



*American Model United Nations*

**Commission on Population and Development**

**Report to the The General Assembly on the  
Changing Age Structures of Populations and  
Their Implications for Development**

1 **Contents**

2

3	Chapter	Heading	Page
4		Executive Summary	3
5			
6	I.	Matters calling for action by the Economic and Social Council and	4
7		brought to its attention.	
8		A. Draft resolutions for adoption by the Economic and Social Council	4
9		I. Draft Resolution 1.1	4
10		II. Draft Resolution 1.2	5
11		III. Draft Resolution 1.3	6
12			
13	II.	Consideration of Agenda Topic Changing Age Structures of	
14		Populations and Their Implications for Development	8
15		A. Deliberations	8
16		I. Education	10
17		II. Employment	11
18		III. Healthcare	13
19			
20		B. Action taken by the Commission	15
21			
22	III.	Adoption of Report	15

23 **Executive Summary**

24

25 At the 23rd Session of AMUN held on 17 November 2012 through 20 November 2012,  
26 the Commission on Population and Development addressed Topic One as thoroughly as  
27 possible, via dividing the issue of changing age structures into the three subtopics of  
28 Education, Employment, and Healthcare.

29

30 Regarding education, this body passed two resolutions, Resolution I/1 and Resolution I/2.  
31 Resolution I/1 was organized in five key points encompassing primary schooling,  
32 secondary schooling, vocational training, standardized testing, and education  
33 infrastructure. The focus of I/2 was the creation of community centers as an alternative  
34 method for education, and the enhancement of vocational training.

35

36 Regarding the subtopic of employment the body discussed possible job opportunities and  
37 remedies for the labor market. The issue was addressed on the regional, national, and  
38 international level. The body suggested a variety of solutions to the topic of employment,  
39 but no comprehensive resolution was drafted.

40

41 The Commission discussed the subtopic of healthcare very thoroughly. Developing  
42 nations wished to focus on the management of diseases, nutrition and wellness, and  
43 health education. Developed nations were especially concerned with the elderly and  
44 providing adequate facilities and equipment. The body came to a conclusion by passing  
45 Resolution I/3 to address the concerns of the Commission.

46

47 The last chapter details the acceptance of this report for the Council's consideration.

48 **Chapter 1**  
49 **Matters calling for action by the Economic and Social Council and brought to its**  
50 **attention.**

51 **A. Draft resolutions**

52  
53 **Draft Resolution I**

54  
55 *The Commission on Population and Development,*

56  
57 *Recognizing* the importance of article 2.4 and 2.7 of the United Nations Charter  
58 regarding the protection of national sovereignty in determining educational policy,

59  
60 *Noting* the relation between education and a strong infrastructure and observing the  
61 lack of infrastructure and information technology and its effect on education,

62  
63 *Recalling* the importance of the Millennium Development Goals and the standards  
64 they set for education globally,

65  
66 *Acknowledging* the value of bilateral cooperation among nations,

67  
68 1. *Recognizes* that the correlation between infrastructure and education is imperative  
69 for a more educated world and suggests that education is improved via public works  
70 programs, improved transportation, and the proliferation of information technology;

71  
72 2. *Encourages* the use of vocational training to improve labor options and create a  
73 more skilled labor force through:

74 (a) Training teachers in developed nations and providing them with incentives to  
75 return to their home countries;

76 (b) Labor specific educational programs and technical schools to cultivate job  
77 opportunities within member states;

78  
79 3. *Recommends* the development of educational standards and standardized testing to  
80 take into consideration the educational needs of independent nations by utilizing:

81 (a) The MDG's goals as framework for achieving standards of education;

82 (b) Testing in literacy, math, and science in order to understand the educational needs  
83 of each nation;

84  
85 4. *Notices* the importance of primary education and the necessity for consistency in  
86 education systems to improve the standard of living globally;

87  
88 5. *Suggests* the use of bilateral partnerships to further promote secondary and  
89 collegiate education and recommends this be achieved through NGO's incentives to  
90 promote collegiate education.

