of adolescent maternal deaths per annum
148 for the purposes of identifying problem areas in SRH education provision;
149
- 150 10. *Calls for* a review of UNFPA's Comprehensive Sexuality Education (CSE) Situation Assessment Tool to
151 incorporate assessment methods specifically relating to SRH education in humanitarian response;
152
- 153 11. *Recommends* that the IAWG place a special emphasis on SRH programming for youth during their annual
154 meetings;
155
- 156 12. *Suggests* that strengthening cooperation with WHO and UNESCO as well as UN-Women, UNAIDS, and
157 UNICEF to publish further materials on inclusive, reasonable, and comprehensive sexual education including a
158 handbook for SRH cultural sensitivity in humanitarian response to be distributed online and through
159 humanitarian actors following crisis or disaster;
160

- 161 13. *Supports* cooperation between Member States, NGOs, and private corporations through PPPs, specifically
162 working with entertainment industries to run public outreach campaigns for SRH education through social
163 media and online platforms, television, radio, and physical advertisements;
164
- 165 14. *Encourages* UNICEF to incorporate a special focus on SRH education into their programs implemented as part
166 of their duty as the head of UNOCHA’s education cluster;
167
- 168 15. *Advises* UNFPA to collaborate with the Inter-Agency Task Force on Financing and Development to draft a
169 framework for the integration of PPPs into SRH education in humanitarian situations including refugee camps;
170
- 171 16. *Recommends* the development of SRH education in refugee camps consistent with the cultural values of
172 refugees’ home countries while respecting the cultural norms of host nations through an exchange of dialogue
173 between leaders in the refugee community and representatives from the host country’s government and local
174 leaders;
175
- 176 17. *Suggests* that Member States cooperate with regional development banks to rebuild educational systems in post-
177 crisis situations and account for the interruption of SRH education due to conflict or disaster;
178
- 179 18. *Recommends* that Member States work with the DPKO to ensure that SRH education for adolescents is a
180 fundamental part of their field support missions through promoting safe and sustainable education opportunities
181 for adolescents;
182
- 183 19. *Emphasizes* the importance of respecting Member State sovereignty and ensuring that the actions and decisions
184 of the UNFPA do not infringe on the constitutional rights and cultural values of Member States, while still
185 ensuring equitable and quality SRH education to all adolescents.



Code: UNFPA/1/4

Committee: United Nations Population Fund

Topic: Sexual and Reproductive Health in Humanitarian Responses

1 *The United Nations Population Fund,*

2
3 *Stressing* the importance of the 1948 *Universal Declaration of Human Rights* (UDHR), Article 25, and the 2001
4 *United Nations Educational, Scientific and Cultural Organization (UNESCO) Universal Declaration on Cultural*
5 *Diversity*, which underlines the importance and the natural right for all people to adequate medical and social
6 services, specifically all mothers and children are entitled to special assistance and care, and regards the full
7 implementation of human rights and fundamental freedoms through inclusivity of diverse cultures and traditions
8 when providing health care to culturally sensitive communities,

9
10 *Emphasizing* the basic principles of the United Nations Population Fund (UNFPA): leaving no one behind and
11 reaching the furthest behind first, as stated in the UNFPA's 2018-2021 Strategic Plan, which specifically elaborates
12 the need of improving adolescent and maternal health as mother and children are most vulnerable in humanitarian
13 crisis,

14
15 *Recognizing* General Assembly resolution 70/1 (2015) on *Transforming our world: the 2030 Agenda for Sustainable*
16 *Development* which established the Sustainable Development Goals (SDGs), specifically Goal 3 which ensures
17 healthy lives and promotes well-being for all at all ages and Goal 5 for achieving gender equality and empowering
18 all women and girls, with special focus on Target 3.1 on maternal mortality, 3.2 on preventable deaths of newborns,
19 3.7 on universal access to sexual and reproductive health care services, including for family planning, information
20 and education, 5.2 on eliminating all forms of violence against all women and girls, as well as 5.6 on ensuring
21 universal access to sexual and reproductive health (SRH) and reproductive rights,

