

24-28 March 2019

Documentation of the Work of the Commission on Population
and Development



Conference A

Commission on Population and Development (CPD)

Committee Staff

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Assistant Director	Akiko Teramoto
Chair	Shazana Rohr
Rapporteur	Rohan Agrawal

Agenda

- I. Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education
- II. Fulfilling the Nutritional Needs of the Ageing Population
- III. Addressing the Effects of International Migration on Cities

Resolutions adopted by the Committee

Code	Topic	Vote
CPD/1/1	Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education	Adopted without a vote
CPD/1/2	Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education	Adopted without a vote
CPD/1/3	Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education	32 votes in favor, 1 vote against, 0 abstentions
CPD/1/4	Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education	26 votes in favor, 3 votes against, 4 abstentions
CPD/1/5	Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education	32 votes in favor, 1 vote against, 0 abstentions
CPD/1/6	Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education	30 votes in favor, 2 votes against, 1 abstention

Summary Report

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

- I. Fulfilling the Nutritional Needs of the Ageing Population
- II. Addressing the Effects of International Migration on Cities
- III. Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education

The session was attended by representatives of 33 Member States; on Sunday, the committee adopted the agenda of III, I, and II began discussion on the topic of “Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education”.

By Tuesday, the Dais received a total of seven proposals covering a wide range of sub-topics including providing health-care in rural areas and improving data collection, among others. The committee held productive discussions on Monday and Tuesday, working collaboratively on reproductive health and encouraging technological innovations. Delegates worked cooperatively and organized a moderated caucus during the informal session to discuss concrete solutions for a fruitful session.

On Wednesday, six draft resolutions had been approved by the Dais, one of which had an amendment. The committee adopted six resolutions following voting procedure, two of which received unanimous support by the body. The resolutions represented a wide range of issues, including mental health, ageing population, and improved health-care mechanisms. Intriguing discussions, innovative solutions, and clever rhetoric made the committee thrive and resulted in a successful closure of the conference.



Code: CPD/1/1

Committee: Commission on Population and Development

Topic: Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education

1 *The Commission on Population and Development,*

2
3 *Recognizing* that a sufficient standard of health and living is a human right outlined in article 25 of the
4 *Universal Declaration of Human Rights* (1948),

5
6 *Fully aware* that the World Health Organization (WHO) reported that around 400 million people lack
7 access to health-care services and approximately 100 million people are pushed into poverty due to
8 health-care costs,

9
10 *Recalling* Sustainable Development Goal (SDG) 3, which highlights good health and well-being, and
11 places a focus on public health goals and unrestricted access to health coverage, described as, “ensure
12 healthy lives and promote well-being for all at all ages,”

13
14 *Cognizant* of the fact that one half of the world’s population lives in rural and remote areas, but this half is
15 served by only one quarter of the world’s doctors according to the WHO,

16
17 *Appreciating* the United Nations Foundation’s report, *The Opportunity of Mobile Technology for*
18 *Healthcare in the Developing World*, which encompasses 50 individual projects conducted in pursuit of
19 gathering further information for the effects of mobile technology on healthcare in developing countries,

20
21 *Applauding* the efforts of Rwanda and Nigeria for their usage of unmanned aerial vehicles (UAVs) into
22 civil and medical purposes to reach a wider spread and more efficient delivery of medical aids, foodstuffs,
23 and drinkable water into rural areas,

24
25 *Acknowledging* the work carried by medical personnel in Technical Cooperation among Countries (TCC)
26 programs in countries such as Egypt and Morocco,

27
28 *Noting* General Assembly resolution 67/81 on “Global Health and Foreign Policy”, which urges
29 governments to move towards providing all people with access to affordable, quality health-care services,

30
31 1. *Suggests* that participating non-governmental organizations (NGOs) and UN Agencies, such as WHO
32 and the United Nations Population Fund (UNFPA), allocate resources that improve the use of mobile
33 technology in healthcare to rural areas of developing nations by using the framework of:

34
35 a. The WHO Humanitarian Health Action plan in distributing mobile health services to selected
36 nations by following the example of the:

37
38 i. Contribution of ambulances and mobile medical clinics to Iraq;

39
40 ii. Provision of Mobile Emergency Primary Health Units (MEPUs) of Ukraine to six
41 regions which improved the lives of over 200,000 residents;

42
43 b. UNFPA’s Strategic Plan designed to personalize guidelines for countries with varying
44 demographics and populations;

45
46 2. *Encourages* technological cooperation among countries (TCC) specifically targeting rural populations
47 in order to advance their medical expertise and capabilities by:

