



American Model United Nations

Commission on Population and Development

**Report to the Economic and Social Council
on Reproductive Rights and Reproductive
Health**

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EXECUTIVE SUMMARY

The Commission on Population and Development is pleased to present to the ECOSOC Plenary a comprehensive summary of our second topic, Reproductive Rights and Reproductive Health. The body began discussion of this topic by emphasizing the controversial aspects of this topic, and thus a greater need for consensus building by incorporating those aspects into the following report instead of into working resolutions.

With that attitude, the body first recognized the lack of accessible health care within rural and conflict affected populations, and targeted short-term solutions in the form of mobile clinics that would be comprised of medical professionals from the region and from NGOs, and providing in particular but not limited to, women's health care at no cost. The body came to agreement on this issue and a resolution was passed.

The second issue the body dealt with recognized the need for long-term improvement pre and post-natal care for the mother and infant, particularly in effort to stop mother to child transmission of HIV/AIDS. The body encouraged further consideration of solutions to this problem, for example by the distribution of home infant-delivery kits. The body reached consensus after implementing several friendly amendments to a resolution on this issue, and it was successfully passed.

Deliberations over these topics yielded dissent between the short-term and long-term goal differences between them. It was constructively decided that the short and long-term actions to combat this problem would be too dissimilar to combine into one resolution and thus the two passed individually. In addition, our deliberations over these resolutions raised the concerns of cultural sensitivity; these concerns were addressed by noting that all care provided to the target populations of our resolutions would be localized.

The last topic on the floor recognized the lack of women's reproductive rights and access to health care, in particular for HIV/AIDS. The body called for better access to women's health services including medication for HIV/AIDS, more comprehensive reproductive and HIV/AIDS education, and for revocation of support from those member states in human rights violation, especially in the treatment of women.

Deliberations over these topics raised significant divisions within the body. Although the body had suggested keeping controversial aspects within the report instead of resolutions, we found that the controversial aspects of this topic were too inherent to the issue to keep separate. These aspects created divisions over national sovereignty and the adherence to cultural and religious tradition in regards to reproductive health and education. After deliberations over this did not yield to ideological breakthroughs, the body did agree on the overall support of women's health in this resolution, and it was successfully passed.

After passing these resolutions the body found that we did not have ample time to fully discuss additional working resolutions. On the overall issue of Reproductive Rights and Reproductive health, our delegates mutually noted the need to continue to uphold the rights of the previous work of this committee and urge the ECOSOC Plenary to consider the work done during this session.

CHAPTER I

Matters calling for action by the Economic and Social Council or brought to its attention

A. Draft resolutions for adoption by the Economic and Social Council

The Commission on Population and Development recommends to the Economic and Social Council the adoption of the following draft resolutions:

Draft resolution I

Mobile clinics and the need for accessible health care

The Economic and Social Council

Recognizing the recent successful implementation of mobile clinics by the UNFPA in regions devastated by conflict,

Acknowledging the need for immediate action concerning the global HIV/AIDS pandemic as well as cultural barriers associated with fully addressing the disease,

Highlighting the efficiency of mobile clinics to provide immediate health care to those in immediate need,

Drawing attention to the needs of underserved, rural populations in both developed and developing nations without local access to health care,

Considering the depletion of medical staff in many developing nations,

Stressing the comparative disparity in the ratio between health care specialists and population size among different nations,

Calling upon the international community to address the overwhelming lack of medical professionals in many underdeveloped regions,

1. Suggests the use of mobile clinics in areas without sufficient medical utilities such as rural regions, under-served and overpopulated region, and regions of infrastructural damage where NGO's such as the UNFPA, CEDAW, UNPD, WHO, Red Cross would be key contributors to the following processes:

(a) Local physicians, medical students, nurses, ophthalmologists, physician's assistants, occupational therapists, dentists, psychologists, psychiatrists and/or any other health care specialists would provide basic education about sexually transmitted diseases, including HIV/AIDS, maternal and neo-natal health, and female genital mutilation in both verbal and written forms thus immediately serving both the literate and illiterate populations;

(b) Provide HIV testing in an accurate, respectful, and confidential manner as well as provide immediate counseling for individuals in duress of their HIV status;

(c) Provide emergency health (First Aid) and hygiene kits to include items such as shampoo, toothpaste, female sanitary products, infant diapers, soap etc;

2. *Hopes* to create a liaison between rural communities and physicians in urban areas to make health care more accessible to populations in immediate need.