22
23 *Taking into consideration* the 2011 Commission on Population and Development resolution 2011/1 and the 2014
24 International Conference on Population and Development *Programme of Action*, which emphasizes that sexual and
25 reproductive health, reproductive rights, empowerment of women, and women's rights deserve particular attention
26 in post-crisis recovery,

27
28 *Convinced* of the need for accessible and comprehensive health care in rural areas and developing states, in which
29 99 percent of 358,000 annual maternal deaths occur, according to the UNFPA report titled "Trends in Maternal
30 Mortality: 1990 to 2015,"

31
32 *Further recognizes* the 2015 General Assembly Resolution 69/283 on "Sendai Framework for Disaster Risk
33 Reduction 2015-2030," which was the foundation of the SDGs and addresses the need for improved resilience, as
34 stated in SDG 11 on making cities and human settlements inclusive, safe, resilient and sustainable, with attention to
35 Target 11.5 on reducing the number of deaths and the number of people affected by disasters,

36
37 *Acknowledges* the objectives of UNFPA's 2018-2021 Strategic Plan to increase collaboration through multi
38 stakeholder partnerships and the conclusions of UNFPA's Global Interventions Action Plan 2018-2021 report,
39 which calls for an expanded source of suppliers for family planning and SRH supplies,

40
41 *Noting with interest* the efforts done by the United Nations Development Programme (UNDP) towards achieving
42 SDG 17 on global partnerships for sustainable development by enhancing public and private organizations in the
43 social responsibility with the Gender Equality Seal (GES) certification highlighting the promotion of gender equality
44 in the work environment,

45
46 *Viewing with appreciation* the work of public-private partnerships (PPPs) to supply in-kind contributions,
47 exemplified by the partnerships between Durex and the International Planned Parenthood Federation to distribute
48 three million condoms during the Zika crisis, as well as exemplified by the efforts by the Kimberly-Clark

49 corporation which has donated \$32 million in cash and women’s health and hygiene projects directly to
50 communities which lack access to hygiene products, and the work done by the Health Education and Research
51 Association (HERA) in developing and deploying mobile clinics,

52
53 *Further acknowledges* the success brought forward by PPPs in increasing technical cooperation to distribute aid,
54 such as the Open Homes Platform, created by Airbnb to connect disaster victims, the homeless, and refugees with
55 housing options and medical needs in both developed and developing regions,

56
57 *Noting with satisfaction* the previous initiatives by the UNFPA Supplies program, such as the provision of 479
58 mobile reproductive health clinics to areas lacking medical resources and professionals in 26 Member States,
59 including states of conflict, according to UNFPA report by the Executive Director (2017/4 Part I) “Progress made in
60 implementing the UNFPA strategic plan 2014-2017,”

61
62 *Expressing concern* for the \$700 million funding deficit for the UNFPA Supplies program between 2017-2020
63 which may result in 80 million unintended pregnancies, 31 million unsafe abortions, 225,000 maternal deaths, as
64 noted in the UNFPA 2018-2021 Strategic Plan, and the reduction of the implementation of mobile clinics, which
65 according to the World Health Organization (WHO) are recognized to welcome up to 300 patients per day and to
66 reduce wait times from 4-6 weeks to 90 minutes,

67
68 *Highlighting* the Midwifery Programme, conducted by the UNFPA, tasked to train midwives as skilled health
69 workers in struggling health systems, such as those in crisis-affected areas, through the Maternal Health Task Force
70 (MHTF), calling Member States to develop an action plan to address key gaps in achieving priorities and a resource
71 mobilization plan,

72
73 *Supporting* the need to promote midwifery leadership and training, as expressed in the report of the Secretary-
74 General on “Monitoring of Population Programmes, Focusing on Health, Morbidity, Mortality and Development”
75 (E/CN.9/2010/4), resulting in the Global Standards for Basic Midwifery framework, established by the International
76 Confederation of Midwives (ICM), that promotes midwifery leadership and competency based training which
77 addresses the life-saving interventions and the assessment of professional midwifery associations,