48

- 49 a. Following the framework of the TCC program between Morocco, Egypt, and the United
50 States of America;
51
- 52 b. Prioritizing rural medical personnel in these cross-country projects to ensure research is
53 developed on innovation for rural medical procedures;
54
- 55 c. Inviting Member States to enhance South-South and Triangular Cooperation by forming
56 regional partnerships for the importation of doctors into rural areas that suffer from a lack of
57 medical personnel following the framework of Cuba and Brazil;
58
- 59 3. *Recommends* Member States to increase accessibility for healthcare services to rural and
60 marginalized populations by advising Member States to:
61
- 62 a. Engage in partnerships with the UN bodies such as Human Rights Council in order to identify
63 rural populations that are systematically and physically barred from access to healthcare;
64
- 65 b. Adopt smart chip cards that will store medical information and records of residents in a
66 personalized cloud-based service or equivalent in order to provide unrestricted access to
67 medical records to all medical practitioners;
68
- 69 c. Follow the model of Nepal mobile hospital in order to offer health care services to rural
70 populations with security or environmental issues to prevent and work towards curing
71 preventable diseases, which will increase access to vaccination following the goal of the
72 Global Vaccine Action Plan 2011-2020;
73
- 74 d. Include community leaders and influential figures within regions in order to promote medical
75 education;
76
- 77 4. *Further suggests* the usage of any type of instrument in order to make possible the spreading of
78 adequate medical aid, vaccinations, medications, together with foodstuffs and drinkable water, to
79 prevent and guarantee better treating of diseases by:
80
- 81 a. Introducing technological innovations, such as UAVs;
82
- 83 b. Utilizing regionally catered instruments such as camels, that could also make possible the
84 delivering of goods;
85
- 86 5. *Suggests* the Economic and Social Council promote the WHO's Medical Device Donations program
87 to rural areas, by enhancing:
88
- 89 a. Donations of equipment from Member States and NGOs;
90
- 91 b. Public-private partnerships to sustain the additional costs involved in the donations of medical
92 equipment such as transportation and insurance;
93
- 94 c. Technical recommendations from specialists within the WHO in regards to the effective
95 maintenance of the equipment provided;
96
- 97 6. *Emphasizes* the importance of an equitable allocation of funds and effective anti-corruption methods
98 in order to:
99
- 100 a. Reduce the WHO's estimation that 20-40% of funds given to Member States for healthcare
101 initiatives are misallocated;
102
- 103 b. Increase allocated healthcare funds towards rural populations given that these communities
104 are often ignored;

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7. *Supports* the collaboration with the United Nations Office for South-South Cooperation (UNOSSC) in furthering the application of comprehensive compilations of studies and exchange of resources, following the structure of:
 - a. South-South Triangular Cooperation (SSTC) projects which provide financial or technical support from developed countries aiming to facilitate development activities between two (2) developing countries;
 - b. The United Nations Fund's *The Opportunity of Mobile Technology for Healthcare in the Developing World*, which provides as a reference of guidelines for pursuing successful unrestricted access to healthcare for developing countries; better inform developing states on the guidelines and framework of pursuing successful universal access to healthcare;
 8. *Emphasizes* the expansion of the WHO's Global School Health Initiative efforts in promoting primary health education in rural schools and communities on the following topics:
 - a. Healthy nutrition;
 - b. Sanitation and hygiene;
 - c. Mental health;
 - d. Symptoms and impact of common health conditions and how to address them when needed;
 9. *Suggests* the upscale of WHO's Community Health Worker Programmes (CHWP) in rural and vulnerable populations in order to address the lack of CHWP resources in such communities and will do so by:
 - a. Addressing health workforce shortages, maldistribution, and performance challenges by supporting community-based support structures, consultations with community leaders, and working in tandem with government officials;
 - b. Creating recommendations of this guideline are of relevance to health systems of countries at all levels of socioeconomic development.



Code: CPD/1/2

Committee: Commission on Population and Development

Topic: Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education

- 1 *The Commission on Population and Development,*
2
3 *Guided by Article 25 of the Universal Declaration of Human Rights (1948) under which all peoples are*
4 *ensured an adequate standard of living and health,*
5
6 *Reaffirming the vital importance of Sustainable Development Goal (SDG) 3 to achieve access to quality*
7 *health-care services for all,*
8
9 *Taking into account that Chapter 8 of the 1994 Programme of Action (PoA) highlights the need for*
10 *sustainability and affordability of health-care,*
11
12 *Acknowledging that Chapter 13 of the PoA encourages governments and non-governmental*
13 *organizations (NGOs) to mobilize resources when called upon by those in need,*
14
15 *Alarmed that the World Health Organization (WHO) found in 2015 that 400 million people lack access to*
16 *health-care services,*
17
18 *Motivated by the increasing need for health-care in rural and isolated areas resulting in nearly half the*
19 *world being without health-care,*
20
21 *Recognizing that health-care needs vary greatly between different subnational regions,*
22
23 *Bearing in mind the Global Vaccination Action Plan 2011-2020 which seeks to provide equitable access*
24 *to vaccines to achieve the goals of vaccination coverage by 2020,*
25
26 *Affirming the efficiency of cooperation between NGOs and state-run entities,*
27
28 *Noting with deep concern the lack of basic public health infrastructure in the developing world,*
29
30 *Mindful that in 2015 the WHO found that 2 billion people are at risk of contracting diseases due to*
31 *drinking water contaminated by sewage,*
32
33 *Recognizing the problem of brain drain as expatriated doctors constitute more than 20% of medical*
34 *doctors in members of the Organisation of Economic Co-operation and Development,*
35
36 *Emphasizing the need for health-care professionals in certain regions, as 80 countries worldwide fell*
37 *short of the minimum ratio of health-care workers needed to maintain a health-care system, as reported*
38 *by the WHO in 2013,*
39
40 *Bearing in mind that dispatching medical camps in regions in need of health-care services can greatly*
41 *improve the health status of people living in those areas,*
42
43 1. *Affirms the PoA of the International Conference on Population and Development and the key actions*
44 *for its further implementation;*
45
46 2. *Recommends that Member States implement decentralization policies in order to reinforce health*
47 *infrastructure efficiency by creating a Regional Medical Plan which would collect regional data and*
48 *report to the national government pertinent information summarizing health-care needs for each*