Draft resolution II

Comprehensive pre-natal care and women's reproductive health

The Economic and Social Council

Affirming the value of comprehensive prenatal care in keeping mothers and children healthy,

Keeping in mind the value of education in providing women with pertinent information to develop mindful standards and make decisions regarding family size, structure and health,

Noting with apprehension the widespread effects of the HIV/AIDS pandemic,

Fully aware of the dire need for medication and health care to help increase and sustain the level of women's reproductive health in all nations,

Recognizing the sovereignty of all Member States as stated in the United Nations Charter,

1. *Calls upon* Member States and relevant IGOs and NGOs to work together to develop programs to provide comprehensive prenatal care;

2. *Recommends* that implemented programs include access to medication:
(a) To ensure physical health during and after the pregnancy ;
(b) To prevent the harmful effects of diseases on both mother and child;
(c) Targeting the transmission of HIV from mother to child through the increasing availability of antiretroviral drugs that can prevent Mother-to-Child Transmission (MTCT);

3. *Encourages* the continued development of training and tools such as Home Delivery Kits to help reduce risks in delivery in rural and any underserved areas;

4. *Further encourages* the development of programs that can provide prenatal care as well as continued support for post-natal women and newborn children through health education, care, and medication;

5. *Further recommends* developed programs to take into account regionally specific concerns and values.

Draft resolution III
Supporting women's reproductive health

The Economic and Social Council

Reaffirming the Fourth World Conference on Women and the full implementation of the Beijing Declaration and Platform for Action, the 1994 Cairo International Conference of Population Development as well as the tenets of the Universal Declaration of Human Rights,

Recalling the progress made at the 1994 Beijing World Conference on Women and noting the need for further implementation of those goals,

Recalling Chapters IV and VII of A/CONF. 171/13, the Report of the International Conference of Population and Development,

Having examined the international status of women's reproductive rights and reproductive health,

Recognizing the need to combat, by all means in accordance with the United Nations Charter and concurrent Resolutions, HIV/AIDS, infant mortality, crude birth, and the lack of reproductive healthcare and obstetric services,

Guided by the principles set forth at the 61st session of the Commission on Human rights,

1. *Urges* all Member States to enforce existing resolutions and agreements to the best of their abilities, including those designed to:

- (a) Improve women's reproductive health by:
 - (i) Working to provide more reproductive healthcare and obstetric services, especially in rural areas where lack of infrastructure hinders the provision of such services;
 - (ii) Providing education on human rights, HIV/AIDS, family planning, and women's rights issues as each member nation sees fit;
 - (iii) Providing education for youth, men, and women on the reproductive system and processes;
 - (iv) Providing affordable treatment, care, and medication for all venereal disease, with specific focus on the HIV/AIDS, such as generic drugs;
 - (v) Providing education on prevention and early detection of many sexually transmitted infections;
- (b) Encourage states to take legal action against all violence against women and discourage discrimination on the basis of sex, bearing in mind cultural differences;

2. *Encourages* all Member States to refrain from providing support to States violating basic humanitarian rights towards women if that support assists or encourages such violations, and to help those willing Member States to improve the status and

treatment of women, thereby empowering women and providing the necessary assistance for improvements in healthcare and education on said issues;

3. *Requests* that all States take the necessary steps, in compliance with relevant resolutions to improve the status and health of women in order to reduce the rates of infant mortality, venereal disease, and all forms of violence against women;

4. *Reminds* all states of their responsibility under the United Nations Charter to comply with all relevant United Nations resolutions;

5. *Suggests* a provision of affordable anti-retroviral drugs to developing countries without adequate funds dedicated to alleviating the problem of transmission of HIV/AIDS, especially in cases of mother-to-child transmission

CHAPTER II

Consideration of Reproductive Rights and Reproductive Health

At its meeting on 19 November 2007, the Commission considered agenda item 2, Reproductive Rights and Reproductive Health.

A. Deliberations

In considering the topic of reproductive rights, representatives suggested that the body focus on areas of broad agreement in drafting our resolutions, and reminded representatives that more contentious issues would still be represented in the report. It was also suggested that in discussing solutions, we should be concise and specific, so that our proposals can best be understood and implemented. Further, it was recommended that, due to the culturally sensitive nature of this issue, any solution be respectful of cultural diversity.

Representatives discussed the many problems surrounding reproductive rights, most importantly the devastating effects of HIV/AIDS. Representatives noted that 40 million people are infected with HIV/AIDS, and that the problem of HIV/AIDS is a human rights issue. In addressing the problem of HIV/AIDS, it was suggested that education to dispel the myths about HIV/AIDS is an important step. Delegates also stressed the importance of preventative measures, such as contraceptives and abstinence, to stem the spread of HIV/AIDS, as well as the need for treatment for those already infected with HIV/AIDS. However, it was also noted that some forms of contraception might not be acceptable in all cultures. Representatives suggested that HIV tests be made available, and that testing centers have psychiatrists on staff to help patients through the testing process. Medications to prevent the transmission of HIV to unborn children were recommended as an important component, as were other antiretroviral drugs.

