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Dear Delegates,

Welcome to the 2019 National Model United Nations New York Conference (NMUN•NY)! We are pleased to welcome you to the Commission on Population and Development (CPD). This year's staff are: Directors Ruitong Zhou (Conference A) and Anna Ivanova (Conference B), and Assistant Directors Akiko Teramoto (Conference A) and Genevieve Verville (Conference B). Ruitong holds bachelor degrees in Public Relations, International Relations, and Political Science. She completed her master's degree in Public Administration with two concentrations: counter-terrorism and post conflict reconstruction. Anna holds a specialist degree in English and German linguistics. She currently runs social and educational projects in the Investment Agency of the Primorsky region in Russia. Akiko is completing her BA in Foreign Languages with a focus on Hispanic Studies at Kobe City University of Foreign Studies. Genevieve is currently a junior at the Sally McDonnell Barksdale Honors College at the University of Mississippi. She is pursuing a BS in Chemistry with a triple minor in biology, mathematics, and psychology.

The topics under discussion for the Commission on Population and Development are:

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

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

This Background Guide serves as an introduction to the topics for this committee. However, it is not intended to replace individual research. We encourage you to explore your Member State's policies in depth and use the Annotated Bibliography and Bibliography to further your knowledge on these topics. In preparation for the Conference, each delegation will submit a [Position Paper](#) by 11:59 p.m. (Eastern) on 1 March 2019 in accordance with the guidelines in the [NMUN Position Paper Guide](#).

Two resources, available to download from the [NMUN website](#), that serve as essential instruments in preparing for the Conference and as a reference during committee sessions are the:

1. [NMUN Delegate Preparation Guide](#) - explains each step in the delegate process, from pre-Conference research to the committee debate and resolution drafting processes. Please take note of the information on plagiarism, and the prohibition on pre-written working papers and resolutions. Delegates should not start discussion on the topics with other members of their committee until the first committee session.
2. [NMUN Rules of Procedure](#) - include the long and short form of the rules, as well as an explanatory narrative and example script of the flow of procedure.

In addition, please review the mandatory [NMUN Conduct Expectations](#) on the NMUN website. They include the Conference dress code and other expectations of all attendees. We want to emphasize that any instances of sexual harassment or discrimination based on race, gender, sexual orientation, national origin, religion, age, or disability will not be tolerated. If you have any questions concerning your preparation for the committee or the Conference itself, please contact the Under-Secretaries-General for the Economic and Social Council Department, Estefani Morales (Conference A) and Stéphanie Toschi (Conference B), at usg.ecosoc@nmun.org.

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

Conference A

Ruitong Zhou, Director
Akiko Teramoto, Assistant Director

Conference B

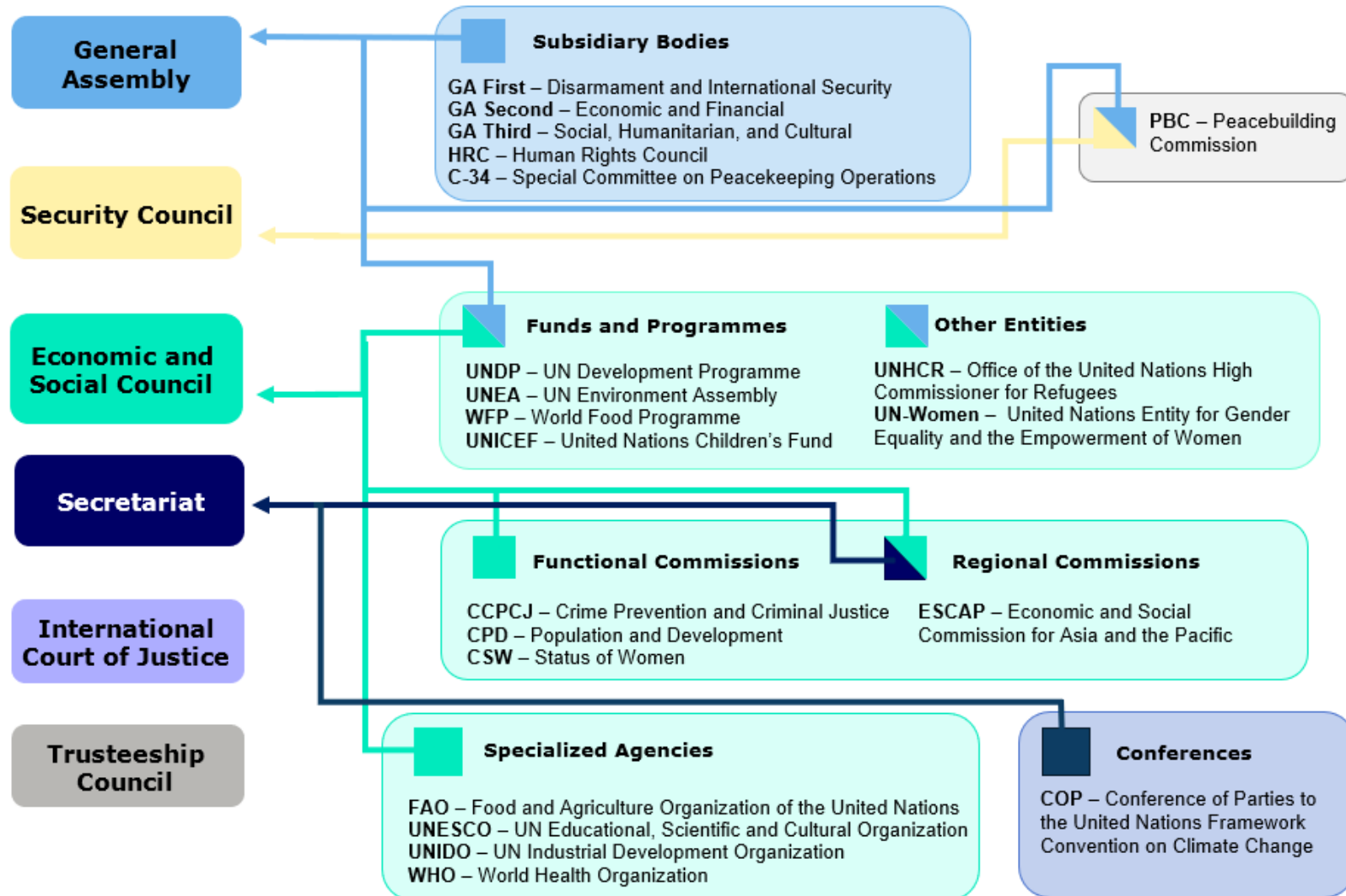
Anna Ivanova, Director
Genevieve Verville, Assistant Director

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United Nations System at NMUN•NY

This diagram illustrates the UN system simulated at NMUN•NY and demonstrates the reportage and relationships between entities. Examine the diagram alongside the Committee Overview to gain a clear picture of the committee's position, purpose, and powers within the UN system.



Committee Overview

Introduction

The year 2019 will mark the 25th anniversary of the International Conference on Population and Development (ICPD).¹ The outcome document of this conference, the *Programme of Action*, identifies the links between a myriad of population and development issues, including sexual and reproductive health, human rights, and sustainable development, and places the focus of development policy on individuals.² Since its adoption in 1994, tremendous progress has been made on population and development issues.³ A World Bank report shows that around 1.1 billion people have escaped extreme poverty since 1990.⁴ Between 1990 and 2015, maternal mortality worldwide dropped by about 44%.⁵ At the same time, growing ageing and youth populations in different parts of the world have posed severe socio-economic challenges, which hinder the process of accomplishing the *2030 Agenda for Sustainable Development* (2030 Agenda).⁶ The fast-growing youth population in Africa requires policy makers to accommodate their social and economic needs by providing sufficient employment opportunities.⁷ An increasing number of Member States have experienced growth in the size and proportion of their ageing populations, requiring increased public services.⁸

The Commission on Population and Development (CPD), the United Nations (UN) body tasked with monitoring the implementation of the *Programme of Action*, has closely followed these issues, with current priorities that include sustainable cities, international migration, human mobility, changing population age structures, and sustainable development.⁹ CPD will continue to lead debates about population trends and serve as a critical body that conducts research on these issues and provide suggestions to the UN Economic and Social Council (ECOSOC).¹⁰

The roots of CPD are found in the Population Commission, established by ECOSOC in 1946, aiming to offer a platform for Member States, civil society, and other key stakeholders to discuss international issues on human development and population-related social challenges.¹¹ As one of the 10 functional committees of ECOSOC, the Population Commission was mandated to follow-up with the 1994

¹ UNECE, *Regional Conference on ICPD@25 to Explore Relationships between Population Dynamics and Sustainable Development*, 2018.

² UNFPA, *Programme of Action of the International Conference on Population Development 20th Anniversary Edition*, 2014.

³ *Ibid.*, pp. viii-xiii.

⁴ World Bank, *Poverty and Shared Prosperity 2016 Taking on Inequality*, 2016, p. 11.

⁵ WHO, *Maternal Mortality Key Facts*, 2018.

⁶ UN General Assembly, *Transforming Our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015; UNFPA, *Programme of Action Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994*, 2004, p. 251; UN DESA, *Commission on Population and Development: Changing Population Age Structures*, 2017.

⁷ ILO, *Youth Employment in Africa*, 2018; UNDP, *Promise or Peril? Africa's 830 Million Young People By 2050*, 2017; UN CPD, *Report on the forty-ninth session (E/2016/25-E/CN.9/2016/9)*, 2016, p. 18.

⁸ UN DPI, *Ageing*, 2018; UN CPD, *Report on the forty-ninth session (E/2016/25-E/CN.9/2016/9)*, 2016, p. 8; UN DESA, *World Population Ageing 2017 Highlights (ST/ESA/SER.A/39)*, 2017, p. 5.

⁹ UN CPD, *Sustainable Cities, Human Mobility and International Migration: Report of the Secretary-General (E/CN.9/2018/2)*, 2018; UN CPD, *Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development: Monitoring of Population Programmes, Focusing on Sustainable Cities, Human Mobility and International Migration, Report of the Secretary-General (E/CN.9/2018/3)*, 2018; UN CPD, *Changing Population Age Structures and Sustainable Development: Report of the Secretary-General (E/CN.9/2017/2)*, 2017; UN CPD, *Monitoring of Population Programmes, Focusing on Changing Population Age Structures and Sustainable Development, in the Context of the Full Implementation of the Programme of Action of the International Conference on Population and Development: Report of the Secretary-General (E/CN.9/2017/3)*, 2017.

¹⁰ UN Population Division, *United Nations Conferences on Population*.

¹¹ UN DESA, Population Division, *Commission on Population and Development*, 2018; UN ECOSOC, *Resolution 3 (III) Population Commission (E/RES/3 (III))*, 1946, p. 1.

Programme of Action of the ICPD.¹² The body was renamed that year to CPD to highlight its comprehensive approach to addressing issues related to the challenges of population and development, as outlined in the *Programme of Action*.¹³ This document emphasizes the link between human rights and development, acknowledging development as improving individual lives and reducing inequalities.¹⁴ Although the *Programme of Action* received some criticism over its lack of a central focus, this document has contributed significantly to women's empowerment; one-third of the recommendations specifically mention women or girls.¹⁵ For the first time, the UN attempted to explore the linkage of development and population and made it a goal to reduce population growth by advancing women's rights.¹⁶

Governance, Structure, and Membership

CPD, an advisory body, provides policy recommendations on population and development for both ECOSOC and the UN system as a whole.¹⁷ The Commission comprises 47 members elected to serve four-year terms on the basis of geographic distribution, with 12 seats for African states, 11 Asian-Pacific states, 5 Eastern European states, 9 Latin American and Caribbean states, and 10 Western European and Other states.¹⁸ All representatives possess expert knowledge in population and development issues.¹⁹ The Commission meets annually in New York City, while the Bureau of CPD holds inter-
sessional meetings to prepare for the annual meetings.²⁰

The general administration of CPD is funded by the UN, but the Commission has also welcomed Member States and government agencies to provide support to its work.²¹ General Assembly resolution 50/124 of 23 February 1996 on "Implementation of the Programme of Action of the International Conference on Population and Development," encouraged voluntary donations from Member States, particularly developed states, to ensure that the goals in the follow-up to the ICPD could be met.²² Both CPD and United Nations Population Fund (UNFPA) were tasked with following up on the ICPD.²³ CPD was designed to fully support ECOSOC and play the primary role in the follow-up process with its three-tiered intergovernmental mechanism such as monitoring, reviewing and assessing the implementation of the *Programme of Action* of ICPD.²⁴ UNFPA, on the other hand, is mandated to take the lead in helping

¹² UN, General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994; UN DESA, Population Division, *Commission on Population and Development*, 2018.

¹³ UNFPA, *Programme of Action of the International Conference on Population Development 20th Anniversary Edition*, 2014, pp. viii-xiii.

¹⁴ UN, General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994; UNFPA, *Programme of Action of the International Conference on Population Development 20th Anniversary Edition*, 2014.

¹⁵ Mirkin, *Evolution of National Population Policies Since the United Nations 1954 World Population Conference*, 2005, p. 305.

¹⁶ Hayes, *Cairo and the Changing Definition of Population and Development Issues*, 1995, p. 21.

¹⁷ UN General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994.

¹⁸ UN General Assembly, *Implementation of the Programme of Action of the International Conference on Population and Development (A/RES/50/124)*, 1996; UN DESA Population Division, *Commission on Population and Development*, 2018; New Zealand Ministry of Foreign Affairs and Trade, *United Nations Handbook 2017-18*, 2017.

¹⁹ UN General Assembly, *Implementation of the Programme of Action of the International Conference on Population and Development (A/RES/50/124)*, 1996, p. 3.

²⁰ UN CPD, *Member States of the United Nations Note Verbale (18-037 – PC (51))*, 2018.

²¹ UN CPD, *Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development (Resolution 2014/1)*, 2014.

²² UN General Assembly, *Implementation of the Programme of Action of the International Conference on Population and Development (A/RES/50/124)*, 1996, p. 4.

²³ UN General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994; UNFPA, *Programme of Action of the International Conference on Population Development 20th Anniversary Edition*, 2014; UNFPA, *Frequently Asked Questions: What is the UNFPA Mandate*, 2018.

²⁴ UN General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994, p. 5.