- 49 region;
- 50
- 51 3. *Requests* the United Nations Population Division to build up capacity and to encourage Member
- 52 States to highlight the benefits of preventive health-care measures and the target of full universal
- 53 vaccination coverage by:
- 54
- 55 a. Collecting and extending existing data, research, and scientific studies from national agencies
- 56 and non-governmental organizations (NGOs) regarding the measurable financial pressure
- 57 relief on national health-care systems achieved through:
- 58
- 59 i. Increased preventative health-care through, inter alia, doctor visits, patient
- 60 screenings, and immunization;
- 61
- 62 ii. Achieving national vaccination coverage of at least 80% in every district or equivalent
- 63 administrative unit for all vaccines in national immunization programs;
- 64
- 65 b. Creating reports regarding the potential for implementations in each Member State, when
- 66 requested by Member States;
- 67
- 68 4. *Endorses* collaboration between NGOs and Member States to contribute to the elaboration of the
- 69 Regional Medical Plan by providing data and health-care services in regions to answer the health-
- 70 care needs that are to be identified in the Regional Medical Plan;
- 71
- 72 5. *Encourages* using data from the Regional Medical Plan to plan investment in public health
- 73 infrastructure to improve access to basic services in underserved areas by:
- 74
- 75 a. Prioritizing long-term health-care investment instead of relying solely on NGO aid;
- 76
- 77 b. Increasing the number of health-care professionals to combat the shortage of doctors in
- 78 developing countries by providing higher quality medical training for local doctors and nurses
- 79 with the assistance of NGOs;
- 80
- 81 c. Deploying doctors to rural and underserved areas to build trust with underserved
- 82 communities by providing locals with regular primary care and screenings for chronic and
- 83 infectious diseases;
- 84
- 85 d. Emphasizing the importance of community health initiatives by educating community
- 86 members in basic hygienic practices to combat the spread of common local diseases;
- 87
- 88 e. Ensuring that poor sanitation is eliminated by purifying unclean drinking water and bettering
- 89 sewage systems;
- 90
- 91 f. Developing and implementing state level vaccination and inoculation programs to ensure a
- 92 continued herd immunity of the population;
- 93
- 94 6. *Suggests* that Member States use data from the Regional Medical Plan legislate on measures to
- 95 retain workers occupied in the health sector in rural regions to prevent further shortage of health-care
- 96 professionals through means such as, but not limited to:
- 97
- 98 a. Creating a comprehensive database exhibiting the number of physicians in each region to
- 99 grasp the idea of how many physicians are lacking in corresponding districts;
- 100
- 101 b. Involving rural components such as rural rotations in medical school and residency training;
- 102
- 103 c. Helping physicians to adapt to rural practices and prepare socially for rural lifestyle;
- 104

- 105 d. Encouraging establishment of rural medical colleges;
106
107 e. Providing greater non-monetary compensation for physicians working in rural regions
108 including more flexible working time for a better work and life balance;
109
- 110 7. *Further suggests* that Member States use data from the Regional Medical Plan to consider building
111 more clinics or dispatching temporary medical camps in regions that lack sufficient health experts or
112 physicians as a means of short-term solution for the purpose of providing provisional remedy to
113 create a synergistic effect along with long-term solutions by:
114
- 115 a. Suggesting that the Economic and Social Council (ECOSOC) recommends that organizations
116 such as Doctors Without Borders to expand their capacity to dispatch medical camps not only
117 in extreme settings but also in rural regions lacking medical facilities;
118
- 119 b. Providing monetary or non-monetary incentives for physicians and medical interns to join
120 medical camps;
121
- 122 8. *Invites* ECOSOC to discuss implementing a global program for the exchange of health innovations,
123 research and health education for better care, diagnosis of disease and optimal information exchange
124 through the use of online resource sharing networks between health specialists and researchers.