Representatives discussed the problems caused by inadequate medical care, particularly prenatal, obstetric, and pediatric care. It was also noted that crude births occur in rural areas where there is little medical care. It was suggested that mobile clinics be deployed in developing countries. These clinics could provide services as diverse as emergency care, provision of hygiene products, psychiatric care, and HIV/AIDS testing. Representatives expressed concern about whether such mobile centers would be acceptable to diverse cultures, whether there were sufficient doctors willing to serve at these clinics, and whether permanent centers are more needed. It was suggested that native speakers staff the clinics. It was also suggested that medical students could staff the clinics, though there was a concern about whether they'd have the appropriate training. It was suggested that medical training could be provided to alleviate any shortage of medical personnel.

Representatives emphasized the importance of gender equality, population planning, and education in ensuring reproductive rights. It was pointed out that women who are better educated are more likely to delay motherhood, thereby averting potential health problems. It was noted that education promotes gender equality by empowering women

and allowing them to be more active members of their societies.

Representatives noted the need to uphold rights previously stipulated in the Beijing Declaration and Platform for Action, as well as those expressed in the CPD Cairo Convention.

Additionally, representatives expressed concern for the prevalence of female genital mutilation. Representatives suggested the provision of psychiatric and medical treatment to women who have suffered genital mutilation.

The body considered resolution II/1, which called for the creation of mobile clinics, which would be staffed by volunteers from diverse professions, e.g., dentists, therapists, and physicians. These clinics would travel to areas that lack sufficient medical utilities. They would provide medical services, psychiatric services, and hygienic services. The resolution also called for strengthening ties between rural communities and physicians. In moderated caucus, representatives questioned whether hygienic services truly contribute to reproductive health. We were reminded that reproductive health, as defined by the ICPD, is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity...”. Representatives also wondered whether short excursions by mobile units would be sufficient, whether they adequately address long-term needs, and whether there would be sufficient willingness from volunteers to staff these units. Representatives nonetheless noted that even medical care provided on a limited basis is better than no medical care.

It was stressed that this resolution may not be feasibly implemented until there is more funding, a greater number of doctors, and more research.

This resolution passed without amendment. Brazil explained its “yes” vote by stating that the resolution merely suggests use of mobile clinics, it does not mandate it, and that it could not be mandated with the current lack of doctors, supplies and funding. Libyan Arab Jamahiriya explained its “no” vote by stating that it agreed with many components of the resolution, as well as with the spirit of the resolution, however it felt that its components would have been more effective if coupled with a long-term solution, and that the body was on the verge of solving many minor concerns that could not be addressed now.

The body then considered resolution II/3, which called for provision of prenatal care; educational programs; access to medications; training and tools to reduce risks of child births in rural areas; and post-natal care, and that these programs consider regional concerns and values.

In moderated caucus, the body expressed concerns about the cultural implications of addressing sexually transmitted diseases, noting that some states viewed sexually transmitted diseases as the result of promiscuity that was not acceptable in such states. Therefore sexually transmitted diseases were not a problem in these states. It was noted that “sexually transmitted disease” is an inaccurate term, and that we should instead use

“sexually transmitted infection.” It was further noted that HIV/AIDS is a sexually transmitted disease, and there is wide consensus about the need to address it. It was noted that a primary concern is the risks to mothers and children during birth, and that HIV/AIDS is a risk during birth.

With friendly amendments to resolution II/3, this resolution passed by consensus.

The body also considered resolution II/2, which urged member states to enforce existing resolutions; encouraged states to refrain from providing funding that assists or encourages violations to human rights; requested that states take steps to improve the health of women, reminds states to comply with UN resolutions, and suggested provision of affordable antiretroviral drugs.

Representatives expressed concern over the clause suggesting that aid be denied to countries that violate human rights, if that aid encouraged such violations. Representatives noted that it would be difficult to agree on human rights violations, and to determine whether aid contributed to nations did in fact contribute to these violations. It was noted that this resolution is not intended to infringe upon states' sovereignty.

With friendly amendments to resolution II/2, this resolution passed.

B. Considerations

Resolution II/4 was approved by the dais and made available, but was not brought to the floor.