Member States carry out the *Programme of Action* by providing technical support and guidance with a focus on sexual and reproductive health and rights.²⁵ As detailed in the *Strategic Plan 2018-2021*, UNFPA will continue to accelerate the implementation process of *Programme of Action* at the operational level.²⁶ In contrast, CPD monitors and assesses the progress of the *Programme of Action* from a policy perspective²⁷ CPD focuses on acknowledging major achievements toward this goal and drawing attention to areas that need improvement.²⁸

The Population Division within the Department of Economic and Social Affairs (DESA) serves as the substantive secretariat for the Commission.²⁹ The Division has actively facilitated the intergovernmental dialogue on population and development through organizing important UN conferences on the same topics and planning annual sessions of CPD.³⁰

Mandate, Functions, and Powers

The mandate of CPD is to provide “advice and assistance on matters affecting or affected by population changes,” with the specific charge to “[play] the primary role in the follow-up to the implementation of the Programme of Action of the International Conference on Population and Development, and ... monitor, review and assess the implementation of the Programme of Action at the national, regional and international levels and advise [ECOSOC] thereon.”³¹

The primary functions of CPD are:

1. To conduct studies on population and development themes;
2. To monitor, review, and assess the ICPD Programme of Action; and
3. To give recommendations to ECOSOC on these themes.³²

The Commission holds an annual session in New York that serves as a forum for Member States to discuss population issues and set international norms and standards.³³ The resolutions of these sessions set priorities for the international community on topics of changing demographics and sustainable development challenges.³⁴ CPD raises awareness of population changes and their implications by highlighting the connections among changing age structures and an ageing population.³⁵

As part of its mandate to conduct studies and provide research, the substantive secretariat of CPD, the UN Population Division, is tasked with conducting research about population and development issues and the progress of the *Programme of Action* and its implementation.³⁶ For example, CPD can request the Population Division to conduct or continue research on specific topics, such as population growth.³⁷

²⁵ UNFPA, *How We Work*, 2018; UNFPA, *International Conference on Population and Development Principle of the ICPD*, 2018.

²⁶ UNFPA, *UNFPA Strategic Plan, 2018-2021*, 2018, p. 23.

²⁷ UN General Assembly, *Recurrent Themes and Key Elements Identified during the Sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014, p. 20.

²⁸ Ibid.

²⁹ New Zealand Ministry of Foreign Affairs and Trade, *United Nations Handbook 2017-18*, 2017, p. 148.

³⁰ UN DESA Population Division, *About United Nations Population Division: Overview*, 2018.

³¹ UN General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994.

³² UN DESA Population Division, *Commission on Population and Development*, 2018.

³³ UN CPD, *Member States of the United Nations Note Verbale (18-037 – PC (51))*, 2018; UN General Assembly, *Recurrent Themes and Key Elements Identified during the Sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014, p. 5.

³⁴ UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014, p. 4.

³⁵ Ibid.

³⁶ UN DESA Population Division, *Compendium of Recommendations on Population and Development: Commission on Population and Development, 1994-2014 (Volume I)*, 2014, p. 5.

³⁷ Ibid.

Moreover, CPD can request UNFPA or Secretary-General to increase research on any given topic.³⁸ CPD also has the capability to encourage Member States collecting population data to understand the current situation of population and development in every state.³⁹

Recent Sessions and Current Priorities

In the most recent CPD session, the 51st Session in April 2018, Member States discussed topics on sustainable cities, human mobility, and international migration and their connections with the Sustainable Development Goals (SDGs).⁴⁰ CPD approved two decisions and failed to adopt the outcome document for a second consecutive year.⁴¹ The two decisions comprise identifying the special theme for CPD's 53rd session in 2020 and reaching common ground on future reports on the flow of financial resources for strengthening the implementation of *Programme of Action*.⁴² Although two draft decisions were adopted by acclamation, failing to produce a resolution evoked criticism from the international community.⁴³ Many representatives expressed their regrets and identified several points of contention, including language used to discuss sexual and reproductive health and debates over migration.⁴⁴ Members of civil society suspected that a lack of political will and leadership prevented CPD from producing the final outcome document.⁴⁵

CPD also recently launched a report entitled, *World Urbanization Prospects: The 2018 Revision*, and released three data sets on family planning and marital status.⁴⁶ Furthermore, the United Nations Economic Commission for Europe (UNECE) will dedicate its Regional Conference on the topic titled, "Enabling Choices: Population Dynamics and Sustainable Development," to commemorate the 25th anniversary of the ICPD and its *Programme of Action* in collaboration with UNFPA on October 1-2, 2018.⁴⁷ The conference will focus on three main themes: population dynamics and sustainable development; families, sexual and reproductive health over a life span; and inequalities, social inclusion, and rights.⁴⁸ The outcome document of this conference will lead up to and contribute to the 52nd session

³⁸ UN DESA Population Division, *Compendium of Recommendations on Population and Development: Commission on Population and Development, 1994-2014 (Volume I)*, 2014, p. 59.

³⁹ UNFPA, *UNFPA Strategic Plan, 2018-2021*, 2018, p. 9; UN General Assembly, *Recurrent themes and key elements identified during the sessions of the Commission on Population and Development: Report of the Secretary-General (A/69/122)*, 2014, p. 6.

⁴⁰ UN CPD, *Sustainable Cities, Human Mobility and International Migration: Report of the Secretary-General (E/CN.9/2018/2)*, 2018; UN CPD, *Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development: Monitoring of Population Programmes, Focusing on Sustainable Cities, Human Mobility and International Migration: Report of the Secretary-General (E/CN.9/2018/3)*, 2018.

⁴¹ UN DPI, *Commission on Population and Development Approves Two Decisions, Fails to Adopt Outcome Document for Second Consecutive Year, as Fifty-First Session Concludes*, 2018.

⁴² UN DPI, *Commission on Population and Development Approves Two Decisions, Fails to Adopt Outcome Document for Second Consecutive Year, as Fifty-First Session Concludes*, 2018; UN CPD, *Flow of Financial Resources for Assisting in the Further Implementation of the Programme of Action of the International Conference on Population and Development (E/CN.9/2018/4)*, 2018.

⁴³ Jacobson, *The 2018 Commission on Population and Development and Prospects for the Future*, 2018.

⁴⁴ UN DPI, *Commission on Population and Development Approves Two Decisions, Fails to Adopt Outcome Document for Second Consecutive Year, as Fifty-First Session Concludes*, 2018.

⁴⁵ Jacobson, *The 2018 Commission on Population and Development and Prospects for the Future*, 2018.

⁴⁶ UN DESA, *Estimates and Projections of Family Planning Indicators 2018*, 2018; UN DESA, *World Contraceptive Use 2018*, 2018; UN DESA Population Division, *Estimates and Projections of Women of Reproductive Age Who Are Married or in a Union 2018*, 2018; Wahlen, *Population and Development Commission Addresses Urbanization, Migration*, 2018.

⁴⁷ UNECE, *Regional Conference on ICPD@25 to Explore Relationships between Population Dynamics and Sustainable Development*, 2018.

⁴⁸ *Ibid.*

of CPD in 2019.⁴⁹ The three themes at the conference align with the current priorities of CPD aiming to reach universal access to sexual and reproductive health services.⁵⁰

Conclusion

CPD, an advisory UN body, reports to ECOSOC and makes recommendations on the international and national level about population and development themes.⁵¹ Some of the most important themes are changing demographics, sexual and reproductive health, urbanization, and international migration.⁵² Due to emerging demographic trends, health-care for youth and elderly populations are also gaining greater attention.⁵³ As the ICPD marks its 25th year anniversary, the Commission will continue to contribute to the SDGs by addressing international migration issues and realizing reproductive rights for all.⁵⁴

Annotated Bibliography

Jacobson, R. (2018). *The 2018 Commission on Population and Development and Prospects for the Future* [Website]. Retrieved 11 August 2018 from: <https://iwhc.org/2018/05/2018-commission-population-development-prospects-future/>

In this review and commentary on the 2018 session of CPD, the author explains three main reasons why the session failed to produce the outcome document. She attributed the failure to a lack of political will and leadership. During the negotiations on international migration, the European Union and the US minimized recognition of the human rights of migrants and states' obligations, which made the situation worse. This article helps delegates to understand how political will and leadership impact decisions of CPD and the future of many development challenges.

United Nations, Department of Economic and Social Affairs, Population Division. (2018). *Commission on Population and Development* [Website]. Retrieved 5 July 2018 from: <http://www.un.org/en/development/desa/population/commission/index.shtml>

This webpage provides a clear overview of the Commission's mandate, main functions, and membership. It can also direct delegates to other relevant sources such as previous CPD sessions and CPD Resolutions and Decisions. Delegates will find this page useful because it provides a short and comprehensive introduction of CPD. It can serve as the beginning point to start their research about the Commission.

⁴⁹ Ibid.

⁵⁰ UNECE, *Regional Conference on ICPD@25 to Explore Relationships between Population Dynamics and Sustainable Development*, 2018; Jacobson, *The 2018 Commission on Population and Development and Prospects for the Future*, 2018.

⁵¹ UN DESA, Population Division, *Commission on Population and Development*; UN ECOSOC, *Resolution 3 (III) Population Commission (E/RES/3 (III))*, 1946, p. 1; UN DESA, Population Division, *Commission on Population and Development*, 2018; UN, General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994.

⁵² UN CPD, *Sustainable Cities, Human Mobility and International Migration Report of the Secretary-General (E/CN.9/2018/2)*, 2018; UN CPD, *Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development: Monitoring of Population Programmes, Focusing on Sustainable Cities, Human Mobility and International Migration Report of the Secretary-General (E/CN.9/2018/3)*, 2018; UN CPD, *Changing Population Age Structures and Sustainable Development Report of the Secretary-General (E/CN.9/2017/2)*, 2017; UN CPD, *Monitoring of Population Programmes, Focusing on Changing Population Age Structures and Sustainable Development, in the Context of the Full Implementation of the Programme of Action of the International Conference on Population and Development Report of the Secretary-General (E/CN.9/2017/3)*, 2017.

⁵³ UN General Assembly, *Report of the International Conference on Population and Development (A/RES/49/128)*, 1994; UNFPA, *Programme of Action of the International Conference on Population Development 20th Anniversary Edition*, 2014.

⁵⁴ UNECE, *Regional Conference on ICPD@25 to Explore Relationships between Population Dynamics and Sustainable Development*, 2018; Jacobson, *The 2018 Commission on Population and Development and Prospects for the Future*, 2018.

United Nations, Department of Public Information. (2018, April 13). *Commission on Population and Development Approves Two Decisions, Fails to Adopt Outcome Document for Second Consecutive Year, as Fifty-First Session Concludes (POP/1077)* [Meetings Coverage]. Retrieved 5 July 2018 from: <https://www.un.org/press/en/2018/pop1077.doc.htm>

This meetings coverage explains the latest achievements of the 2018 CPD Commission Session. Although the Commission failed to produce the outcome document, it approved two decisions. First, the Commission identified the special theme for CPD's fifty-third session in 2020 and decided how future reports will document the flow of financial resources to advance the implementation of Programme of Action of ICPD. This document helps delegates better understand the current priorities and achievements of CPD. It also encourages the delegates to research what factors prevented Member States from reaching consensus at the most recent Commission's session.

United Nations, General Assembly, Forty-ninth session. (1994). *Report of the International Conference on Population and Development (A/RES/49/128)* [Resolution]. Adopted on the report of the Second Committee (A/49/733). Retrieved 11 August 2018 from: <http://undocs.org/a/res/49/128>

The resolution documents the updated mandate and new name of CPD. The adoption of the ICPD led to the expansion of CPD's mandate to monitor, review, and assess the implementation of the ICPD Programme of Action. This resolution assists delegates to gain a clear understanding of CPD's mandate and the history of the Commission. Moreover, this document also discusses the role of Member States in supporting the implementation of Programme of Action at a national level.

United Nations Population Fund. (2014). *Programme of Action of the International Conference on Population Development 20th Anniversary Edition*. Retrieved 11 August 2018 from: https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf

The ICPD produced the Programme of Action of ICPD, which is the steering document for the United Nations Population Fund. The document also defines the mandate of CPD to monitor and assess its implementation process. At the ICPD, Member States reached four qualitative and quantitative goals: universal education, reduction of infant and child mortality, reduction of maternal mortality, and access to reproductive and sexual health services. This Programme of Action helps delegates understand the history and mandate of CPD.

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International Labour Organization. (2018). *Youth Employment in Africa* [Website]. Retrieved 11 August 2018 from: <https://www.ilo.org/addisababa/areas-of-work/youth-employment/lang--en/index.htm>

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I. Fulfilling the Nutritional Needs of the Ageing Population

Introduction

In the 21st century, the world is facing a major demographic shift in the proportions of age groups among the population.⁵⁵ Children have historically outnumbered older persons, but achievements in the sphere of health-care, economics, social policy, and improvement in living standards have resulted in global population ageing.⁵⁶ According to a report by the United Nations Department of Economic and Social Affairs (UN DESA) entitled *World Population Prospects: the 2017 Revision*, the number of older persons, currently 962 million people globally, is estimated to more than double by 2050 and triple by 2100, reaching 2.1 and 3.1 billion respectively.⁵⁷ Globally, the population category of 60 or over is growing faster than all younger age groups and is predicted to constitute a quarter of the population in all regions except Africa by 2050.⁵⁸ As of 2017, Europe has the highest percent of people over 60 years old, at nearly 25%.⁵⁹ According to World Health Organization (WHO) estimates, life expectancy in non-African states for those born in 2012 will be 68 years for men and 73 years for women, which is 6 years longer than life expectancy of those born in 1990.⁶⁰ At the moment, the international community has not formally adopted a common definition of old age; nevertheless, WHO uses age 60 as an indicator in its work and publications.⁶¹ In developed countries, the definition of an “elderly” or older person reflects the age of retirement which generally takes place at age 65.⁶² This definition may not be particularly useful in least developed countries, where life expectancy remains below 55 years.⁶³

Global population ageing brings up new challenges for the international community.⁶⁴ The right of people to adequate food means the right at any time to have physical and economic opportunities for access to sufficient food.⁶⁵ The 2012 report of the Office of the United Nations High Commissioner for Human Rights (OHCHR) on the situation of older persons addresses the issue of the lack of sufficient access to food.⁶⁶ It includes lack of financial ability to purchase food due to inadequate state support and low pensions, limited mobility that impedes the purchase of food products, and the prevalence of health conditions which limit a person’s ability to consume sufficient amount of food without assistance from caretakers.⁶⁷ Access to proper nutrition may also be limited due to age-related discrimination or “ageism” which limits older people’s access to employment and property ownership.⁶⁸

International and Regional Framework

The problems of access to adequate nutrition for the elderly population around the globe are reflected in a number of international documents.⁶⁹ Article 11.1 of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) (1966) recognizes right of everyone to the adequate standard of living, including access to adequate food.⁷⁰ The *Vienna International Plan of Action on Aging* (1982) (Vienna

⁵⁵ WHO, *Global Health and Ageing*, 2011.