Code: CPD/1/3

Committee: Commission on Population and Development

Topic: Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education

- 1 *The Commission on Population and Development,*
2
3 *Bearing in mind* the right of everyone to an adequate standard of living including access to health care
4 services as articulated in Article 25 of the *Universal Declaration of Human Rights* adopted in (1948),
5
6 *Appreciating highly* the *2030 Agenda for Sustainable Development* (2015), including Sustainable
7 Development Goal (SDG) 3 on ensuring healthy lives and promoting well-being for all at all ages,
8
9 *Reaffirming* the ECOSOC resolution 1987/41 on “Implementation of the International Plan of Action on
10 Aging” *stressing the importance* of its approaches towards health-care,
11
12 *Recalling* the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-
13 2020, published by the World Health Organization (WHO),
14
15 *Noting with concern* the high incidence of poverty caused by health costs among the aging population as
16 proven by the Organisation for Economic Cooperation and Development (OECD),
17
18 *Being aware of* the national and international efforts already undertaken to realize SDG 3, which
19 promotes adequate health care service to every individual,
20
21 *Keeping in mind* the WHO Active Aging framework’s three pillars: health, participation and security,
22
23 *Recalling* the *Keep fit for life: Meeting the nutritional needs of older people* report published by the WHO
24 in 2002 which stresses the health changes associated with aging,
25
26 *Conscious also* that the world’s population is aging, in the respect that virtually all Member States is
27 experiencing growth in the number of older persons as postulated by the WHO,
28
29 *Fully believing* that the older-age health problems are deeply rooted in early life experiences and
30 childhood,
31
32 *Recognizing* that aging is a life-long process and that preparation for old age must begin in childhood and
33 continue throughout the life cycle in order to understand that health status is an important milestone at
34 every stage in life,
35
36 *Having considered* that promoting healthy and active aging of the population is one of the pillars of global
37 health policy and *convinced* that the inclusion of the elderly in the workplace is essential to pursue
38 economic growth,
39
40 *Recognizing* the lack of resources and care for the specific health-care needs of elderly migrants residing
41 within refugee camps,
42
43 1. *Recognizes* elderly people as a vulnerable group with specific health needs and in order to put
44 emphasis on this specific condition, Member States should work towards:
45
46 a. The formation of advocacy groups for elderly people which promotes the awareness of the
47 older persons as vulnerable,
48

- 49 b. The elaboration of state policy which would highlight the aging population as a vulnerable
50 group whose needs should be fulfilled,
51
- 52 2. *Suggests* ECOSOC to provide research on awareness of nutritional needs of the elderly for private
53 and public caregivers:
54
- 55 a. Providing data on the nutritional statistics within the elderly population;
56
- 57 b. Preparing for the necessary changes in infrastructure and institutional capacities in order to
58 face demographic shifts on a mid- and long-term basis;
59
- 60 3. *Encourages* Member States to promote the improvement of regular health supply to the elderly
61 through:
62
- 63 a. Research on the country-specific development of the three key elements of aging: mortality,
64 fertility and migration;
65
- 66 b. Financial support from national governments to facilitate ease of transportation of health
67 supplies;
68
- 69 c. Distributing and advertising “golden rules” of a healthy and therefore disease-preventing
70 lifestyle which is to be identified according to the country’s circumstances and traditions and
71 have to be updated every year to follow the current dietary recommendations of the WHO;
72
- 73 4. *Further invites* Member States to involve aged sectors of the population to be active in the workplace
74 in order to cater for their health costs sufficiently by:
75
- 76 a. Promoting late retirement especially in the more developed Member States by increasing the
77 standard retirement age;
78
- 79 b. Advertising special job positions which fit the working abilities of the elderly;
80
- 81 5. *Recommends* that Member States to establish more health care survey system to promote the health
82 status of the older persons by:
83
- 84 a. Provision of health and dental services for early detection in older persons;
85
- 86 i. In collaboration with the WHO, monthly check-up should be organized at both states
87 and local levels;
88 ii. Supply of experts in the field by WHO to administer the process;
89 iii. Studying the nutritional and health status of older persons at the community level;
90
- 91 b. Giving immediate alarm to the concerned person on the consequence of their poor health
92 status;
93
- 94 6. *Invites* Member States to promote the wellbeing of elderly people and to encourage them to pursue a
95 healthy lifestyle in order to eradicate non-communicable diseases (NCDs) by:
96
- 97 a. Conducting research studies about how NCDs such as diabetes, cancer and cardiovascular
98 diseases impact the elderly population in collaboration with WHO;
99
- 100 b. Educating the elderly community on the main causes of NCDs through local, regional or
101 municipal initiatives such as lectures, distribution of explanatory pamphlets;
102
- 103 7. *Further recommends* Member States to educate the older persons on the appropriate nutrition
104 consisting of fresh fruits and vegetables or, if needed, dietary supplements to improve eating habits