91  
92 Passed, Yes: 22 / No: 3 / Abstain: 7

93

94 **Draft Resolution II**

95

96 *The Commission on Population and Development,*

98 *Emphasizing* community centers will create employment and facilitate the  
99 demographic transition,

100

101 *Deeply concerned* with encouraging civic duty through community programs,

102

103 *Recognizing* that each member state has different financial abilities, which could  
104 result in some states requiring long-term funding while others will be able to become self-  
105 sustainable,

106

107 *Emphasizing* that a signature to this draft resolution does not imply full commitment  
108 to all clauses rather;

109 (a) To support the clauses mentioned that pertains to countries in need,

110 (b) Commitment to the specific clauses that pertain to your country,

111

112 *Aware of* the fact that every individual deserves a proper education, which allows  
113 them to contribute to their society in a constructive way through employment and  
114 community involvement,

115

116 *Noting* that promoting the elderly as teachers will reduce unemployment in the  
117 elderly population,

118

119 *Expecting* that the United Nations provide technical assistance, training and funding  
120 to start community centers that provide youth training programs throughout the  
121 community with ultimate goal of self-sustainability,

122

123 *1. Recommends* the creation of community centers as a method of easing the  
124 demographic transition through education and job training;

125

126 *2. Recommends* increased cooperation through Non-Governmental Organizations for  
127 the establishment of these community centers;

128

129 *3. Seeks* that these community centers focus on community development through  
130 community education, sex education, vocational training, modern agricultural techniques,  
131 providing a secure location for citizens (particularly youth), information technology and  
132 job training for the elderly population to incorporate them into the workforce;

133

134 *4. Proposes* in order to create a self-sustained community center, to incorporate the  
135 elderly population as facilitators of the community center;

136

137 *5. Recommends* enlisting volunteers from the community and qualified individuals  
138 from the local community as teachers in the community centers;

139

140 6. *Suggests* collaborating with the elderly population as teachers, resources,  
141 counselors, and students to promote the sustainability and impact of the community  
142 center;

144 7. *Recommends* those who participated in the various programs of the community  
145 centers return as future teachers fostering self-sustainability;

147 8. *Highly recommends* Member States to equally implement educative measures that  
148 would inform citizens of the importance of these initiatives stated to ensure a more  
149 collaborative effort amongst citizens with a goal with long lasting support and  
150 sustainability.

151  
152 Passed, Yes: 17 / No: 10 / Abstain: 6

153  
154 **Draft Resolution III**

155  
156 *The Commission on Population and Development,*

157  
158 *Emphasizing* the importance of Millennium Development Goals four, five, and six,

159  
160 *Observing* the relationship between health education and wellness,

161  
162 *Desiring* a multilateral approach to improving health care,

163  
164 *Recognizing* the intrinsic role of women's empowerment in the implementation of  
165 measures of health care and the recent United Nations declaration of access to birth  
166 control as a universal human right,

167  
168 1. *Recommends* the following guidelines for establishing medical education  
169 programs:

170 (a) Students who wish to travel abroad for education should retain the option to do  
171 so, without any infringement on their human rights;

172 (i) Students retain the right to decide what they study and whether or not they enroll  
173 in their government program;

174 (b) Students who enter their governments' program can be issued their license upon  
175 their return with their medical degree;

176 (c) Students who choose the government program are subject to the condition that  
177 government provide for that program;

178  
179 2. *Calls upon* member states to send healthcare professionals to states in need to:

180 (a) Provide relief in emergent situations;

181 (b) Educate local medicinal actors (midwives and medicine men) to administer  
182 medications;

183  
184 3. *Acknowledges* the importance of the preservation of traditional medicine in  
185 addition to the implementation of new medical practices;

DOC:169

186  
187  
188  
189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200  
201  
202  
203  
204  
205  
206  
207  
208  
209  
210  
211  
212

4. *Endorses* the education of citizens on the issues of nutrition, sexually transmitted infections, and completing multiple round treatments;

5. *Recommends* the development of maternal healthcare as it relates to the importance of diet and specifically during pregnancy;

6. *Expresses its hope* member states will encourage healthcare professionals to work in rural clinics designed to provide care for mothers and children through age five as specified in the Millennium Development Goals;

7. *Notes* the need for incentives such as affordable medications to encourage mothers and their children visit such clinics;

8. *Recommends* clinics provide Human Immunodeficiency Virus tests for all mothers and infants with the goal of diagnosing and treating the disease;

9. *Supports* the creation of clinics in areas such as:

(a) Those suffering from high infection relative to the region;

(b) Rural and undeveloped portions of states where no medical center currently exists;

10. *Considers* funding to be from willing and able member states, Non Governmental Organizations, and the World Health Organization.