⁵⁶ WHO, *Global Health and Ageing*, 2011; WHO, *Health Statistics and Information Systems: Proposed Working Definition of an Older Person in Africa for the MDS Project*.

⁵⁷ UN DESA, *World Population Prospects: The 2017 Revision, Key Findings and Advance Tables*, 2017, p. 2.

⁵⁸ *Ibid.*, p. 17.

⁵⁹ WHO, *Global Health and Ageing*, 2011.

⁶⁰ *Ibid.*

⁶¹ WHO, *Health Statistics and Information Systems: Proposed Working Definition of an Older Person in Africa for the MDS Project*.

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ WHO, *Global Health and Ageing*, 2011.

⁶⁵ UN ECOSOC, *Report of the United Nations High Commissioner for Human Rights (E/2012/51)*, 2012.

⁶⁶ *Ibid.*

⁶⁷ *Ibid.*

⁶⁸ UN CESCR, *General Comment No. 12: The Right to Adequate Food*, 1999.

⁶⁹ WHO, *Global Health and Ageing*, 2011.

⁷⁰ UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200(XXI))*, 1966.

Plan) adopted at the First World Assembly on Ageing aims to formulate a policy for Member States to address ageing.⁷¹ In recommendations given in the document, special emphasis is put on support to the elder population in aspects of health and nutrition in order to maintain physical and mental health, active ageing, and quality life of the elderly.⁷²

The *United Nations Principles for Older Persons*, adopted by the General Assembly on 16 December 1991, based on the Vienna Plan, declares that “elderly people should have access to adequate requirements for food, water (...) through the provision of income, support from the family, community and self-help.”⁷³ The Committee on Economic, Social and Cultural Rights (CESCR) adopted *General Comment No. 6* (1995) on the economic, social and cultural rights of older persons, which specifies that the subsistence level includes “adequate food, clothing and housing.”⁷⁴ *The General Comment No. 12* (1999), on article 11 of the ICESCR also clarifies that the right to clean water is an integral part of the right to adequate food.⁷⁵ The *Madrid International Plan on Ageing* (2002) does not emphasize the right to adequate food, but it underlines the goal to combat all types of age discrimination in order to ensure healthy and active ageing.⁷⁶ *The Rome Declaration on Nutrition* (2014) declares the obligation for the Member States to eliminate hunger and take all necessary actions to reduce malnutrition.⁷⁷ The declaration notes the importance of social support from the state to vulnerable groups, including the poor, and the need to improve health care systems and impose control over the quality of food.⁷⁸ Nevertheless the document puts no specific emphasis on nutritional problems of the elderly population.⁷⁹

In 2015, the General Assembly adopted the *2030 Agenda on Sustainable Development*, which comprised 17 goals for sustainable development by 2030.⁸⁰ Target 2.2 of Sustainable Development Goals (SDGs) 2 on zero hunger calls for the elimination of all kinds of malnutrition and addresses among others the nutritional needs of older persons.⁸¹ Nevertheless, SDG 2 focuses mostly on other social groups, such as children and pregnant and lactating women.⁸² At the 2017 High-Level Political Forum on Sustainable Development (HLPF), it was underlined that “hidden hunger and micronutrient deficiencies affect the vulnerable, such as people with disabilities, the old, and the poor.”⁸³

Regionally, the 2002 *African Union Policy Framework and Plan of Action on Ageing* provides a guide for Member States to develop national policies and programs.⁸⁴ It identifies 13 key issues related to population ageing, such as rights of elder persons, health, food and nutrition, housing and living conditions, public services, and their active participation in society and development.⁸⁵

Role of the International System

During the 50th session of the Commission on Population and Development (CPD) in 2017, Member States highlighted the need to develop policies and programs to promote health, welfare and inclusion of

⁷¹ World Assembly on Ageing, *Vienna International Plan of Action on Ageing*, 1982.

⁷² Ibid.

⁷³ UN General Assembly, *Implementation of the International Plan of Action on Ageing and Related Activities (A/RES/46/91)*, 1991.

⁷⁴ UN CESCR, *General Comment No. 6: The Economic, Social and Cultural Rights of Older Persons (E/1996/22)*, 1995.

⁷⁵ UN CESCR, *General Comment No. 12: The Right to Adequate Food*, 1999.

⁷⁶ Second World Assembly on Ageing, *Political Declaration and Madrid International Plan of Action on Ageing*, 2002.

⁷⁷ Second International Conference on Nutrition, *Rome Declaration on Nutrition*, 2014.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

⁸¹ UN HLPF, *Presidential Summary, 2017 High-level Political Forum on Sustainable Development*, 2017.

⁸² Ibid.

⁸³ Ibid.

⁸⁴ UNFPA, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012.

⁸⁵ Ibid.

the ageing population.⁸⁶ Member States underlined the role of migration and refugee movements in the shift in population age distribution and labor markets.⁸⁷ During its 51st session in 2018, CPD decided that the special theme for the 53rd session in 2020 would be “Population, food security, nutrition and sustainable development.”⁸⁸

On 15 April 2016, the General Assembly adopted resolution 70/259 proclaiming the UN Decade of Action on Nutrition in 2016-2025.⁸⁹ The initiative is led by WHO and FAO in collaboration with the World Food Programme (WFP), the International Fund for Agricultural Development (IFAD) and the United Nations Children’s Fund (UNICEF).⁹⁰ The working program is coordinated through the mechanisms of the UN Standing Committee on Nutrition (UNSCN).⁹¹ The Decade proposes a country-driven program that involves all the stakeholders, such as international and regional organizations, civil society, the private sector, and academia.⁹² The actions within the Decade will be taken in six integrative areas, particularly sustainable food systems, health-care systems to provide general coverage of nutrition actions, social protection and nutrition education, trade and investment strategies, friendly and safe environment for nutrition at all ages, and strong governance and accountability in the sphere of nutrition.⁹³

One of the main goals of WHO is promoting good health through the lifecycle.⁹⁴ In order to achieve the goal of healthy and active ageing, WHO has elaborated a policy framework with a focus on combating chronic diseases and reducing the risks of non-communicable diseases, promoting education for formal and informal caregivers, and protecting human rights for older people in order to ensure safe and dignified ageing.⁹⁵ These measures are directly related to nutrition problems in older age, as they address common causes of malnutrition in hospital or nursing home care.⁹⁶ WHO works through national Collaborative Centers for Nutrition in order to promote its policies, collect research data, and coordinate nutrition-related activities.⁹⁷ In 2002, WHO published the report *Keep fit for life: Meeting the nutritional needs of older persons* in which it addressed the problem of nutrition in older age, food security and nutritional peculiarities of chronic diseases.⁹⁸ The report provides specific food-based dietary guidelines that cover a wide range of health concerns listed in the document.⁹⁹

Furthermore, the United Nations Population Fund (UNFPA) works to raise awareness about global population ageing and promotes strategies to address the challenges of this global demographic shift and the opportunities of longer life expectancy.¹⁰⁰ UNFPA supports research in order to elaborate new policies and ensure the integration of an ageing agenda to the development programs of Member States.¹⁰¹ UNFPA also collaborates with the International Institute on Ageing (INIA) in Malta to train policymakers of Member States in implementing the *Madrid International Plan of Action on Ageing*, monitoring the outcome of its initiatives and implementing age-friendly national policies.¹⁰² One of the actions within the Madrid Plan is the inclusion of older persons in anti-poverty initiatives.¹⁰³

⁸⁶ Ibid.

⁸⁷ UN DESA, *Commission on Population and Development: Changing Population Age Structures*, 2017.

⁸⁸ UN DPI, *Commission on Population and Development Approves Two Decisions, Fails to Adopt Outcome Document for Second Consecutive Year, as Fifty-First Session Concludes (POP/1077)*, 2018.

⁸⁹ UN General Assembly, *United Nations Decade of Action on Nutrition (2016– 2025) (A RES/70/259)*, 2016.

⁹⁰ UNSCN, *UN Decade of Action on Nutrition 2016-2025*, 2016.

⁹¹ Ibid.

⁹² Ibid.

⁹³ Ibid.

⁹⁴ WHO, *About WHO*, 2015.

⁹⁵ Ibid.

⁹⁶ WHO, *Nutrition: WHO Collaborative Centers for Nutrition*.

⁹⁷ Ibid.

⁹⁸ WHO, *Keep Fit for Life: Meeting the Nutritional Needs of Older Persons*, 2002.

⁹⁹ Ibid.

¹⁰⁰ UNFPA, *Ageing*.

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ UNFPA, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012.

INIA was established by the UN Secretary-General on 9 October 1987 following ECOSOC resolution 1987/41 on “Implementation of the International Plan of Action on Aging.”¹⁰⁴ The mandate of INIA is to empower low-income Member States to address the challenges related to population ageing.¹⁰⁵ This charge is implemented through the establishment of training centers and training of state personnel to develop and carry out national policies in different aspects of the ageing agenda.¹⁰⁶ INIA provides continuous support to regional training centers and the trained personnel.¹⁰⁷

In 2010, the European Food Safety Authority on request from the European Commission published a Scientific Opinion on establishing food-based dietary guidelines.¹⁰⁸ The document provides instructions on how the nutrient-based dietary advice may be transformed into a general guidance for the population of European states.¹⁰⁹ It helps Member States to establish food-based dietary guidelines in collaboration with key stakeholders.¹¹⁰

Malnutrition in Older Adults

Malnutrition ranges widely from severe undernutrition to obesity.¹¹¹ It affects people throughout their lifecycle, including older age.¹¹² Malnutrition reflects deficiencies in macronutrients or micronutrients and may happen as an acute state or a chronic one, resulting in chronic and non-communicable diseases in older age.¹¹³ Malnutrition in older adults can be caused by a wide range of factors.¹¹⁴ Poor-quality diet or insufficient amounts of nutrition may result in disability or general worsening of health conditions.¹¹⁵ The most widespread sign of malnutrition in older adults is loss of appetite, also called anorexia of ageing.¹¹⁶ Other factors indicating the risk or presence of malnutrition are weight loss, functional dependence, cognitive disease, living alone, and having lung or heart disease.¹¹⁷ Undernourished but overweight or obese older persons are also at a risk of degenerative conditions due to unhealthy diet and poor nutritional intake.¹¹⁸

Due to the changes in the body composition of older people, specific nutritional needs, and the consequences of age-related discrimination, older populations are particularly vulnerable to malnutrition.¹¹⁹ Endeavors aimed at providing older persons with sufficient nutrition face a range of challenges.¹²⁰ First, the needs of this age group in terms of nutrition are not well examined.¹²¹ WHO estimates that elderly people require lower amounts of some specific nutrients due to their overall decline in energy requirement.¹²² At the same time, other nutrients and minerals may be needed in higher quantities later in life due to slower rates of digestion.¹²³ Therefore, recommended daily nutrient

¹⁰⁴ International Institute of Ageing, *Mandate*.

¹⁰⁵ *Ibid.*

¹⁰⁶ *Ibid.*

¹⁰⁷ *Ibid.*

¹⁰⁸ European Food Safety Authority, *Scientific Opinion on Establishing Food-Based Dietary Guidelines*, 2010.

¹⁰⁹ *Ibid.*

¹¹⁰ *Ibid.*

¹¹¹ FAO, *The State of Food Security and Nutrition in the World 2017: Building Resilience for Peace and Food Security*, 2017.

¹¹² *Ibid.*

¹¹³ *Ibid.*

¹¹⁴ WHO, *Nutrition for Older Persons: Ageing and Nutrition: A Growing Global Challenge*.

¹¹⁵ *Ibid.*

¹¹⁶ UNFPA, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012.

¹¹⁷ *Ibid.*

¹¹⁸ *Ibid.*

¹¹⁹ WHO, *Nutrition for Older Persons: Ageing and Nutrition: A Growing Global Challenge*.

¹²⁰ *Ibid.*

¹²¹ *Ibid.*

¹²² *Ibid.*

¹²³ *Ibid.*

allowances still need to be reviewed and formed into general guidelines for the national policies and authorities to adequately address the issue of nutrition in older age.¹²⁴

Ageism as a Barrier to Food Access

With resolution 46/91 of 16 December 1991, the General Assembly adopted the *United Nations Principles for Older Persons*.¹²⁵ The Principles acknowledge the growing number of older persons willing to continue their labor activity and active participation in society.¹²⁶ Nevertheless, according to the 2012 OHCHR report regarding the human rights situation of older persons, age discrimination is still a very common phenomenon that manifests in strong stereotypes, legal restrictions, and policies against older persons.¹²⁷ Ageism results in social isolation of elder population, but the majority of international human rights documents still do not address age-related discrimination.¹²⁸ At the same time, debates on the issue of ageism bring up the question of legal transactional capacity and employment in elder persons.¹²⁹ The report stresses the necessity to provide adequate caring, protect older persons from abusive treatment and provide access to labor market, sufficient nutrition and housing.¹³⁰

Ageism also appears in the work of international organizations.¹³¹ In 2011 the non-governmental organization (NGO) HelpAge International took a survey in three Dadaab refugee camps in Kenya among the camp residents aged 60 and above.¹³² The survey aimed to estimate the social and health status of this age group and also identify the proportion of elder men and women suffering from acute malnutrition among the displaced populations.¹³³ The key findings of the survey showed that the needs of older people remained mainly invisible to the humanitarian personnel working in the camps.¹³⁴ Particularly, older persons, were not recognized as a vulnerable group, which means that they did not receive any specific treatment in any of the basic services, such as registration, shelter, food distribution, or health and nutrition care.¹³⁵ Though other organizations in Dadaab, including the Lutheran World Foundation and the Office of the United Nations High Commissioner for Refugees (UNHCR), tried to target the elderly as a vulnerable population, their expertise in this field was not sufficient to guide interventions.¹³⁶ Other health agencies working in the camps, such as the International Rescue Committee, the German Agency for International Cooperation, and Médecins Sans Frontières did include older people in their supplementary or blanket feeding programs, but limited supplies of resources were redirected by WFP for other programs; thus, aid agencies were only able to provide supplementary feeding to those on the threshold for severe malnutrition in order to dedicate more resources to pregnant/lactating women and children.¹³⁷ As a result, the survey identified around 840 elderly persons in the refugee camps as needing additional nutritional support.¹³⁸

¹²⁴ Ibid.

¹²⁵ UN General Assembly, *Implementation of the International Plan of Action on Ageing and Related Activities (A/RES/46/91)*, 1991.

¹²⁶ Ibid.

¹²⁷ UN ECOSOC, *Report of the United Nations High Commissioner for Human Rights (E/2012/51)*, 2012, pp. 18-20.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ UNFPA, *Ageing in the Twenty-First Century: A Celebration and A Challenge*, 2012.

¹³² HelpAge International, *Nutrition and Baseline Survey of Older People in Three Refugee Camps in Dadaab*, 2011.