- 105 which fulfil the need for prevention and would lower the need for and dependence on health-care
106 services;
107
- 108 a. Establishment of an educative platform in communities where older persons would be
109 enlightened on the consequence of inappropriate diet by;
110
- 111 i. Collaboration with community heads in organizing an educative forum bi-weekly to
112 enlighten the older persons on the effect of proper diet;
113 ii. Publicizing information on the causes of health problems which is often caused by
114 malnutrition and inadequate diet through social media platforms;
115
- 116 b. In conjunction with the Ministry of Health, posting of banners and sharing of fliers which serves
117 as a constant reminder on how better the health status of the older persons is largely
118 determined by their diets;
119
- 120 8. *Encourages* that ECOSOC assist Member States in strengthening cooperation with private sectors
121 that provide health services for the elderly including grocery retailers and palliative service providers,
122 through:
123
- 124 a. Carrying out programs jointly with local food delivery companies and retailers to deliver
125 healthy raw materials or meals to the elderly who are incapable of moving or cooking;
126
- 127 b. Offering favorable policies such as tax reduction for the above-mentioned companies;
128
- 129 9. *Further recommends* Member States to consider tax exemptions or reduction for elderly patients in
130 medical institutions which help to lower the treatment expenses and thus ensure the access to
131 healthcare services to the elderly population;
132
- 133 10. *Highly Recommend* non-governmental organizations and governments to provide resources and tools
134 for health-workers in refugee camps and slums which raises awareness of the specific nutritional and
135 medical needs of the elderly.



Code: CPD/1/4

Committee: Commission on Population and Development

Topic: Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education

- 1 *The Commission on Population and Development,*
2
3 *Recognizing* the sovereignty of all Member States as stated in Article II of the *Charter of the United*
4 *Nations* (1945),
5
6 *Recalling* Chapters VII, VIII and XI of the 1994 International Conference on Population and Development
7 (ICPD) *Program of Action* regarding reproductive rights, access to health-care and access to education,
8
9 *Concerned* by the insufficient information allowing individuals to make informed decisions regarding
10 women's health,
11
12 *Noting further* the enduring stigma, misconceptions and stereotypes surrounding reproductive health and
13 the spread of HIV in many parts of the world,
14
15 *Bearing in mind* the principle of equality between women and men of the *International Covenant*
16 *Economic and Social Rights* (ICESCR) (1966) and *The Right to Health* of the Office of the United Nations
17 High Commissioner for Human Rights (OHCHR) (2008) on eliminating societal discrimination against
18 women in the field of health-care,
19
20 *Acknowledging* the continued support of the United Nations Children's Fund's (UNICEF) vaccination
21 donation program, which aims to prevent transmission of diseases from mother to child,
22
23 *Recalling* the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-
24 2020 that recognizes cervical cancer as a harmful non-communicable disease and a threat to women's
25 reproductive health,
26
27 *Noting with satisfaction* that numerous governmental domestic measures concerning health and
28 education have been implemented, to be best of governmental capacities,
29
30 *Guided by* the *2030 Agenda for Sustainable Development* (2015) Sustainable Development Goals (SDG)
31 and SDG 3.7 on ensuring universal access to sexual and reproductive health-care services,
32
33 1. *Recommends* all Member States to participate in State and/or non-State programs that continue to
34 strengthen women's capabilities into taking control of their own health and to enhance the promotion
35 of reproductive health education;
36
37 2. *Further recommends* a gender-sensitive approach on reproductive health education without posing a
38 front to cultural practices, identities and traditions by:
39
40 a. *Encouraging* collaboration between governments and civil society organizations through
41 workshops entailing:
42
43 i. Participation of influential local entities to the discussions;
44 ii. Further explanation that while access to contraception has increased worldwide,
45 maternal morbidity trends continue to rise due to improper use stemming from the
46 lack of knowledge on how to utilize these methods safely;
47 iii. An overview of the health, socio-economic and familial benefits of family planning;
48 iv. An explanation about empowerment through informed decision-making as it pertains
49 to reproductive health;

- 50 v. Special attention to language use to ensure that minority populations and migrants
51 have equitable access to reproductive health-related information;
52
- 53 b. Encouraging collaboration between governments and the World Health Organization's
54 (WHO) Partnership for Maternal, Newborn and Child Health for additional guidance regarding
55 the regions and communities in greatest need of reproductive health education;
56
- 57 c. Recommending the Economic and Social Council (ECOSOC) to explore methods of financing
58 through ways such as microfinancing and microlending to fund areas that who are at high risk
59 of reproductive and maternal health concerns;
60
- 61 3. *Invites* all Member States to reaffirm the necessity to combat inequality through the involvement of
62 both women and men in reproductive health, through:
63
- 64 a. Establishing awareness campaigns, organizing forums and quarterly national conferences
65 related to reproductive health with the assistance of the United Nations Entity for Gender
66 Equality and the Empowerment of Women (UN-Women), WHO, and the United Nations
67 Populations Fund (UNFPA);
68
- 69 b. Education to child-care and promotion of expanded maternity leave;
70
- 71 c. Advocating parental leave for men;
72
- 73 d. Conducting workshops and seminars about how to prevent antenatal depression and
74 postpartum psychosis;
75
- 76 4. *Suggests* reviewing and updating the Comprehensive Cervical Cancer Prevention and Control
77 Programme Guidance for Countries, published by the UNFPA in 2011, as much progress has been
78 made since underlining the importance of health promotion and education to:
79
- 80 a. Underline the nexus between education on illness and health promotion;
81
- 82 b. Highlight the importance of health information systems as well as advocacy and community
83 mobilization;
84
- 85 5. *Promotes* the Human Papillomavirus Infection (HPV) vaccination, which is beneficial to the prevention
86 of gynecological cancers, through:
87
- 88 a. Welcoming vaccination donation programs to increase access to safe and secure
89 vaccinations for the entirety of the global population;
90
- 91 b. Advocating the participation of the private sectors to provide health insurance for women who
92 would like to receive the vaccine,
93
- 94 6. *Stresses* greater supranational efforts in ensuring qualified educators for youth through pursuing
95 more exhaustive logistical commitment by Member States to the Universal Healthcare Coverage
96 Partnership, and to precipitate the betterment of public health;
97
- 98 7. *Advises* ECOSOC to adopt a rights-based approach concerning reproductive health-care which
99 includes implementing universal health-care coverage through the collaboration between Member
100 States.