Resolution II/4 called for development and strengthening of prenatal and postnatal care; urged confidentiality in HIV/AIDS, and other STD services; encouraged comprehensive support for those living with HIV/AIDS; emphasized the need to address marginalized populations including sex workers; endorsed the incorporation of age-appropriate reproductive and sexual health education into early childhood through secondary school education; recommended creation of a voluntary and culturally sensitive STD prevention and control program within each nation; supported establishment of youth information centers; called upon UNAIDS for financial and transparent aid; considered the World Bank as another source for financial support; requested collaboration between USAIDS, nations, and IGOs to reduce prices of antiretroviral therapy, training of health personnel, and sexuality education; requested aid of NGOs and IGOs for protection and rehabilitation of victims of sexual crimes.

The text of this resolution was as follows:

The Commission on Population and Development

Deeply convinced that a balance between treatment and education is necessary in order to combat the issues surrounding reproductive health,

Believing that structural changes in society and culture may help promote action against violations of human and reproductive rights,

Aware of the previous work towards these aforementioned aspects of reproductive rights and health though noting that a more worldwide effort could make even more progress,

Realizing the fact that medical programmes and reform are needed with sensitivity to cultural and religious factors,

Taking into consideration that education for the youth population of nations is just as important as that of adults,

Recognizing the need to move towards an equality of reproductive rights between both men and women,

1. *Calls for* the development and strengthening of prenatal and antenatal care programmes for mothers and infants/toddlers;

2. *Urges* confidentiality in HIV/AIDS and other STI services including voluntary counseling and testing;

3. *Encourages* comprehensive support for those already living with HIV/AIDS and other sexually transmitted infections in areas such as but not limited to:

(a) Rights;

(b) Reducing stigmas and discrimination;

(c) Increasing access to affordable antiretroviral therapy;

(d) Support through access to peer education and safe, user-friendly, and confidential clinics;

4. *Emphasizes* the need to address the issues of marginalized groups such as sex workers and street children;

5. *Endorses* the incorporation of age-appropriate reproductive and sexual health education into early childhood, primary, and secondary school curricula for all students with adolescent participation in all levels of policy development, formulations, implementation, monitoring, and evaluation;

6. *Suggests* the creation of a voluntary and culturally sensitive HIV/Sexually Transmitted Disease Prevention and Control Programme within each nation;

7. *Supports* the establishment of youth information centers through such organizations as UNICEF through the formation of cultural centers and/or internet resources based on the current forms of technology infrastructure within each world nation;

8. *Calls upon* UNAIDS for financial and transparency of:
- (a) Culturally sensitive evaluation of each individualized nation's needs upon granted permission of the state;
 - (b) A draft stating overall needs available to the public;
 - (c) An installation of appropriate and sustainable methods of data collection and reporting;
 - (d) A creation of a multinational monitoring and evaluation reference group assessment and review of structures;

9. *Requests* for the collaboration of UNAIDS and the nations themselves with organizations such as UNESCO and the UNFPA who can aid in the reduction of prices for antiretroviral therapy, provide training for health and medical personnel both on a national and transnational level, and sexuality education in curriculum development;

10. *Further requests* the aid of NGOs and IGOs such as Equality Now and Friend House for protection and rehabilitation of those subjected to sexual crimes.

Resolution II/5 was approved by the dais and made available to the body. A motion to bring resolution II/5 to the floor failed, due to the concern about leaving sufficient time to review this body's reports.

Resolution II/5 emphasized the diverse and changing needs of different regions and states; emphasized the differing cultural and religious concerns of member states; endorsed the implementation of stronger international laws to protect the human rights of women; encouraged the use of educational programs to raise understanding about the negative effects of female genital mutilation; called upon member states to condemn female genital mutilation; and requested that states in which female genital mutilation occurs actively protect the human rights of women.

The text of this resolution was as follows:

The Commission on Population and Development

Acknowledging the importance of maintaining each member state's national identity and sovereignty,

Commending the previous work done by this body and the work of the International Conference for Population and Development,

Deeply concerned about violence against women, specifically occurrences of female genital mutilation,

Reaffirms all previous actions of international organizations within and outside the United Nations' purview which are currently working to improve the conditions for development,

1. *Emphasizes* the diverse and changing needs of different regions and Member States;

2. *Further emphasizes* the differing cultural and religious concerns of the Member States;

3. *Endorses* the implementation of stronger international laws to protect the human rights of women;

4. *Regrets* that female genital mutilation is occurring in some nations;

5. *Encourages* the use of educational programs to raise understanding about the negative effects of female genital mutilation;

6. *Calls upon* all Member States to condemn the act of female genital mutilation;

7. *Further requests* that Member States to actively protect the human rights of women in their respective countries.

CHAPTER III.

Adoption of the report of the Commission

On 19 November 2007, the draft report of the Commission was made available for consideration. The Commission considered the report, and it was adopted by consensus.