¹³³ Ibid.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Ibid.

¹³⁷ Ibid.

¹³⁸ Ibid.

Conclusion

The right to adequate food is recognized as one of the fundamental rights of the elder population.¹³⁹ The factors that prevent such access are age-related discrimination and the absence of ongoing care for older adults who are unable to provide adequate nutrition for themselves due to physical or cognitive disabilities.¹⁴⁰ Although separately the problems of malnutrition and global population ageing show the potential to be adequately addressed by the international community in the nearest future, there are still a number of gaps in the existing international framework related to nutritional problems among the elderly.¹⁴¹ The concept of age discrimination has not been adequately addressed in global frameworks, thus few successful strategies for combating it have been developed.¹⁴² Interrelation between discriminatory policies and the lack of access to nutrition for the elderly population requires more detailed work to ensure sufficient access to food and reduce the undernourishment of the elderly.¹⁴³

Further Research

Continuing the research on the topic, delegates should consider the following questions: What policies should Member States establish in order to address the problem of age-related discrimination? How should the nutritional needs of older persons be identified on an international and state level? What measures can be taken to eliminate malnutrition among older adults in hospitals and nursing homes? How do international organizations and NGOs working particularly with displaced populations need to address the problem of malnutrition among the elderly?

Annotated Bibliography

HelpAge International. (2011). *Nutrition and Baseline Survey of Older People in Three Refugee Camps in Dadaab*. Retrieved 15 October 2018 from: <http://www.helpage.org/silo/files/nutrition-and-baseline-survey-of-older-people-in-three-refugee-camps-in-dadaab-october-2011.pdf>

The survey conducted by HelpAge International, a global network for organizations working with older people, describes the nutritional situation among the elderly living in Dadaab refugee camps in Kenya. It gives statistics on the proportion of older residents of the camps that suffer from different levels of malnutrition. The survey will help delegates understand the results of age-related discrimination from the example of a specific case study.

Ministry of Health of New Zealand. (2013). *Food and Nutrition Guidelines for Healthy Older People: A Background Paper*. Retrieved 8 July 2018 from: <https://www.health.govt.nz/system/files/documents/publications/food-nutrition-guidelines-healthy-older-people-background-paper-v2.pdf>

This paper written for older New Zealanders, caretakers, and health-care providers gives reliable information on food and nutrition guidelines and programs elaborated in the state. It provides up-to-date policy advice on the nutrition, physical activity, and lifestyle behaviors that help maintain the best possible health in older people. The paper introduces the study of different people living in New Zealand and the way their traditional food and cultural practices correspond with nutritional needs and are affecting the ageing population. It could be useful for the delegates in the process of elaborating concrete policy proposals.

Organization for Economic Co-operation and Development. (2009). *Policies for Healthy Ageing: An Overview, OECD Health Working Papers 42*. Retrieved 15 July 2018 from:

¹³⁹ UN ECOSOC, *Report of the United Nations High Commissioner for Human Rights (E/2012/51)*, 2012.

¹⁴⁰ UN CESCR, *General Comment No. 12: The Right to Adequate Food*, 1999.

¹⁴¹ *Ibid.*

¹⁴² UN ECOSOC, *Report of the United Nations High Commissioner for Human Rights (E/2012/51)*, 2012.

¹⁴³ *Ibid.*

[http://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?doclanguage=en&cote=DELSA/HEA/WD/HWP\(2009\)1](http://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?doclanguage=en&cote=DELSA/HEA/WD/HWP(2009)1)

This paper reviews the policies of the Organization for Economic Co-operation and Development in the area of healthy ageing. The first part of the document briefly defines the concepts of healthy and active ageing. The document reviews the proposed policies and programs which aim to improve the quality of life of the elderly, identifying their cost-effectiveness. It touches upon the issue of healthy eating and appropriate nutrition by listing possible strategies to address malnutrition due to reduced food consumption in older age. The source will be useful for the delegates as it lists the variety of policies that may be implemented by the governments in order to improve the health status of the elderly.

Second International Conference on Nutrition. (2014). *Conference Outcome Document: Framework for Action*. Retrieved 5 August 2018 from: <http://www.fao.org/3/a-mm215e.pdf>

This framework for action accompanying the Rome Declaration on Nutrition proposes the creation of an enabling environment that would help to ensure the sustainability of food systems by raising awareness in the field of nutrition, investing in agriculture for rural and impoverished populations, providing social protection to elderly populations, and including those groups that require specific care in public health systems. The document focuses mostly on undernutrition and micronutrient deficiencies among children and women. It can give the delegates an example of framework that would focus on the needs of older population.

Second World Assembly on Ageing. (2002). *Political Declaration and Madrid International Plan of Action on Ageing*. Retrieved 25 July 2018 from:

<http://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf>

The Madrid International Plan of Action on Ageing and the Political Declaration adopted at the Second World Assembly on Ageing in April 2002 became the turning point in the process of combating the challenges of global population ageing. The focus of the plan is older persons and development, advancing health and well-being into old age, and ensuring an enabling and supportive environment. The document is important for the delegates as it marks the shift in the perception of the issue by the international community. From this point, governments, NGOs, and other actors agreed to link the issues of ageing to other frameworks for social and economic development and human rights.

United Nations, Department of Economic and Social Affairs, Population Division. (2017). *World Population Prospects: The 2017 Revision, Key Findings and Advance Tables* [Report]. Retrieved 28 July 2018 from: https://esa.un.org/unpd/wpp/Publications/Files/WPP2017_KeyFindings.pdf

The 2017 Revision of the World Population Prospects provides a set of demographic data and indicators to assess population trends at the global, regional and national levels. The paper calculates the key indicators commonly used by the United Nations system, such as fertility levels across the regions, life expectancy, and proportions of different population age groups. This report will be useful for the delegates as a source of statistic data on the above-listed indicators, world population ageing, and population dynamics.

United Nations Population Fund. (2012). *Ageing in the Twenty-First Century: A Celebration and A Challenge* [Report]. Retrieved 9 September 2018 from: <https://www.unfpa.org/sites/default/files/pub-pdf/Ageing%20report.pdf>

The report analyses the current situation and reviews progress in the policies related to the issue of population ageing and specific needs of older persons. It gives an overview of the steps taken by Member States and international organizations, as well as other stakeholders in implementing the Madrid International Plan of Action on Ageing. The document identifies gaps and provides recommendations to the international community, focusing on the voices of older persons themselves, who gave consultations to the authors of the paper around the world. This report will be useful to the delegates as it is a

product of collaboration between 20 UN bodies giving a broad review on the Madrid Plan implementation.

World Health Organization. (2002). *Keep Fit for Life: Meeting the Nutritional Needs of Older Persons* [Report]. Retrieved 6 July 2018 from:

http://www.who.int/nutrition/publications/olderpersons_nutritionalneeds/en/

This report by the WHO discusses the epidemiological and social aspects of ageing, health and functional changes experienced with ageing. It underlines the importance of physical activity and assessment of the nutritional status of older persons. The report outlines nutritional guidelines for healthy and active ageing. The document will be useful for the delegates as it focuses specifically on nutritional needs of older persons and proposes specific steps to improve the health and nutritional status of older persons in a wide variety of socio-economic and cultural environments.

World Health Organization. (2015). *World Report on Ageing and Health*. Retrieved 6 July 2018 from:

<http://www.who.int/ageing/events/world-report-2015-launch/en/>

The report by the WHO focuses on the accelerating process of population ageing around the world in the context of unpredictable challenges to health that have developed in the 21st century. It looks in detail at what Member States could do immediately in order to address the issue through their health-care systems. The paper underlines the recent evidence of chronological age being only loosely related to loss of abilities. It proposes a strategic framework of concrete steps in the public health sphere to be adapted for use in Member States at all levels of economic development, which makes the source useful for delegates, representing all categories of Member States.

World Health Organization. (2017). *Global Strategy on Ageing and Health*. Retrieved 6 July 2018 from:

<http://www.who.int/ageing/global-strategy/en/>

The Strategy was adopted by WHO at the World Health Assembly in 2016. This is the most recent document in the international framework aimed at healthy ageing. It presents strategies to develop health systems and long-term care structures that would meet the needs of older population. It includes the World Health Assembly resolution WHA69.3 and the Action Plan for 2016-2020. The Strategy is particularly important for the research on this topic as it expands on all the key aspects of this agenda: elaborating national frameworks on healthy ageing, combating ageism, aligning the state health-care systems to the needs of older population, and strengthening long-term care and monitoring systems.

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II. Addressing the Effects of International Migration on Cities

“...the goal of development should be to provide a world where migration is a safe choice, never a necessity, and where the fruits of development are equally available to those who stay and to those who seek their fortunes afar.”¹⁴⁴

Introduction

In recent decades, international migration has become a rapidly growing phenomenon.¹⁴⁵ The United Nations (UN) Department of Economic and Social Affairs (DESA) noted that in 2017, there were 258 million international migrants, which amounts to 3.4% of the global population.¹⁴⁶ For international migrants, cities have become the most popular destination, offering many opportunities for better living standards.¹⁴⁷ When facilitated in an orderly manner, international migration can also be beneficial to the host Member States socio-economically.¹⁴⁸ For example, in cities such as Brisbane and Toronto, international migration has successfully managed to repopulate the cities and revive the local economy.¹⁴⁹ Additionally, Member States of origin, which in many cases are developing countries, can benefit from international migration.¹⁵⁰ In 2016, an estimated \$413 billion in remittances were sent to developing countries, invigorating the economy and ultimately contributing to their development.¹⁵¹ The *2030 Agenda for Sustainable Development* which includes Sustainable Development Goals (SDG), 10 on reduced inequalities and 11 on sustainable cities and communities, address international migrants as an essential part of an inclusive and sustainable development.¹⁵² For these reasons, the SDGs recognize that international migrants make development in their Member States of origin, transit, and destination possible.¹⁵³ The leading causes of the increase in international migration are population growth; increasing international connection through trade and culture; and rising economic, ethnic, and gender inequality.¹⁵⁴ Despite the positive effects international migration have on cities, there have been negative effects as well, such as unstable urban planning, policies that disregard the rights of international migrants, as well as rising tensions due to discrimination.¹⁵⁵

International and Regional Framework

The UN has produced several instruments that are significant to the effects of international migration on cities, including the *Universal Declaration of Human Rights* (UDHR) (1948), the *Convention relating to the Status of Refugees* (1951), the *International Convention on the Elimination of All Forms of Racial Discrimination* (1965), the *International Covenant on Civil and Political Rights* (1996), and the *Protocol relating to the Status of Refugees* (1967).¹⁵⁶ Additionally, Part VI of the *International Convention on the*

¹⁴⁴ UN CPD, *Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development: Monitoring of Population Programmes, Focusing on Sustainable Cities, Human Mobility and International Migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 10.

¹⁴⁵ UN DESA, *International Migration Report 2017: Highlights*, 2017, p. 4.

¹⁴⁶ *Ibid.*, p. 3.

¹⁴⁷ CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 7.

¹⁴⁸ IOM, *World Migration Report 2018*, 2018, p. 3.

¹⁴⁹ International Labour Office, *International Labour Migration. A Rights-Based Approach*, 2010, p. 66.

¹⁵⁰ UN DESA, *International Migration Report 2017: Highlights*, 2017, p. 1.

¹⁵¹ *Ibid.*

¹⁵² UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015; IOM, *Migration in the 2030 Agenda*, 2017, p. 3.

¹⁵³ UN DESA, *International Migration Report 2017: Highlights*, 2017, p. 4; UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015; IOM, *Migration in the 2030 Agenda*, 2017, p. 3.

¹⁵⁴ UN Refugees and Migrants, *Global Compact for Migration*, 2018.

¹⁵⁵ UN DESA, *International Migration Report 2017: Highlights*, 2017, p. 1; IOM, *Migration in the 2030 Agenda*, 2017, pp. 86–87; de Weerd, *Slums, Violence and Health*, p. 16.

¹⁵⁶ UN DESA, *International Migration Report 2017: Highlights*, 2017, p. 23.

Protection of the Rights of All Migrant Workers and Members of Their Families (1990) discusses the humane and lawful conditions State parties shall offer to international migrant workers and their families.¹⁵⁷

Chapter IX of the *Programme of Action of the International Conference on Population and Development* (1994) calls for governments to implement policies to reduce inequalities, integrate migrants into their host cities, and provide access to employment.¹⁵⁸ Additionally, Chapter X addresses international migration by establishing actions for Member States to improve the quality of life of international migrants through cooperation between the country of origin and the host country.¹⁵⁹ This chapter also recognizes the economic, political, and cultural factors that trigger international migration in addition to the inequality and lack of security that international migrants face in their country of origin.¹⁶⁰

The *New Urban Agenda* was adopted by the General Assembly in 2015.¹⁶¹ Its outcome, the *Quito Declaration on Sustainable Cities and Human Settlements for All* (2015) encourages governments to establish a resilient and sustainable city and provide protection to its inhabitants.¹⁶² SDG 8 on decent work and economic growth and SDG 10 on reduced inequalities address the issues international migrants face when integrating into their host cities and the importance of promoting an inclusive society for all.¹⁶³ Additionally, SDG 11 on sustainable cities and communities refers to issues such as urbanization and slum formation, both of which affect international migrants greatly.¹⁶⁴ However, during the 2018 High-Level Political Forum (HLPF) on Sustainable Development, both developed and developing Member States described the challenges of addressing the specific needs of international migrants due to the growing migratory flow.¹⁶⁵

In 2016, the General Assembly adopted the *New York Declaration for Refugees and Migrants* to address the responsibility all Member States share to protect the lives and rights of all migrants and refugees.¹⁶⁶ The *New York Declaration* paved the way for the creation of two global compacts: the *Global Compact for Refugees*, led by the Office of the United Nations High Commissioner for Refugees (UNHCR); and the *Global Compact for Safe, Orderly and Regular Migration*.¹⁶⁷ The latter, which will be adopted in December 2018, addresses challenges and protections regarding international migrants' rights.¹⁶⁸ Additionally, this Global Compact is grounded on a cooperative approach to address and solve issues regarding international migration.¹⁶⁹ The non-legally binding nature of the compact poses a challenge as it may not produce successful results without active participation from Member States due to the lack of international attention to those who do not comply.¹⁷⁰

¹⁵⁷ UN General Assembly, *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (A/RES/45/158)*, 1990.

¹⁵⁸ UN International Conference on Population and Development, *Report of the International Conference on Population and Development (A/CONF.171/13/Rev.1)*, 1994, pp. 77–79.

¹⁵⁹ *Ibid.*, pp. 82–83.

¹⁶⁰ *Ibid.*, p. 82.