Code: CPD/1/5

Committee: Commission on Population and Development

Topic: Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education

1 *The Commission on Population and Development,*
2
3 *Guided* by Chapter VIII of the 1994 *Programme of Action* under which all Member States are prompted to
4 adapt to and act upon the changing health-care needs of their citizens,
5
6 *Alarmed* by the data provided by the World Health Organization (WHO) that one in four people will be
7 affected by mental or neurological disorders at some point in their lifetime,
8
9 *Affirms* the agenda of the Mental Health Action Plan 2013-2020 established by the 66th WHO assembly
10 in May 2013,
11
12 *Deeply conscious* of the heightened prevalence of mental illness among the elderly and young
13 adolescents and understanding the mental health implications of professionalism within youth due to
14 workplace and academic stress,
15
16 *Deeply concerned* by the endemic number that as of 2015, around 800,000 people worldwide committed
17 suicide yearly, as reported by the WHO,
18
19 *Recognizing* the rise of addiction and addiction-based mental disorders,
20
21 *Underlining* the criteria of the WHO International Classification of Disabilities that most people with
22 chronic mental illnesses suffer a disability ranging from 60% to 80%,
23
24 *Profoundly concerned* that despite measure of limitations to social action and participation, people having
25 mental health issues are often marginalized and isolated to rest of population,
26
27 *Taking into consideration* that mental health issues must be addressed and highlighted in order to
28 instigate discussions on this matter,
29
30 1. *Encourages* the Economic and Social Council (ECOSOC) to promote preventative measures for
31 mental illnesses through the creation of an International Mental Health Initiative aiming to raise the
32 awareness of mental health issues by implementing an initiative through the educational system in
33 order to prevent social exclusion and discrimination of mentally ill individuals;
34
35 2. *Suggests* the WHO to expand upon the treatments services and support available for mental health
36 with the intention of:
37
38 a. Fostering technical and financial assistance to regions of less developed health coverage
39 such as less developed countries or rural communities;
40
41 b. Establishing special consultations and support for veterans and their surviving dependents;
42
43 3. *Endorses* the implementation of patient care networks for addiction as well as substance abuse
44 patients which smoothly reintegrate them into social structures and the workforce by recognizing the
45 existence of a correlation between substance abuse and mental illness and providing the necessary
46 care services to treat addiction;
47

- 48 4. *Promotes* a universal set of guidelines be set by the WHO, to which a mental health-care and
49 rehabilitation network that can be adapted to the needs of a given Member State, which addresses
50 the following:
51
52 a. The care for, and rehabilitation of, suicide risk individuals;
53
54 b. The identification of those who are suffering from mental illness;
55
56 c. The proper treatment of those suffering from mental illness by state institutions such as:
57
58 i. Police forces and officers;
59 ii. Legislative bodies concerned with employment and labor legislation;
60
- 61 5. *Recommends* an increase of accessibility to existing mental health treatment networks through the
62 following mediums:
63
64 a. Online through web-based forums to grant access to otherwise inaccessible mental health-
65 care professionals;
66
67 b. Mobile clinics to isolated at-risk areas;
68
69 c. Confidential and independent school, university, and work psychologists;
70
- 71 6. *Suggests* that Member States highlight and address the importance of mental health-care issues
72 specific to the elderly community by:
73
74 a. Providing specific treatment and care services to the elderly population;
75
76 b. Assisting in the transition into old age as this is often the period for spike in depression
77 among people of old age by offering incentives for continued participation within the
78 workforce as well as volunteer work;
79
- 80 7. *Encourages* the continuation of the United Nations Entity for Gender Equality and the Empowerment
81 of Women (UN-Women) training centers, programs and resources within willing Member States in
82 order to provide mental and physical support to women who have undergone sexual, physical and
83 emotional harassment, and abuse through courses similar to those offered by private or public
84 organizations affiliated with UN-Women;
85
- 86 8. *Recommends* Member States to create regionally and culturally tailored courses in order to propose
87 inclusive solutions by:
88
89 a. Establishing special consultations and support through UN-Women for women suffering from
90 mental health issues as a result of physical, sexual, emotional, and other forms of abuse;
91
92 b. The promotion of good and sustained medical health among young professionals and
93 students through:
94
95 i. Offering positivity programs and courses by employment and education institution;
96 ii. Continuation and endorsement of Let's Talk programs targeted towards at-risk youth.