Passed, Yes: 20 / No: 2 / Abstain: 9

213 **Chapter II**  
214 **Consideration of Agenda Topic Changing Age Structures of Populations and Their**  
215 **Implications for Development**

216  
217 **Works Cited**

218 UN/POP/PD/2005/1  
219 UN/POP/PD/2005/6  
220 E/CN.9/2007/3  
221 E/CN.9/2007/4  
222 E/CN.9/2007/9  
223 E/CN.9/2007/NGO/1  
224 E/CN.9/2011/8  
225 E/CN.9/2012/8  
226 A/CONF.171/13  
227 GA/58/134

228  
229 **A. Deliberations**

230 The commission decided to use a three-pronged approach for Agenda Topic One,  
231 Changing Age Structures of Populations and Development, focusing on education,  
232 employment, and healthcare.

233  
234 Regarding education, the body formulated Resolution I/1, which focused on a five-point  
235 approach to the improvement of global education for both developed and developing  
236 nations.

237  
238 When the resolution was brought to the floor, several nations expressed concern for the  
239 language used, especially in regards to the concepts of literacy and standardized testing.  
240 The Islamic Republic of Iran iterated alarm as to the implications the resolution would  
241 have for underrepresented world languages.

242  
243 Additionally, the Croatian delegation found fault with the potential undue cost burden  
244 placed upon the receiving nations in the resolution's proposed teacher exchange program  
245 in Operative Clause Two. Furthermore, Cuba also took issue with Operative Clause  
246 number Two, specifically with the idea of training teachers from developing nations  
247 abroad in developed nations. Cuba does not feel it is relevant, as Cuba has one of the best  
248 education systems in the world, with a literacy rate of 99.8%. Furthermore, Cuba feels  
249 this process would be both expensive and inefficient. Removing some of the countries  
250 best and brightest is dangerous because they might not return to their home countries.  
251 Cuba feels the clause would be more efficient if it asked developed nations to send  
252 teacher to developing countries and taught them skills in their own country. This would  
253 ensure that the teachers stay and teach in their home countries.

254  
255 Debate ensued, with several nations suggesting the removal or modification of these  
256 clauses. Ultimately, Resolution I/1 was passed by clear majority.

257  
258 Furthermore, we also engaged in debate on Resolution I/2 and this resolution was passed.



259 Resolution I/2 addressed the issue of changing age structures through community centers,  
260 which would be run by local communities to provide services such as; community  
261 education, and vocational training. The centers would receive initial support and funding  
262 from the United Nations, with the ultimate goal of self-sustainability. In effect community  
263 centers would foster employment in both the youth and the elderly thus easing the change  
264 in age structures.

265

266 This report also emphasizes that the community centers are equally intended to be a  
267 means to inform citizens about the importance and the purpose of these initiatives. As a  
268 result, citizens are able to internalize the policies and this body was able to have a more  
269 collaborative effort in approaching the issue of education.

270

271 There was a consultative session held by this commission to debate the resolution where  
272 by Malaysia, Pakistan, and Germany spoke in favor of the proposal. Many member states  
273 expressed concern about the wording of the resolution and funding.

274 The delegation of Turkmenistan and Belarus expressed confusion on wording of  
275 Perambulatory Clause Four, and the necessity of its presence in the resolution. The  
276 Islamic Republic of Iran stated concern for the cultural ramifications of community  
277 centers on independent nations, as well as the encroachment on state sovereignty.

278

279 Ultimately, this body adopted the resolution with a clear majority.

280

281 The Commission on Population and Development engaged in discussion on a resolution  
282 proposed by Malawi, Belarus, and The United Kingdom in regards to the issue of health  
283 care. The resolution provided components of urging individuals to pursue medical  
284 education. Moreover, students are only to obtain medical licenses within their home  
285 nations, as well as the students and state agreeing upon course of study. States are  
286 encouraged to provide healthcare professionals where possible, endorse medical  
287 education, and provide incentives to encourage maternal health. The resolution also  
288 brings up the importance of sexual education and the necessity for contraceptives and  
289 preventative measures.