¹⁶¹ UN General Assembly, *New Urban Agenda*, 2015, p. 1.

¹⁶² UN General Assembly, *New Urban Agenda*, 2015, p. 3.

¹⁶³ UN Sustainable Development Knowledge Platform, *Sustainable Development Goal 10: Reduce Inequality within and Among Countries*, 2018.

¹⁶⁴ UN CPD, *Sustainable cities, human mobility and international migration: Report of the Secretary-General (E/CN.9/2018/2)*, 2018, p. 19.

¹⁶⁵ UN ECOSOC, *ECOSOC President's Summary of the 2018 High-level Political Forum on Sustainable Development*, 2018, p. 2.

¹⁶⁶ UN General Assembly, *New York Declaration for Refugees and Migrants*, 2018.

¹⁶⁷ UNHCR, *New York Declaration for Refugees and Migrants*, 2018.

¹⁶⁸ UN General Assembly, *Global Compact for Safe, Orderly and Regular Migration: Final Draft*, 2018; UN DPI, *'Historic moment' for people on the move, as UN agrees first-ever Global Compact on migration*, 2018.

¹⁶⁹ UN Refugees and Migrants, *Global Compact for Migration*, 2018.

¹⁷⁰ Center for Migration Studies, *The Global Compact on Safe, Orderly, and Regular Migration: Issues to Consider*, 2018.

Role of the International System

The Commission on Population and Development (CPD) has addressed international migration in many of its annual sessions.¹⁷¹ The 51st session of CPD was held in April 2018, under the theme of “Sustainable Cities, Human Mobility and International Migration” where Member States held deliberations on matters such as international migration and urbanization.¹⁷² During this session, CPD was unsuccessful in reaching a consensus on its draft resolution as points such as the reproductive health and rights of female migrants being divisive among Member States.¹⁷³ Certain Member States expressed their opposition by noting the concept of reproductive health and rights is open to interpretation and therefore may include abortion as a means to family planning.¹⁷⁴

The HLPF on Sustainable Development is held annually under the support of Economic and Social Council (ECOSOC).¹⁷⁵ Members evaluate the progress made toward achieving the SDGs, including those addressing the effects of international migration on cities.¹⁷⁶ The General Assembly, in 2006, held the *High-level Dialogue on International Migration and Development*, which was the first of its kind dedicated to the topic of international migration.¹⁷⁷ Additionally, in 2016, the General Assembly decided to hold the third *High-level Dialogue on International Migration and Development* by June 2019.¹⁷⁸ This High-level Dialogue aims to review and assess the current progress made on related SDGs.¹⁷⁹ Furthermore, on this topic, the United Nations Human Settlements Programme (UN-Habitat) is mandated to assess the trends of urbanization, assist and monitor the implementation of the *New Urban Agenda*, and report to the General Assembly and ECOSOC.¹⁸⁰ In 2017, UN-Habitat, the United Nations Economic Commission for Africa (UNECA), and the African Union (AU) came together to create a regional framework regarding the implementation of *New Urban Agenda* in Africa.¹⁸¹

The International Organization for Migration (IOM), an inter-governmental organization, specializes in coordination, arrangement, and monitoring of orderly migration.¹⁸² The IOM's constitution of 1953 also recognizes the provision of services and assistance to its Member States as one of its functions.¹⁸³ Specifically, the IOM provides research and technical assessment to address irregular migratory movements and offers expertise to states in need of expanding its capacity regarding international migration.¹⁸⁴

Trends in Population Distribution of International Migrants

Urbanization and Slum Formation

¹⁷¹ UN DESA, *Previous Sessions of the Commission on Population and Development*, 2018.

¹⁷² UN DESA, *Commission on Population and Development fifty-first session*, 2018; UN ECOSOC, *Commission on Population and Development: Report on the fifty-first session (E/2018/25-E/CN.9/2018/7)*, 2018, p. 4.

¹⁷³ UN ECOSOC Integration Segment, *Contribution from the Commission on Population and Development*, 2018, p. 2; Mission of the United States of America to the UN, *Commission on Population and Development 51st Session: United States Closing Statement*, 2018.

¹⁷⁴ Mission of the United States of America to the UN, *Commission on Population and Development 51st Session: United States Closing Statement*, 2018.

¹⁷⁵ UN Sustainable Development Knowledge Platform, *High-level Political Forum on Sustainable Development*, 2018.

¹⁷⁶ *Ibid.*

¹⁷⁷ UN DESA, *International Migration Report 2017: Highlights*, 2017, p. 21.

¹⁷⁸ UN General Assembly, *International migration and development (A/RES/71/237)*, 2016, p. 8.

¹⁷⁹ *Ibid.*

¹⁸⁰ UN-Habitat, *History, Mandate & Role in the UN system*, 2018; UN-Habitat, *Governing Council*, 2018.

¹⁸¹ AUC, *AU-UNECA-UN-Habitat Jointly Organized Side Event on the Theme “Implementing the New Urban Agenda in Africa: Policy and Implementation Priorities” on the Margins of the 9th Edition of the World Urban Forum*, 2018.

¹⁸² IOM, *About IOM*, 2018.

¹⁸³ IOM, *Constitution*, 2018.

¹⁸⁴ IOM, *Mission*, 2018.

UN DESA has estimated that by 2050, 68% of the global population will inhabit urban areas.¹⁸⁵ Urbanization is considered as a result of informal settlements of migrants that may also lead to slum formation.¹⁸⁶ An estimated 95% of slums exist in developing countries, and its rapid growth poses a challenge for cities to provide adequate services.¹⁸⁷ Migrants are disproportionately represented in slums as they often face extreme difficulty in accessing housing, employment, and social services.¹⁸⁸ In these slums, inhabitants are vulnerable to violence and criminal activity.¹⁸⁹ As slums are prone to natural disasters, the Economic and Social Commission for Asia and the Pacific (ESCAP) has addressed rapid urbanization from the perspective of disaster risk reduction.¹⁹⁰ Additionally, IOM noted that the issue of rapid slum formation lies in poor proactive planning on the part of local authorities.¹⁹¹ In improving the situation of slums, successful cases have shown that issues such as lack of employment can be addressed effectively with their work, often in cooperation with private sectors and civil society.¹⁹²

Migrant Communities

Migrant communities, including ethnic enclaves, are communities that are formed in host countries, commonly based on the immigrants' shared country of origin or ethnicity.¹⁹³ These communities can influence international migrants' decision to move as it allows them to stay connected to their roots while searching for better socio-economic opportunities.¹⁹⁴ As such, the integration of international migrants into their host city can be facilitated with the assistance of existing inhabitants from the same migrant communities, due to their connections and resources.¹⁹⁵ Traditionally, international migrants would move directly to these communities and remain isolated from the host city.¹⁹⁶ Moreover, housing policies that force international migrants of common ethnicity to move into a specific neighborhood can cause tension between the government or local authorities and the inhabitants.¹⁹⁷ For example, the 2005 French Riots were led by French Arabs who were alienated in poor neighborhoods and experienced significant police intervention.¹⁹⁸ As social isolation has been, and can be a potential cause of such incidents, it is essential that local authorities make an effort to integrate these communities.¹⁹⁹

Providing Assistance and Opportunities

Education

In 2017, 14% of international migrants worldwide were under the age of 20, and nearly 1.4% were under the age of 15.²⁰⁰ Investing in child immigrants' education can be beneficial to host cities for a continued and sustainable economic development.²⁰¹ However, in slums, the education of child immigrants is often neglected, highlighting the need for urban planning policies to include accessible education.²⁰² For job-seeking adult immigrants, language education is vital in assisting them with their socio-economic integration.²⁰³ Considering that many skilled international migrants are unable to continue their previous

¹⁸⁵ UN DESA, *Cities for a sustainable future*, 2014.

¹⁸⁶ IOM, *World Migration Report 2018*, 2018, p. 230.

¹⁸⁷ UN DESA, *Cities for a sustainable future*, 2014.

¹⁸⁸ IOM, *Migration in the 2030 Agenda*, 2017, pp. 85–86.

¹⁸⁹ IOM, *Migration in the 2030 Agenda*, 2017, p. 86; de Weerd, *Slums, Violence and Health*, p. 16.

¹⁹⁰ UN ESCAP, *Disaster Resilience for Sustainable Development: Asia-Pacific Disaster Report 2017*, 2017, p. 8.

¹⁹¹ IOM, *Migration in the 2030 Agenda*, 2017, pp. 89–90.

¹⁹² *Ibid.*

¹⁹³ Xie & Gough, *Ethnic Enclaves and the Earnings of Immigrants*, 2009, p. 7.

¹⁹⁴ IOM, *Migration in the 2030 Agenda*, 2017, p. 87.

¹⁹⁵ IOM, *IOM and Migrant Training and Integration*, 2006; IOM, *Migration in the 2030 Agenda*, 2017, p. 87.

¹⁹⁶ Xie & Gough, *Ethnic Enclaves and the Earnings of Immigrants*, 2009, p. 7.

¹⁹⁷ International Labour Office, *International Labour Migration. A Rights-Based Approach*, 2010, p. 66.

¹⁹⁸ Smith, *Riots Spread From Paris to Other French Cities*, *The New York Times*, 2005.

¹⁹⁹ International Labour Office, *International Labour Migration. A Rights-based approach*, 2010, p. 66.

²⁰⁰ UN DESA, *International Migration Report 2017: Highlights*, 2017, p. 17.

²⁰¹ IOM, *World Migration Report 2018*, 2018, p. 228.

²⁰² IOM, *World Migration Report 2018*, 2018, p. 230; IOM, *Migration in the 2030 Agenda*, 2017, p. 114.

²⁰³ UN CPD, *Sustainable cities, human mobility and international migration: Report of the Secretary-General (E/CN.9/2018/2)*, 2018, p. 18.

occupation due to language barriers, such training will help not only immigrants but also their host city to capitalize on their abilities.²⁰⁴ Furthermore, international migration can allow women to access education which may not have been accessible in their country of origin due to traditional norms and discrimination.²⁰⁵ Such situations are prevalent in cases where women migrated internationally to cities with gender-inclusive policies and lesser levels of discrimination against women.²⁰⁶

Health-Care

Compared to the locals in their host cities, international migrants are more vulnerable to occupational accidents, trauma from violence, sexually transmitted diseases (STDs), and maternal mortality.²⁰⁷ In addition, international migrants who reside in slums are at higher risks of getting infected due to illness and injury, due to poor sanitation and infrastructure.²⁰⁸ Despite this, international migrants lack access to health-care due to financial strains, limited legal status, language barriers, and discrimination.²⁰⁹ As such, they often do not seek early and preventative care which costs less than emergency care.²¹⁰ Immigrants who undergo emergency care as their primary health-care put a greater economic burden on the entire health-care system.²¹¹ For example, Sweden has successfully generated savings of nearly 70% by providing prenatal services to pregnant female immigrants.²¹² The provision of health-care to international migrants may reduce the overall cost of health-care for host cities.²¹³

Employment

Most international migrants are between the age of 15 to 64 which is defined as the working age.²¹⁴ As noted by CPD, international migrants are often vulnerable to informal employment, exploitation and abuse, and unsafe working conditions.²¹⁵ The International Labour Organization (ILO) estimated that by 2019, 5 million international migrant workers in developing Member States would earn less than \$3.10 per day.²¹⁶ This is due to the wage gap between international migrant workers and their local counterparts.²¹⁷ In addition, the high number of international migrant workers in irregular legal status suggests that there

²⁰⁴ IOM, *Recognition of Qualifications and Competences of Migrants*, 2013, p. 33.

²⁰⁵ IOM, *Migration in the 2030 Agenda*, 2017, p. 64; Fleury, *Understanding Women and Migration: A Literature in Review*, 2016, p. 6.

²⁰⁶ IOM, *Migration in the 2030 Agenda*, 2017, p. 65.

²⁰⁷ UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 16; International Labour Office, *International labour migration. A rights-based approach*, 2010, p. 106; Fleury, *Understanding Women and Migration: A Literature in Review*, 2016, p. 29.

²⁰⁸ UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 16.

²⁰⁹ UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 15; International Labour Office, *International labour migration. A rights-based approach*, 2010, p. 107.

²¹⁰ EU Agency for Fundamental Rights, *Cost of Exclusion from Healthcare: The Case of Migrants in an Irregular Situation*, 2015, p. 33.

²¹¹ *Ibid.*

²¹² UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, pp. 16–17.

²¹³ *Ibid.*

²¹⁴ UN CPD, *Sustainable cities, human mobility and international migration: Report of the Secretary-General (E/CN.9/2018/2)*, 2018, p. 10; OECD Data, *Working age population*, 2018.

²¹⁵ UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 10.

²¹⁶ ILO, *ILO: Global unemployment expected to rise by 3.4 million in 2017*, 2017.

²¹⁷ International Labour Office, *International labour migration. A rights-based approach*, 2010, p. 76.

are not enough jobs for them.²¹⁸ In its most recent session, CPD emphasized the need to implement renewed policies to adapt to the increase of job-seekers due to the increasing numbers of international migrants.²¹⁹

Refugees and Asylum Seekers

Refugees and asylum-seekers require specific types of assistance as they are fleeing from threats to their lives such as armed conflict or persecution.²²⁰ While the UN International Conference on Population and Development (ICPD) *Programme of Action* classifies refugees and asylum seekers as international migrants, it recognizes that a different approach in the policy-making process is required.²²¹ In 2009, half of the registered refugees lived in urban areas and were forced to live in slums where they faced social exclusion, lack of security, and unemployment.²²² Challenges of integration arise as refugees and asylum seekers are often discriminated against by the locals whose actions are motivated by the fear of increasing terrorist attacks.²²³ Such actions are rooted in the marginalization of refugees and asylum seekers and terrorist organizations, which can further the misconceptions and xenophobic attitudes.²²⁴

It is essential that cities provide housing; access to clean water, food, education, and employment to refugees, though they are the biggest challenges to cities regarding their arrival.²²⁵ Finding housing in cities and urban areas can be difficult for local authorities as cities often lack supply on shelters and temporary houses.²²⁶ Additionally, the lack of access to education and employment impedes the refugees' integration into their host city, similar to international migrants, due to their legal status.²²⁷

Challenges to Integration

In 2018, the IOM reported that although international migrants are more likely to be victims of violent extremism and social exclusion, they are often treated as potential perpetrators.²²⁸ Worldwide, people who did not want immigrant workers as their neighbors amounted to 21%, and those who thought that locals should be given jobs over immigrants amounted to 71%.²²⁹ Underemployment of local residents is one of the most prominent causes of xenophobia toward international migrants.²³⁰ Relations between locals and migrants tend to worsen when the national unemployment rates are higher.²³¹ However, while a sudden increase in low-skilled international migrant workers can affect locals' employment, there is little

²¹⁸ Ibid, p. 35.