Code: CPD/1/6

Committee: The Commission on Population and Development

Topic: Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education

1 *The Commission on Population and Development,*
2
3 *Guided by the Programme of Action (1994) of the International Conference on Population and*
4 *Development (ICPD) and the main operational items for its further implementation,*
5
6 *Affirming the commitment of the Commission to achieving Sustainable Development Goal (SDG) 3 of the*
7 *2030 Agenda for Sustainable Development (2015) to ensure healthy lives and promote well-being for all*
8 *at all ages,*
9
10 *Considering the importance of achieving Target 3.8 of SDG 3, to achieve universal health coverage and*
11 *access to quality essential healthcare services for all, as a requisite for achieving other targets under*
12 *SDG 3,*
13
14 *Appreciating the significant global contributions of the World Health Organization (WHO) and United*
15 *Nations Population Fund (UNFPA) towards the goal of achieving universally accessible and affordable*
16 *healthcare, and good health and well-being for all, especially the most marginalized and vulnerable*
17 *members of society,*
18
19 *Recognizing that operational strategies for the improvement of healthcare accessibility are based on*
20 *informed and rigorous research methods and that the collection of health and economic data are effective*
21 *and practical methods for guiding strategies for increasing the capacity of current nations to ensure*
22 *healthcare for all,*
23
24 *Supporting the increased use of eHealth, defined by the WHO as the use of information and*
25 *communications technology (ICT) for healthcare, as a tool to address the objectives of SDG 3 by*
26 *improving accessibility to medical resources and services, as promoted in WHO's Directing Council*
27 *resolution 51.5 (2011) on the intent to prioritize the spread of ICT in order to increase the efficiency of*
28 *public health administration, and the 58th World Health Assembly resolution 58.28 (2005) on the*
29 *importance of establishing long-term eHealth strategies within health institutions,*
30
31 *Taking note of the fact that 145 Member States have in place infrastructure and systems for the delivery*
32 *of healthcare services to their populations and 58% of Member States have integrated eHealth into their*
33 *healthcare systems, and that there is a global push for the remaining Member States to further develop*
34 *infrastructure and eHealth approaches towards healthcare and research,*
35
36 *Commending the WHO on their report entitled *Global Observatory for eHealth* (2016) which reviewed the*
37 *expansions of eHealth on a global scale by supporting the work carried out by mobile and stationary*
38 *clinics of the WHO and its partners,*
39
40 *Recognizing that Member States can improve the accessibility and reach of their healthcare delivery*
41 *through informed policy for fund allocation, guided by economic analysis of current healthcare*
42 *implementations around the world,*
43
44 *Acknowledging the need for further cooperation between Member States in the development and funding*
45 *of healthcare and eHealth systems through the international bodies of the United Nations Office for*
46 *South-South Cooperation (UNOSSC) and the Organisation for Economic Co-operation and Development*
47 *(OECD),*
48

- 49 1. *Expresses its hope* that all Member States fully support the use and benefits of eHealth, and promote
50 its use by medical institutions and by patients to the best of their ability;
51
- 52 2. *Suggests* to the Economic and Social Council (ECOSOC) to establish, with the aid of the WHO and
53 other relevant UN agencies, the advancement of health information data collection through:
54
- 55 a. The extension of the Integrated Health Information Platform (IHIP) implemented by India's
56 Ministry of Health and Family Welfare to an international scale to facilitate data exchange;
57
- 58 b. Conducting international research surveys about the use of ICTs within the medical
59 institutions of Member States in order to identify strengths, weaknesses, and areas of further
60 implementation;
61
- 62 3. *Recommends* that all Member States, particularly developing states, strengthen their national
63 capacity to collect, analyze, disseminate, and utilize high-quality data in eHealth databases, as this is
64 an essential requisite to the further implementation of IHIP, this can be achieved through:
65
- 66 a. Maintaining national databases for the monitoring of indicators of health, such as:
67
- 68 i. Maternal mortality ratio;
69 ii. Neonatal and under-five mortality rate;
70 iii. Incidence rates of infectious diseases such as HIV, tuberculosis, and malaria;
71 iv. Mortality rates of non-communicable diseases, such as cancer, diabetes, and
72 cardiovascular disease;
73 v. Adolescent birth rate and proportion of women with adequate resources for family
74 planning;
75 vi. Proportion of population that are vaccinated;
76
- 77 b. Monitoring demographic, socioeconomic, and environmental statistics relating to their
78 populations;
79
- 80 c. Funding research and data collection agencies of relevant government agencies;
81
- 82 d. Engaging in open and free transmission of knowledge and information between governments
83 and intergovernmental organizations;
84
- 85 4. *Supports* the periodic and regular submission of patient records to IHIP by clinics and healthcare
86 facilities funded by the United Nations Development Programme (UNDP) for the purpose of regional
87 knowledge sharing and the facilitation of global research efforts by the Global Health Observatory
88 (GHO), and further recommends:
89
- 90 a. The inclusion of key demographic statistics of patients including age, gender, ethnicity,
91 medical concern, treatment received, relevant medical history, success of prescribed
92 treatment, and any necessary comment from the medical staff;
93
- 94 b. The revision by the ECOSOC of the methods of data collection employed by the GHO in
95 order to ensure the comprehensiveness of the information regarding:
96
- 97 i. Specific local, regional, national, and international health concerns;
98 ii. Vulnerable and marginalized groups;
99 iii. Resource allocation and shortages;
100 iv. Patterns of disease transmission;
101 v. Healthcare education and training;
102 vi. Gender equality;
103