- 78
79 1. *Designates* UNFPA to organize and improve existing guidelines for universal provision of SRH care through
80 mobile clinics, organized by UNFPA and existing local and regional NGOs, where the clinics will be able to
81 implement gender-sensitive procedures designed to secure SRH services to minority groups in humanitarian
82 settings while ensuring confidentiality regarding treatments, procedures, and other services provided;
83
84 2. *Recommends* the immediate creation of safe-spaces for women and other marginalized communities when a
85 humanitarian crisis occurs by:
86
87 a. Taking the differences and challenges of culture, religion, gender, and sexuality into consideration
88 when building safe communities, in consultation of local religious and political leaders by:
89
90 i. Reviewing local population studies that have a census of those who identify of a certain
91 culture, religion, gender, and sexuality;
92 ii. Collaborating with religious leaders and interreligious networks, local non-profits, and NGOs
93 to obtain information regarding population in respective member states;
94 iii. Considering cultural and religious backgrounds;
95
96 b. Providing:
97
98 i. entertainment opportunities like movies and games;
99 ii. informal life skills training;
100 iii. social group events where older women share life lessons and provide guidance to young girls
101 who lost family members;
102 iv. empowerment workshops and self-defense;
103 v. dialogue on home experiences such as domestic violence and abusive relationships;

- 104 vi. youth-friendly health services and a space for open questions about SRH issues;
105
- 106 3. *Invites* educational institutions, such as universities and hospitals, to collaborate with relevant UN bodies to
107 promote mentorship and internship programs to send professionally trained medical staff and students to mentor
108 local medical staff and students in fragile Member States through:
109
- 110 a. Training programs with the UNFPA for to-be deployed medical personnel that will share matters of
111 cultural sensitivity and equality in the mentorships of respective Member States;
112
 - 113 b. Collaboration between corporations, such as technological companies, to sponsor and supply tablets or
114 technical devices that can help educate more health professionals with learning modules, specifically
115 the midwife E-learning modules;
116
 - 117 c. Promoting the expansion of regional monitoring and learning centers designed to provide training
118 instruction and technical support to healthcare centers in rural and developing areas;
119
 - 120 d. Given possibilities for working in disaster regions to trained staff, as well as students, through an
121 internship program;
122
- 123 4. *Calls upon* Member States to further expand on the implementation of the Basic Midwifery framework, with a
124 sustainable focus on the training of health professionals, such as midwives, who are recognized for their wide
125 range of services, and where this framework will:
126
- 127 a. Encourage developed countries to provide educators, advisors, and mentors to establish a foundation to
128 the education of future midwives and nurses within developing countries and refugee camps;
129
 - 130 b. Create a sustainable presence of midwives and nurses within developing countries' own communities,
131 through both inspiring local women and teaching them the technicalities of the profession;
132
 - 133 c. Strengthen cooperation with Inter-Agency Working Group (IAWG) on the Reproductive Health
134 Training Programme, and the MHTF and urges the national midwives to participate in courses for SRH
135 procedures;
136
- 137 5. *Urges* governments to assure the access and availability of SRH supplies and services to hospitals by:
138
- 139 a. Introducing and fostering the cost-effective production of reusable menstrual materials, e.g. expanding
140 the pilot project conducted by UNFPA in Malawi to raise awareness and spread the use of reusable
141 menstrual cups to provide a sustainable solution for female hygiene without continuing costs;
142
 - 143 b. Expediting the distribution of "Female Survival Kits" tailored to address challenges and limitations
144 faced by women in humanitarian situations focusing on utilizing sustainable and reusable material as
145 applicable;
146
 - 147 c. Making these resources and materials available through collaboration with PPPs, which utilize
148 sustainable and cost effective production;
149
- 150 6. *Invites* Member States and other relevant stakeholders, including United Nations agencies, programmes and
151 funds, civil society, the private sector, donors and development agencies to generate a certification program,
152 similar to the GES, to promote local businesses and entities efforts during humanitarian situations with a focus
153 on SRH rights;
154
- 155 7. *Endorses* UNFPA to further develop PPPs that apply both bottom-top and top-down approaches to support
156 long-term efforts in improving healthcare infrastructures in fragile Member States.