²¹⁹ UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 18.

²²⁰ UNHCR, *UNHCR viewpoint: 'Refugee' or 'migrant' – Which is right?*, 2016; UNHCR, *'Refugees' and 'Migrants' - Frequently Asked Questions (FAQs)*, 2016.

²²¹ UN International Conference on Population and Development, *Report of the International Conference on Population and Development (A/CONF.171/13/Rev.1)*, 1994, p. 89; UNHCR, *UNHCR viewpoint: 'Refugee' or 'migrant' – Which is right?*, 2016; UNHCR, *'Refugees' and 'Migrants' - Frequently Asked Questions (FAQs)*, 2016

²²² UNHCR, *UNHCR Policy on Refugee Protection and Solutions in Urban Areas*, 2009, pp. 2–4.

²²³ UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 10.

²²⁴ IOM, *World Migration Report 2018*, 2018, p. 210.

²²⁵ UNESCO, *Cities Welcoming Refugees and Migrants*, 2016, pp. 9–48.

²²⁶ Ibid, p. 48.

²²⁷ Ibid, p. 48.

²²⁸ IOM, *World Migration Report 2018*, 2018, p. 209.

²²⁹ UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 10.

²³⁰ Ibid.

²³¹ Ibid.

evidence that international migrants, in general, affect the wages and employment of locals.²³² Additionally, the ILO recognized that discriminatory laws and regulations cause poverty, low education and employment rates, and social segregation.²³³ On this matter, in its most recent session, CPD encouraged states to combat discrimination and protect the rights of international migrants by establishing inclusive national policies.²³⁴

Conclusion

International migration may bring benefits to not only the migrants themselves but also their host cities and Member States of origin.²³⁵ However, lack of proactive planning and discriminatory practices on the part of the local authorities and the locals have caused issues such as slum formation and the social isolation of immigrants.²³⁶ Additionally, due to their legal status, services and opportunities such as education, health-care, and employment are often unavailable to international migrants.²³⁷ Moreover, international migrants frequently face discrimination in their host communities.²³⁸ On these points, cities must also address the harsh environments under which refugees and asylum seekers are put.²³⁹ In its most recent session, CPD was unable to reach a consensus on the discussions on the effects of international migration.²⁴⁰ Nonetheless, CPD made recommendations for states to embrace the benefits of international migration and address the many issues concerning its effects on cities.²⁴¹

Further Research

When conducting further research, delegates should consider the following questions: What can CPD do to improve the living conditions of international migrants in slums? What measures are there to effectively integrate migrant communities within their host communities? What are some effective education services cities can offer migrant populations? What can Member States do to provide further access to health-care services to migrants? How can cities provide services to international migrants taking into consideration their legal status? How can the working conditions of international migrants in cities be improved? How can social exclusion and violence toward migrants be eliminated?

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²³² UN CPD, *Sustainable cities, human mobility and international migration: Report of the Secretary-General (E/CN.9/2018/2)*, 2018, p. 15.

²³³ ILO, *International labour migration. A rights-based approach*, 2010, p. 81.

²³⁴ UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 20.

²³⁵ IOM, *World Migration Report 2018*, 2018, p. 3.

²³⁶ IOM, *Migration in the 2030 Agenda*, 2017, pp. 89–90; UN DESA, *Cities for a sustainable future*, 2014; IOM, *World Migration Report 2018*, 2018, p. 230; ILO, *International labour migration. A rights-based approach*, 2010, p. 66.

²³⁷ International Labour Office, *International labour migration. A rights-based approach*, 2010, p. 164; UNESCO, *Cities Welcoming Refugees and Migrants*, 2016, p. 48.

²³⁸ UN CPD, *Actions for the further implementation of the Programme of Action of the International Conference on Population and Development: monitoring of population programmes, focusing on sustainable cities, human mobility and international migration: Report of the Secretary-General (E/ CN.9/2018/3)*, 2018, p. 10; ILO, *International labour migration. A rights-based approach*, 2010, p. 81.

²³⁹ UNHCR, *UNHCR Policy on Refugee Protection and Solutions in Urban Areas*, 2009, pp. 2–4.

²⁴⁰ UN ECOSOC Integration Segment, *Contribution from the Commission on Population and Development*, 2018, p. 2; Mission of the United States of America to the United Nations, *Commission on Population and Development 51st Session: United States Closing Statement*, 2018.

²⁴¹ UN ECOSOC Integration Segment, *Contribution from the Commission on Population and Development*, 2018, pp. 2–3.

Published in June 2018 by OECD, this publication addresses recent trends in international migration in OECD countries, with a focus on migrants and labor. This publication includes data and analysis on each OECD country and refers to the work of EU. This includes a guide as to how the EU has taken advantage of its migration policy to open up its labor market and the shifts in mobility trends within the EU. Delegates will find this useful when conducting research on up-to-date data and trends, and international migration and labor.

United Nations, Commission on Population and Development, Forty-ninth session. (2016). *Strengthening the Demographic Evidence Base for the 2030 Agenda for Sustainable Development (E/2016/25)*.

Retrieved 6 July 2018 from: <https://undocs.org/E/2016/25>

In the 49th session of CPD, Member States addressed the connection between migration and development and affirmed the responsibility states have in protecting their immigrants' fundamental rights. This resolution also recognizes the changes in migration trends that have occurred since the adoption of the Programme of Action (1994) and called for the establishment of a far sufficient data collection system. As this report contains most points made during the session, it will provide delegates an insight into CPD's work regarding the topic, in addition to Member States' main focus areas.

United Nations, Commission on Population and Development, Fifty-first session. (2018). *Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development: Monitoring of Population Programmes, Focusing on Sustainable Cities, Human Mobility and International Migration: Report of the Secretary-General (E/ CN.9/2018/3)*. Retrieved 5 July 2018

from: <https://undocs.org/E/CN.9/2018/3>

This report, published leading up to CPD's most recent session, focuses on human mobility and provides an overview of trends in international migration, the mobility of women, and girls. The report also contains data regarding the age structure of migrants and addresses the violence and risks international migrants face during their transit and in their host country. Chapter II, which addresses the further implementation of the Programme of Action, outlines best practices conducted by Member States. In addition, Chapter III outlines the most recent recommendations made by CPD to Member States, making this report a strongly recommended read.

United Nations, Commission on Population and Development, Fifty-first session. (2018). *Sustainable Cities, Human Mobility and International Migration: Report of the Secretary-General (E/CN.9/2018/2)*.

Retrieved 5 July 2018 from: <https://undocs.org/E/CN.9/2018/2>

CPD's most recent session, convened in April 2018, held deliberations on a topic that encompasses this agenda item. While "Actions for the Further Implementation of the Programme of Action of the ICPD: Monitoring of Population Programmes, Focusing on Sustainable Cities, Human Mobility and International Migration: Report of the Secretary-General (E/CN.9/2018/3)" focuses on multiple dimension of human mobility and international migration, this report focuses on topics such as urbanization and addresses the situation surrounding refugees. Chapter III, IV, V of this report specifically pertain to this topic and include up-to-date data and assessment on the migration and urbanization trends of countries, regions, and the world. From this report, delegates will be able to gain information on data and trends that are relevant to the work of CPD and this agenda.

United Nations, General Assembly, Twentieth session. (1965). *International Convention on the Elimination of All Forms of Racial Discrimination (A/RES/2106 (XX))*. Adopted on the report of the Third Committee (A/6181 and A/L.479). Retrieved 8 September 2018 from: [http://undocs.org/A/RES/2106\(XX\)](http://undocs.org/A/RES/2106(XX))

This Convention defines the term "racial discrimination" and outlines the rights that States parties must guarantee to their inhabitants. While this Convention does not prohibit international migrants' destination country to discriminate on the basis of the migrant's citizenship, it prohibits countries' discriminatory practices against a particular nation. Although this Convention does not refer to migrants in its text, the Committee on the Elimination of Racial Discrimination, which monitors the Convention's implementation,

has addressed the racial discrimination international migrants face in their host cities. This Convention will serve delegates as an entry guide to UN's work on eliminating racial discrimination that international migrants are often vulnerable to and to the protection and rights they are guaranteed to.

United Nations, General Assembly, Forty-fifth session. (1990). *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (A/RES/45/158)*. Adopted on the report of the Third Committee (A/45/838). Retrieved 5 July 2018 from: <http://undocs.org/A/RES/45/158>

Alternatively known as the UN Convention on the Rights of Migrants, this treaty comprehensively outlines policies on protecting migrant workers' and their families' human rights. Part VI of the treaty outlines policies in regards to international migration, which not only refers to migrants' working conditions but also them and their families' living conditions. Specifically, Article 70 notes that states parties of the Convention are to provide "standards of fitness, safety, health and principles of human dignity". This is a foundational document of this topic, and delegates should have a full understanding of its content as economic participation in the form of labor is essential to addressing the lives of international migrants in cities.

United Nations, General Assembly, Seventy-first session. (2016). *New Urban Agenda (A/RES/71/256)* [Resolution]. Retrieved 5 July 2018 from: <https://undocs.org/A/RES/71/256>

The New Urban Agenda was adopted at the United Nations Conference on Housing and Sustainable Urban Development (Habitat III). It consists of multiple sections, including the Quito Declaration on Sustainable Cities and Human Settlements for All, and the Quito implementation plan for the New Urban Agenda. The New Urban Agenda mainly resolves to achieve sustainable, integrated human settlement and urban development through intergovernmental cooperation. This post-2015 development agenda will provide delegates an understanding of the UN system's recent work on the topic, and an understanding of the different mandates UN bodies have when tackling this topic.

United Nations, General Assembly, Seventy-first session. (2016). *New York Declaration for Refugees and Migrants (A/RES/71/1)*. Retrieved 5 July 2018 from: <http://undocs.org/A/RES/71/1>

This historic declaration addresses the challenges posed to the international society due to the ever-increasing number of refugees and migrants. In regards to this topic, the declaration recognizes the contributions international migrants can make in terms of economy and development for both their country of origin and host country. This being one of UN's most recent, highly regarded treaties that pertains to the topic, delegates are strongly recommended to bring attention to this declaration.

United Nations, General Assembly, Global Compact for Migration. (2018). *Global Compact for Safe, Orderly and Regular Migration: Final Draft*. Retrieved 1 August 2018 from: <https://www.un.org/pgal72/wp-content/uploads/sites/51/2018/07/migration.pdf>

Following up with the New York Declaration for Refugees and Migrants, this Global Compact comprehensively outlines policies regarding ensure the well-being and fundamental rights of migrants. Created on July 2018, this final draft will be officially adopted in December 2018 by heads of states. This is the most recent document that reflects Member States' will and commitment on the topic. It holds great significance in UN's work regarding international migrants moving forward. Therefore, it is important for delegates to not only fully understand its content but also to follow future developments post-adoption.

United Nations Population Fund. (2004). *Programme of Action of the International Conference on Population Development 20th Anniversary Edition* [Report]. Retrieved 5 July 2018 from: https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf

The Programme of Action, of which CPD is tasked with monitoring the implementation process, addresses this topic in multiple chapters. Chapter IX addresses population distribution and urbanization that occurs with the rapid increase of population, and

Chapter X is entirely dedicated to the topic of international migrants. With the Programme of Action being the foundation of CPD's work, delegates should review the key points that were discussed, in addition to the action plans that were established, in order to grasp the full scope of the topic.

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III. Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education

Introduction

Access to health-care services and education has become increasingly important within the past decade due to increasing global population growth.²⁴² A population's health-care needs are constantly changing with population trends, namely due to changes within a population's age structure, integration of migrants, industrialization, increasing growth, and shifts between urban and rural populations.²⁴³ For instance, changes of age structure within a population are largely due to a decline in fertility, which results in a larger proportion of a working age population with an increasing demand for health-care services.²⁴⁴ As a whole, larger population shifts and growth cause population trends to fluctuate, affecting a population's long-term health-care plans.²⁴⁵ Population trends are influenced by the differences between regions, which is most evident between developed and developing Member States as people living in developing Member States often lack adequate access to health-care and are at a greater risk of catching diseases.²⁴⁶ In 2015, the World Health Organization (WHO) reported that 400 million people lack access to health-care services and approximately 6% of people living in poverty are pushed into poverty due to health-care costs.²⁴⁷ Providing universal access to health-care services involves addressing socio-economic inequalities that exist both within a population and between countries.²⁴⁸

The United Nations (UN) and its related organizations have worked toward fully addressing the challenges of health in different populations.²⁴⁹ WHO, along with the Commission on Population and Development (CPD) and the United Nations Population Fund (UNFPA), have contributed to the continued discussion and worldwide increase of essential health-care services and education necessary for the needs of different populations.²⁵⁰ Moreover, the Sustainable Development Goals (SDGs), namely SDG 3 on good health and well-being place a focus on public health goals and universal health coverage, to "ensure healthy lives and promote well-being for all at all ages."²⁵¹ SDG 3 emphasizes the need to reduce barriers to essential health-care services and addresses problems such as reducing global maternal mortality, preventing non-communicable diseases, ending the HIV/AIDS epidemic, increasing reproductive health services, and improving environmental conditions to prevent the spread of disease.²⁵²

Part of ensuring access to health care services and education involves focusing on a rights-based approach to health, placing emphasis on addressing health-care disparities.²⁵³ Moreover, a rights-based approach to health provides ways in which to empower individuals and communities, especially for marginalized groups, through the role these individuals play in pushing governments to create policies that address health-care inequities.²⁵⁴ It is important to have continued international discussion on these rights, including efforts made by Member States to achieve SDG 3, as these play a role in achieving

²⁴² Perrott & Holland, *Population Trends and Problems of Public Health*, 2005, p. 569.

²⁴³ *Ibid.*

²⁴⁴ WHO, *Changing pattern of population age structure*, 2018.

²⁴⁵ Perrott & Holland, *Population Trends and Problems of Public Health*, 2005, p. 569.

²⁴⁶ UN General Assembly, *Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014: Report of the Secretary-General (A/RES/69/62)*, 2014, p. 7.

²⁴⁷ WHO, *New Report Shows that 400 Million Do Not Have Access to Essential Health Services*, 2015.

²⁴⁸ Winkleby et al., *Socioeconomic Status and Health: How Education, Income, and Occupation Contribute to Risk Factors for Cardiovascular Disease*, 1992, pp. 816-917.

²⁴⁹ UN DPI, *Global Issues: Health*.

²⁵⁰ *Ibid.*

²⁵¹ *Ibid.*

²⁵² UN DESA, *Health and Population*, 2018.

²⁵³ London, *What is a Human Rights-based Approach to Health and does it Matter?*, 2008, p. 69.