- 104 c. The labeling of data contributions with country-identifiers based on the UN Terminology
105 Database (UNTERM), combined with a unique clinic-specifier as determined by each
106 Member State in order to provide greater contextual information and allow for in-depth
107 analysis using big data technology;
108
- 109 d. The removal of patient identifiers, such as names and addresses, from sensitive health and
110 demographic data, in order to protect every individual's right to privacy;
111
- 112 5. *Affirms* the importance of gender-disaggregation of all health, demographic, and development data, in
113 order to provide an accurate picture of the state of women's health and to precisely target gender
114 issues with regards to women's health and their access to health services;
115
- 116 6. *Suggests* to Member States containing developing and rural areas lacking reliable internet access
117 ensure that the health information of these populations is still represented in health databases by:
118
- 119 a. Utilizing pre-existing mobile clinics sponsored and administered by the WHO to work closely
120 with healthcare clinics and workers in these areas in order to gather the necessary health and
121 demographic data;
122
- 123 b. Regularly training healthcare professionals in these rural and developing areas on effective
124 methods of quality data collection;
125
- 126 7. *Recommends* Member States make efforts to facilitate the frequency of international collaboration
127 between healthcare providers on a regular basis in order to further inter-regional medical innovation
128 and education;
129
- 130 8. *Welcomes* Public-Private Partnerships (PPPs) in order to better implement cutting-edge technology in
131 the area of eHealth and to sustain the additional costs involved in the donations of medical equipment
132 such as transportation and insurance by means of:
133
- 134 a. Inviting public institutions to establish partnerships with the private sectors in order to extend
135 access to eHealth technologies while ensuring private sector access to sensitive patient
136 information is regulated;
137
- 138 b. Enhancing the cooperation between local governments and private sectors to foster the
139 development and implementation of eHealth technologies;
140
- 141 c. Establishing a secure cloud-based platform for IHIP modeled after the UN International
142 Computing Centre's (UNICC) cloud integration systems;
143
- 144 9. *Recommends* that ECOSOC and Member States work with pre-existing UN financial systems,
145 notably the International Monetary Fund (IMF), the International Development Association of the
146 World Bank Group (IDA), and the International Bank for Reconstruction and Development of the
147 World Bank Group (IBRD), to fund programs aimed at implementing eHealth and improved
148 healthcare systems, such as:
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- 150 a. Research on the effectiveness, reach, and efficiency of local healthcare centers;
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- 152 b. Initiatives to establish new and innovative solutions to existing problems in healthcare
153 systems;
154
- 155 c. Analysis of current healthcare spending efficacy and investigation into better and more
156 effective allocation of funds;
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- 158 d. Assessments of the allocation of funds from the various finance systems within the UN, such
159 as United Nations Capital Development Fund (UNCDF);

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10. *Encourages* ECOSOC to work with developed Member States to accelerate progress towards achieving Target 17.2 of the *2030 Agenda for Sustainable Development*, which is further mentioned under action 14.11 in the *Programme of Action*, which is for developed countries to implement fully their official development assistance (ODA) commitments 0.7% of Gross National Income (GNI) to developing countries;
 11. *Invites* ECOSOC to explore the South-South Cooperation (SSC) and North-South Cooperation (NSC) initiative as a key method for dialogue and to develop a further framework allowing for developing countries to gain access to essential healthcare and education services;
 12. *Recommends* the closer cooperation between Member States and larger intergovernmental bodies, such as the European Union, the Community of Latin American and Caribbean States (CELAC), the African Union, and non-governmental organizations, by:
 - a. Sharing knowledge on health and demographic data collected by different regional and national entities;
 - b. Sharing research on the successful implementations of various healthcare strategies for the improvement of accessibility in order to foster a higher global standard of care;
 13. *Draws the attention* of Member States to the need to prioritize SDG 3 within their national policy-making as it is a means to:
 - a. Fulfill the universally shared humanitarian value of protecting all life;
 - b. Protect the economic and development-related interests of Member States;
 - c. Achieve the full attainment of the *2030 Agenda for Sustainable Development*.