²⁵⁴ *Ibid.*

equal access to reproductive health services and education, reducing the risk of health-related crises, and addressing different challenges and barriers of access to health-care services.²⁵⁵

International and Regional Framework

Adopted in 1948, the *Universal Declaration of Human Rights* (UDHR) declared health as an important human right that is a crucial part of achieving an adequate standard of living, as articulated in its Article 25.²⁵⁶ In 1946, the *Constitution of the World Health Organization* prioritized health as a fundamental right for all human beings, emphasizing the importance to a rights-based approach to health.²⁵⁷ Adopted in 1978 at the International Conference on Primary Health by WHO, the *Declaration of Alma Alta* (1978) established a set of goals to focus on developing primary health-care standards, calling upon Member States to work with international agencies, non-governmental organizations (NGOs), and WHO to support stronger health-care networks.²⁵⁸ In this declaration, governments were urged to provide education concerning health problems and access to immunizations and basic sanitation to help prevent the risk of diseases.²⁵⁹

In 1994, the International Conference on Population and Development's (ICPD) *Programme of Action* (PoA) sparked discussion on important health-care services and education, primarily with regards to reproductive health, morbidity and mortality, population migration, and other important population trends.²⁶⁰ More specifically, ICPD's PoA places an emphasis on the need to create development strategies and resource allocation to ensure a higher quality of life for all people regardless of gender, socio-economic status, or race.²⁶¹ This also marked the first instance where states recognized the right to reproductive health, which recognizes individuals' right to autonomy over their sex lives, and decisions concerning reproduction.²⁶² This PoA began a movement to focus on the needs of individuals rather than reaching specific targets, furthering a rights-based approach to health.²⁶³

The Millennium Development Goals (MDGs) were adopted by the UN in 2000 and marked an international effort to recognize the need to address health-related issues, such as addressing the spread of HIV/AIDS, lowering world poverty rates, and providing health-care education programs.²⁶⁴ After the expiration of the MDGs, the *2030 Agenda for Sustainable Development* (2030 Agenda), which was adopted in 2015, outlined 17 new goals, the SDGs, and followed-up on the work done by the MDGs.²⁶⁵ The right to health was further articulated through SDG 3, which prioritizes reproductive and maternal health, the prevention of communicable and non-communicable diseases, access to affordable services and vaccinations, and combating environmental diseases.²⁶⁶

Role of the International System

Since the adoption of the SDGs, CPD has made concerted efforts to improve health-care for both developing and developed Member States through reviewing and assessing the progress made on the ICPD PoA and arranging studies that focus on population needs.²⁶⁷ In 2011, the 44th session of CPD

²⁵⁵ UN DPI, *Global Issues: Health*.

²⁵⁶ UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.

²⁵⁷ WHO, *Constitution of The World Health Organization: Principles*, 1946.

²⁵⁸ WHO, *Declaration of Alma-Ata*, 1978.

²⁵⁹ *Ibid.*

²⁶⁰ UNFPA, *Programme of Action of the International Conference on Population and Development*, 1994.

²⁶¹ *Ibid.*

²⁶² *Ibid.*

²⁶³ *Ibid.*

²⁶⁴ UN, *The Millennium Development Goals Report 2013*, 2013, p. 1.

²⁶⁵ UN ECOSOC, *Progress towards the Sustainable Development Goals: Report of the Secretary-General (E/2017/66)*, 2017.

²⁶⁶ *Ibid.*

²⁶⁷ UN DESA, *About the Commission on Population and Development*, 2018.

addressed “fertility, reproductive health, and development.”²⁶⁸ In addition to recognizing the impact of fertility on populations, CPD adopted resolution 2011/25 on “Fertility, Reproductive, Health and Development,” which called upon Member States to prioritize access to reproductive health and education as a means by which to improve health systems.²⁶⁹ Moreover, CPD has engaged on the topic of health and development at its 43rd session in 2010, where it adopted resolution 2010/25 on “Health, Morbidity, Mortality, and Development,” which addressed mortality differentials in countries, the detrimental impact of non-communicable diseases, and highlighted the need for a comprehensive approach to health-care.²⁷⁰

While CPD works on these issues as an advisory commission to the UN Economic and Social Council (ECOSOC), UNFPA plays a crucial role in developing programs concerning reproductive health, education, and addressing population trends, and has partnered with governments to further its agenda by reviewing progress made on the ICPD PoA.²⁷¹ At the 72nd session of the General Assembly, UNFPA hosted sessions on reproductive and maternal health-care to remind world leaders of the importance of sexual and reproductive health and education in order to highlight the needs of women in crises.²⁷² UNFPA also works to help achieve and implement ICPD goals, especially concerning sexual and reproductive health services and education.²⁷³ UNFPA supports CPD by preparing an operational review of the implementation of the ICPD PoA using data and analysis to account for the needs of populations.²⁷⁴

In addition, WHO works toward combating both communicable and non-communicable diseases.²⁷⁵ WHO focuses on enforcing, establishing, and monitoring global standards concerning health-care practices in order to help Member States address global health-care issues.²⁷⁶ More specifically, WHO works to combat HIV/AIDS, prevent diseases through immunization, and address challenges concerning access to essential health-care needs.²⁷⁷ WHO works with Member States to implement new targets and integrate health services that address the needs of both populations and individuals.²⁷⁸ For instance, in 2015, WHO, alongside the Office of the United Nations High Commissioner for Refugees (UNHCR) and Syrian health authorities, created a humanitarian intervention guide for health professionals that work in humanitarian emergencies.²⁷⁹ In 2013, WHO worked with Vanuatu’s Ministry of Health to respond to an outbreak of Yaws, a contagious skin infection, and was able to reach 96% of the affected population.²⁸⁰

Ensuring Access to Reproductive Health Services and Education

SDG 3 highlights access to reproductive health rights through various indicators, such as SDG indicator 3.1, which seeks to reduce global maternal mortality rates; indicator 3.3 aims to end the HIV/AIDS epidemic; and, indicator 3.7, which focuses on ensuring access to reproductive health-care services.²⁸¹ HIV/AIDS and maternal mortality remain among the priorities of CPD.²⁸²

²⁶⁸ UN CPD, *Fertility, Reproductive Health and Development (E/2011/25)*, 2011, p. 3.

²⁶⁹ *Ibid.*

²⁷⁰ UN CPD, *Health, Morbidity, Mortality and Development (E/2010/25)*, 2010, p. 3.

²⁷¹ UNFPA, *About us*.

²⁷² UNFPA, *UNFPA to Underscore Vital Role of Women, Young People in World’s Development during United Nations Summit*, 2017.

²⁷³ UN General Assembly, *Follow-up to the International Conference on Population and Development beyond 2014 (A/RES/65/234)*, 2010.

²⁷⁴ *Ibid.*

²⁷⁵ Ruger & Yach, *The Global Role of the World Health Organization*, 2011, p. 2.

²⁷⁶ *Ibid.*, p. 7.

²⁷⁷ *Ibid.*, p. 7.

²⁷⁸ *Ibid.*, p. 7.

²⁷⁹ WHO, *The Global Guardian of Public Health*, 2016.

²⁸⁰ *Ibid.*

²⁸¹ UN ECOSOC, *Progress towards the Sustainable Development Goals: Report of the Secretary-General (E/2017/66)*, 2017.

²⁸² *Ibid.*

HIV/AIDS Prevention

Over the past decade, severe HIV/AIDS epidemics have caused significant increase in mortality, affecting every age group within the population.²⁸³ Since 2012, there has been a 16% decline of new HIV infections; nevertheless, certain population groups – namely young women, sex workers, transgender people, prisoners, and gay men – remain at higher risks of contracting HIV.²⁸⁴ These groups remain at a greater risk of contracting HIV/AIDS largely because they have little or no access to HIV/AIDS testing or treatment due to discrimination brought upon by their sexual preferences or low socio-economic status.²⁸⁵

At the ICPD, Member States agreed to “provide all means to reduce the spread and the rate of transmission of HIV/AIDS infection.”²⁸⁶ The ICPD PoA aims to ensure that men and women have access to sexual health services that improve their quality of life.²⁸⁷ In the Member States with accessible health-care services, HIV is no longer a terminal disease, but rather a manageable chronic illness; however, this is not the case for a number of people in developing countries, as individuals often go untreated.²⁸⁸ In order to improve care for people with HIV/AIDS, South Africa, for example, ruled to remove restrictions on a drug that reduces the risk of mother to child HIV transmission in 2002.²⁸⁹ Conversely, the criminalization of HIV transmission in over 60 Member States worldwide increases the challenges of receiving adequate care for affected populations, as marginalized groups are deterred from undergoing HIV testing out of fear of being prosecuted.²⁹⁰ The fear of getting prosecuted isolates people and consequently, individuals do not want to get tested because of this fear.²⁹¹ This remains a pertinent issue due to the dehumanization of those living with HIV, as it furthers the notion that those living with HIV pose a threat to the society.²⁹² Outlawing forms of discrimination toward those living with HIV, working with religious groups to promote inclusion, providing sexual health education for youth, and reforming laws regarding drug use can help individuals receive necessary treatment and help prevent the spread of HIV.²⁹³

Providing sexual health education also plays a crucial role in preventing HIV, as it prepares adolescents and teaches them to make safe choices regarding their sexual health.²⁹⁴ Moreover, the integration of sexual health screening in routine health care checkups can make individuals feel more comfortable with seeking out care by allowing them a way to disclose their sexual history without feeling singled out or targeted.²⁹⁵ However, addressing the discrimination of those living with HIV requires cooperation of both economic and social sectors of society, which can be challenging for individuals living in Member States lacking religious tolerance or adequate financial resources to provide sexual health education.²⁹⁶

Maternal Mortality

²⁸³ Heuveline, *Impact of the HIV Epidemic on Population and Household Structure: the Dynamics and Evidence to Date*, 2004, p. 45.

²⁸⁴ UNAIDS, *UNAIDS Databook 2017*, 2017, p. 5.

²⁸⁵ *Ibid.*, p. 9.

²⁸⁶ UNFPA, *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform*, 2013, p. 1.

²⁸⁷ *Ibid.*

²⁸⁸ Global Commission on HIV and the Law, *Executive Summary: Risks, Rights, and Health*, 2012, p. 5.

²⁸⁹ UNFPA, *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform*, 2013, p. 1.

²⁹⁰ Global Commission on HIV and the Law, *Executive Summary: Risks, Rights, and Health*, 2012, p. 8.

²⁹¹ *Ibid.*

²⁹² *Ibid.*

²⁹³ UNFPA, *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform*, 2013, p. 1.

²⁹⁴ National LGBT Health Education Center, *Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers*, 2015, p. 1.

²⁹⁵ *Ibid.*

²⁹⁶ UNFPA, *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform*, 2013, p. 1.

According to WHO reports, complications from pregnancy and childbirth kill approximately 830 each day, with the vast majority of these deaths occurring due to insufficient financial and human resources.²⁹⁷ Most of these deaths are preventable and would not occur if these births were attended by a health-care professional.²⁹⁸ Improving maternal health-care services is crucial because of its direct link to child mortality and health complications that could severely impact a woman's life.²⁹⁹ Maternal deaths can lead to malnutrition, neglect, and other consequences linked to orphanage.³⁰⁰

In 2008, UNFPA set up a Maternal Health Thematic Fund (MHTF) aimed at improving maternal health in Member States with high mortality rates.³⁰¹ Through the MHTF, UNFPA has focused on strengthening clinical infrastructures, addressing accountability of governments, and ensuring equality access.³⁰² While the number of births attended by health-care professionals and the quality of care have increased, limited access to care during delivery and socio-economic barriers persist.³⁰³ Preventable maternal mortality is a multifaceted issue with both health and human rights challenges.³⁰⁴ As a whole, the risk of maternal mortality is raised for women in rural countries, minority groups, and those without formal education.³⁰⁵ Many women living in rural places lack access to essential health-care services such as maternal health-care.³⁰⁶ Limited access to transportation, the lack of human resources, and absence of funding, create barriers to access for rural women.³⁰⁷ Moreover, those living in rural areas are at a greater risk to have complications during pregnancy or labor due to the lack of available services.³⁰⁸ Maternal morbidity has emphasized the importance of integrating both a health and human rights-based approach.³⁰⁹

Access to Contraceptives

Since 1970, world contraceptive use has nearly doubled.³¹⁰ Furthermore, since the ICPD in 1994, Member States with low levels of contraceptive use have seen increases in contraceptive usage.³¹¹ UNFPA supports the work of the CPD through their family planning initiative that targets Member States lacking family planning resources and works to ensure governments fund national plans concerning access to contraceptives.³¹² However, in developing countries, access to contraceptives has been limited.³¹³ Approximately 39% of women in underdeveloped and poor Member States who want to avoid pregnancy do not have access to contraceptives.³¹⁴ The lack of contraceptives for these women often result in unplanned pregnancy, which can lead to unsafe abortions.³¹⁵ Around 25 million unsafe abortions occur yearly, with approximately 4.7-13.2% resulting in death.³¹⁶ Access to contraceptives is limited by a lack of available services, restrictive laws concerning reproductive health-care, high cost, and stigma.³¹⁷

²⁹⁷ WHO, *Maternal Mortality*, 2018.

²⁹⁸ Ibid.

²⁹⁹ Ibid.

³⁰⁰ Moucheraud, *Consequences of Maternal Mortality on Infant and Child Survival: a 25-year Longitudinal Analysis in Butajira Ethiopia*, 2015, p. 4.

³⁰¹ UNFPA, *The Maternal Health Thematic Fund: Towards Equality in Access, Quality of Care and Accountability*, 2017, p. 1.

³⁰² Ibid., p. 5.

³⁰³ Ibid., p. 1.

³⁰⁴ WHO, *Maternal Mortality*, 2018.

³⁰⁵ UNFPA, *The Maternal Health Thematic Fund: Towards Equality in Access, Quality of Care and Accountability*, 2017, p. 1.

³⁰⁶ UN DPI, *New UN Report Finds Bulk of World's Rural Populations Excluded from Access*, 2015.

³⁰⁷ Strasser et al., *Rural Health Care Access and Policy in Developing Countries. Annual Review of Public Health*, 2016, pp. 399-401.

³⁰⁸ WHO, *Maternal Mortality*, 2018.

³⁰⁹ Ford & Holder, *Contraception and Family Planning Around the World*, *The Guardian*, 2016.

³¹⁰ Ibid.

³¹¹ Ibid.

³¹² UNFPA, *Family Planning Summit*, 2017.

³¹³ UNFPA, *Contraceptives Save Lives*, 2012, p. 2.

³¹⁴ Ibid.

³¹⁵ WHO, *Preventing Unsafe Abortion*, 2018.

³¹⁶ Ibid.

³¹⁷ Ibid.

However, several of these problems stem from socio-economic inequalities that exist both within a population and between countries.³¹⁸ Patients with low socio-economic status – regardless of whether this is due to lack of education, income, or employment – face barriers that are largely created by the lack of health-care professionals willing to treat them.³¹⁹ Consequently, this makes it more difficult for patients to access reproductive health-care services because of inadequate financial resources.³²⁰ In order to properly address health-related disparities caused by differences in socio-economic status, it is important to take a comprehensive approach when addressing adequate access to reproductive health-care services such as access contraceptives.³²¹ As a whole, increasing access to contraceptives, sexual education, and legal abortions can help prevent almost all deaths caused by unsafe abortions and lower maternal mortality rates.³²²

Reducing the Risk of Health-Related Crises

Health-related crises endanger the health of the population, with one out of five Member States experiencing such a crisis every.³²³ WHO estimates that approximately two billion people face health threats due to health-related crisis conditions, emphasizing the importance of preparedness and response to health crises.³²⁴ The international community stresses the need to address health-related crises through the initiatives and programs such as the Global Health Crises Task Force.³²⁵ As emphasized by the Global Health Crises Task Force, strengthening national health-care systems and supporting regional networks are important factors to consider when taking precautions in order to reduce the risk of disease.³²⁶ Reducing the risk of diseases is a crucial aspect to ensuring the fulfillment of SDG 3 as SDG indicator 3.4 aims to reduce the rate of premature mortality from non-communicable diseases.³²⁷

Non-communicable Disease Prevention

Following the 64th World Health Assembly, WHO issued a Global Action Plan addressing the prevention and control of non-communicable diseases (NCDs).³²⁸ NCDs may also be referred to as chronic diseases because they often progress slowly.³²⁹ NCDs, which cannot be transmitted from person to person, are a leading cause of global mortality; in 2008, NCDs caused 63% of the world's 57 million deaths.³³⁰ The four most prevalent NCDs are cardiovascular disease, cancer, chronic respiratory diseases, and diabetes; these conditions are often linked to behavioral risk factors, namely tobacco use, unhealthy diets, alcohol over-consumption, and physical inactivity.³³¹

NCDs can affect people in all age groups, regardless of their social class, country, or region.³³² However, those living in poverty are more vulnerable to NCDs because of the lack of access to health-care and increased exposure to behavioral risk factors.³³³ In order to prevent NCDs, it is important not only to provide ways in which to detect and test NCDs through health-care providers, but also to address

³¹⁸ Strasser et al., *Rural Health Care Access and Policy in Developing Countries*, 2016, pp. 399-401.

³¹⁹ Winkleby et al., *Socioeconomic Status and Health: How Education, Income, and Occupation Contribute to Risk Factors for Cardiovascular Disease*, 1992, p. 819.

³²⁰ Ibid.

³²¹ Ibid.

³²² WHO, *Preventing Unsafe Abortion*, 2018.

³²³ WHO, *Why is there a need to focus on public health crises?*

³²⁴ Ibid.

³²⁵ UN DPI, *Global Health Crises Task Force*, 2016.

³²⁶ Ibid.

³²⁷ UN DESA, *Sustainable Development Goal 3: Ensure healthy lives and promote well-being*, 2018.

³²⁸ UN ECOSOC, *Progress towards the Sustainable Development Goals: Report of the Secretary-General (E/2017/66)*, 2017.

³²⁹ WHO, *Draft Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020*, 2013, p. 1.

³³⁰ WHO et al., *Non-communicable Diseases*, 2011.

³³¹ Ibid.

³³² Ibid.

³³³ Ibid.

different aspects of communities, such as education, finance, health, and transportation.³³⁴ It is important to note that conditions in which people live affect their quality of life and those living in poverty are at a greater risk of suffering from NCDs.³³⁵

Global Immunization

Immunization plays a crucial role in reducing the risk of large-scale health-care crises.³³⁶ SDG 3 indicator 3.b places an emphasis on the importance of providing access to vaccines on a sustainable basis.³³⁷ Vaccines are one of the most cost-effective health preventative methods and have lowered the risk of several deadly diseases such as polio, measles, and meningococcal A meningitis.³³⁸ Moreover, vaccinations help prevent an estimate of six million deaths per year.³³⁹ In addition, the Global Vaccine Action Plan developed by WHO in 2011 emphasizes the need to ensure equitable access for vaccines.³⁴⁰ This Action Plan outlines six key objectives set by WHO to improve access, namely addressing immunization against diseases such as diphtheria, measles mortality reduction, rubella elimination, maternal and neonatal tetanus elimination, polio eradication, and usage of new vaccines.³⁴¹

Despite this progress, vaccine-preventable diseases continue to cause death and several coverage gaps exist both between different Member States and regions and within Member States due to socio-economic inequalities.³⁴² On the other hand, access to vaccines is greatly impacted by an individual's financial resources and a country's economic status.³⁴³ Both the development and production of vaccines are incredibly costly and will require states to dedicate funds and resources to research.³⁴⁴

While immunizations are costly, vaccination programs have several economic, social, and health benefits by caring for all members of society and reducing inequity and poverty.³⁴⁵ In the case of child immunizations, receiving vaccines can reduce poverty by keeping a child healthy, which in turn means that the child has a greater chance of becoming a productive member of society and conversely, the child will avoid the burdens brought upon by disease.³⁴⁶ Achievement of SDG 3 will be greatly advanced through investment in immunizations for both communicable and NCDs that greatly impact populations across the globe.³⁴⁷

Conclusion

Ensuring access to essential health-care services is a multifaceted issue that affects all members of a population.³⁴⁸ Therefore, it is crucial for the fulfillment of SDG 3 that Member States take a rights-based approach when addressing health-care related disparities in order to ensure that all individuals' needs are met.³⁴⁹ The ICPD PoA began a movement to focus on the needs of individuals and furthered a rights-based approach to health to address the needs of a population.³⁵⁰ In order to address these needs, it is

³³⁴ Ibid.

³³⁵ Ibid.

³³⁶ Philippe et al., *Global Immunization: Status, Progress, Challenges and Future*, p. 1.

³³⁷ UN ECOSOC, *Progress towards the Sustainable Development Goals: Report of the Secretary-General (E/2017/66)*, 2017; UN DESA, *Sustainable Development Goal 3: Ensure healthy lives and promote well-being*, 2018.

³³⁸ WHO, *Global Vaccine Action Plan 2011-2020*, 2013, p.17.

³³⁹ Andre et al., *Vaccination Greatly Reduces Disease, Disability, Death and Inequity Worldwide*, 2008, p. 81.

³⁴⁰ WHO, *Global Vaccine Action Plan 2011-2020*, 2011.

³⁴¹ Ibid.

³⁴² Andre et al., *Vaccination Greatly Reduces Disease, Disability, Death and Inequity Worldwide*, 2008, p. 87.

³⁴³ Ibid., p. 88.

³⁴⁴ Ibid., p. 88.

³⁴⁵ WHO, *Global Vaccine Action Plan 2011-2020*, 2013, p. 17.

³⁴⁶ Andre et al., *Vaccination Greatly Reduces Disease, Disability, Death and Inequity Worldwide*, 2008, p. 88.

³⁴⁷ UN ECOSOC, *Progress towards the Sustainable Development Goals: Report of the Secretary-General (E/2017/66)*, 2017.

³⁴⁸ London, *What is a Human Rights-based Approach to Health and Does It Matter?*, 2008, p. 63.

³⁴⁹ Ibid., p. 66.

³⁵⁰ UNFPA, *Programme of Action of the International Conference on Population and Development*, 1994.

important to consider means by which health-related risks can be reduced and account for barriers that prevent equal access to health-care services and education.³⁵¹ CPD can address issues including access to reproductive health-care services and education, preventative methods used to reduce the risk of diseases, and challenges that affect access to health-care services.³⁵²

Further Research

As delegates continue to research this topic, they should consider the following questions: What steps can be taken to ensure access to health services and education in developing countries? How can Member States overcome barriers that compromise access to health-care services? What is the role of governments in providing affordable access to preventative health-care services such as immunization and contraceptives? How can the international community work with local partners to offer health-related education programs? What lessons can be learned from the implementation of ICPD PoA and goals achieved thus far?

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Office of the United Nations High Commissioner for Human Rights. (2008). *The Right to Health* [Fact Sheet]. Retrieved 6 July 2018 from: <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

This fact sheet prepared by the Office of the United Nations High Commissioner for Human Rights illustrates the right to health and explores its application to various social and economic groups, namely minorities and those living in poverty. Additionally, this source covers the obligation of states to maintain the right to health and ensure accountability on the national, regional, and international levels. Moreover, it also includes the obligations of different UN bodies and provides delegations with useful insight into monitoring the right to health through accountability mechanisms.

United Nations, Commission on Population and Development. (2018). *Report on the Fifty-first Session (7 April 2017 and 9-13 April 2018) (E/2018/25)*. Retrieved 9 August 2018 from: <http://undocs.org/e/2018/25>

Delegates will find the report of the 51st session of the CPD on sustainable cities, human mobility, and international migration useful, as it will help them understand the work of CPD, primarily concerning population growth and urbanization. During this session, world migration trends were discussed, alongside an emphasis placed on the promotion of reproductive health for migrant populations. Moreover, it provides a review of the UN's most recent work on the ICPD PoA. This report will provide delegates with a good starting point for work done on this topic, especially concerning reproductive health services and education.

United Nations, Department of Economic and Social Affairs. (2018). *Health and Population* [Website]. Retrieved 5 August 2018 from:

<https://sustainabledevelopment.un.org/topics/healthandpopulation>

This website connects the broad goals from SDG 3 to more specific health-related targets, namely maternal health, the AIDS epidemic, and NCDs. Moreover, it highlights work previously done under the MDGs and links these efforts to targets concerning SDG 3, such as Every Mother Every Child program, which addresses health problems that women face. Delegates will find this source very useful when beginning their research as it covers SDG 3 and its related targets

United Nations, Economic and Social Council. (2017). *Progress towards the Sustainable Development Goals: Report of the Secretary-General (E/2017/66)*. Retrieved 5 July 2018 from:

<http://undocs.org/e/2017/66>

³⁵¹ London, *What is a Human Rights-based Approach to Health and Does It Matter?*, 2008, p. 66.

³⁵² Ibid.

This report prepared by the UN Secretary-General covers the recent progress made on each of the SDGs. Most importantly, this guide covers advances made regarding SDG 3, specifically concerning reproductive and maternal health, infectious and NCDs, other related health risks, and health-care system funding. The most noteworthy findings include statistics on the progress made on Goal 3 concerning reproductive health and NCDs. Delegates will find this guide useful as it provides an excellent foundation for research on this topic and a basic understanding of SDG 3 advances made concerning health-care.

United Nations Population Fund. (1994). *Programme of Action of the International Conference on Population and Development*. Retrieved 5 July 2018 from: https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf

This updated and revised edition of the PoA from the 1994 ICPD highlights various goals that were addressed at the conference as the focus of the conference shifted from a focus on population numbers to human lives. Moreover, this revised edition emphasizes the need to take action on issues concerning the sexual and reproductive health needs of adolescents, preventing the spread of HIV/AIDS, and reducing maternal mortality. This is an important source for delegates to start their research as it covers in-depth the key initiatives that were started, which emphasized the importance of investing in human rights and using a rights-based approach as a foundation for sustainability.

United Nations Population Fund. (2017). *The Maternal Health Thematic Fund: Towards Equality in Access, Quality of Care and Accountability* [Report]. Retrieved 6 August 2018 from: https://www.unfpa.org/sites/default/files/pubpdf/final_28th_august_2017_51375_MHTF_AnnualReport_web.pdf

This report prepared by UNFPA highlights the recent work done by the MHTF concerning health system issues and the implementation of high-impact interventions to support the health and well-being of women. This fund plays a key role in advancing progress on the ICPD PoA by focusing on maternal and reproductive health programs. The overview provided at the beginning of this report is particularly helpful as it links MHTF goals to specific SDGs, illustrating specific initiatives and work done in support. For instance, MHTF has created several programs, such as its midwife program, which supports the trainings of midwives. This report provides insight into an important program that helps support the work of the CPD.

World Health Organization. (2007). *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action*. Retrieved 5 July 2018 from: http://www.who.int/healthsystems/strategy/everybodys_business.pdf

This framework developed by WHO explicitly focuses on defining health systems and covers six important objectives crucial to strengthening health systems in the world, namely: service delivery; health workforce; information; medical products, vaccinations and technologies; financing; and, leadership and governance. This framework explicitly covers vaccinations and their role in a well-functioning health system and work done by WHO to strengthen international health systems. Delegates will find this guide useful as it outlines how the international community is working to improve health systems.

World Health Organization. (2009). *State of the World's Vaccines and Immunizations, Third Edition* [Report]. Retrieved 6 July 2018 from: http://apps.who.int/iris/bitstream/handle/10665/44169/9789241563864_eng.pdf

This report on the state of vaccines provides information about different vaccines available and connects immunization to human development. This two-part report explicitly covers the benefits and financial costs associated with immunizations. Moreover, it further highlights the need for global immunization, and the work done by WHO and the international community in increasing access to vaccination. This is a useful source for delegates to consult when examining the different means concerning reducing the risk of preventable diseases.

World Health Organization. (2016). *Strategizing National Health in the 21st Century: A Handbook*. Retrieved 5 July 2018 from: <http://www.who.int/healthsystems/publications/nhpsp-handbook/en/>
This handbook prepared by WHO on national health policies provides a great overview of different aspects of national health initiatives such as financial strategizing, population analysis, and monitoring national health progress. It highlights the world's transition from the MDGs to SDGs and its effect on public health. In addition, it provides examples pertaining to the importance of national health policies, strategies, and plans and outlines important economic, social, and legal challenges that need to be overcome in order to achieve national health goals. This handbook's detailing of various social and economic benefits and of the challenges of implementing national health plans would be of particular use to delegates because it establishes an overview of current practices used to strategize health plans.

World Health Organization. (2017). *Preventing Non-communicable Diseases (NCDs) by Reducing Environmental Risk* [Report]. Retrieved 31 July 2018 from:
<http://apps.who.int/iris/bitstream/handle/10665/258796/WHO-FWC-EPE-17.01-eng.pdf>
This report prepared by WHO covers the direct correlation between environmental factors and NCDs, linking poor air quality to diseases such as chronic obstructive pulmonary disease and asthma. Most importantly, this report covers examples of past disease reduction strategies and even outlines reduction strategies for different sectors such as industry, transport, and community. This is an important source for delegates because it details the effects of NCDs on development and links them to the SDGs.

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