290

291 While Malaysia supports resolution 1/3, Malaysia does not endorse operative clause four.  
292 Malaysia recognizes the importance of women's empowerment in healthcare but feels  
293 women's empowerment is not an essential aspect of healthcare. Malaysia also disagrees  
294 with operative clause eleven feeling it is inappropriate for states such as Malaysia to  
295 provide contraceptive and family planning services as necessary to its citizens; in that it  
296 would violate the traditions and norms of the Malaysian people.

297

298 El Salvador expressed its concern over rising healthcare costs and the potential that those  
299 costs may have to be passed on to citizens that may not be able to afford it. Specifically in  
300 regards to draft resolution 1/3, El Salvador voiced its concerns that such bilateral medical  
301 school agreements may unnecessarily raise healthcare costs without an accompanying  
302 substantial increase in the breadth or quality of care.

303

304 Upon debate of this resolution within consultative session, the committee brought up the

305 following concerns. The Islamic Republic of Iran expressed concerns that the advocacy of  
306 contraception's would promote poor family values. The delegation of Georgia voiced  
307 concern of Operative Clause 1, specifically with students returning to their home country  
308 for five years after obtaining a medicinal license. Georgia believed this might pose danger  
309 to citizens that left their home country due to safety threats.

310  
311 Three friendly amendments were added to Resolution I/3, which were proposed by  
312 Belarus and the United Kingdom. The first amendment dealt with rewording clauses to be  
313 less imposing and more optional to the governments of the country. The second  
314 amendment, proposed by Bangladesh and the Netherlands, promoted family planning  
315 and women's access to healthcare including contraceptives. In addition, it better  
316 expressed the ideals stated by Malaysia and The Islamic Republic of Iran aforementioned.  
317 The third and final amendment reworded the first operative clause even further in order to  
318 promote state sovereignty and protect the power of nations individual healthcare laws and  
319 sentiments.

320  
321 The resolution was passed by the Commission with a clear majority.

## 322 323 **I. Education**

324  
325 Many suspensions of the meeting occurred during the duration of the Commission on  
326 Population and Development. During such suspensions, concerns that were brought up  
327 included:

328  
329 The influence infrastructure has upon the accessibility of education. With respect to  
330 infrastructure, the need for transportation, educational facilities, and academic resources  
331 and personnel were expressed.

332  
333 The attendance of both students and teachers was of great concern to the body. The body  
334 discussed the correlation between education levels and consistency in school attendance,  
335 and subsequently discussed methods in which a nation's academic system might be more  
336 accommodating to students that may need to take a leave of absence.

337  
338 Many nations that possess a predominantly young population expressed the need to train  
339 their youth to enter the work force with specific skill sets. Vocational training was  
340 discussed as a possible remedy to this concern. The delegation of Jamaica suggested the  
341 following options: 1) internships to involve youth in governmental programs; 2) the  
342 integration of vocational education into traditional education; 3) technology training.

343  
344 Moreover, nations expressed interest in engaging in multi-national partnerships to  
345 facilitate the promotion of education in multiple facets. The delegation of Angola  
346 expressed a specific interest in focusing education upon business and economics to  
347 prepare younger workforces for more skill-based employment opportunities. Other ideas  
348 brought forth included a math and science based education. Many nations all expressed a  
349 key interest in literacy as a basic tenant in education.

350

351 To ensure equality in educational experience across multiple nations, delegations within  
352 the Commission on Population and Development discussed the benefits of standards  
353 across educational systems. Many nations were concerned with the protection of national  
354 sovereignty with respect to education. It was acknowledged that different education  
355 initiatives would be needed within different regions.  
356

357 Discussion then turned to the issue of secondary and collegiate education within nations.  
358 Nations discussed the possibility of developing bi-national and multi-national collegiate  
359 partnership programs. Delegations further emphasized this idea by discussing possibility  
360 of national governments providing incentives for citizens to return to their home country  
361 following their abroad education.  
362

363 The Commission on Population and Development also entertained many consultative  
364 sessions. During such sessions, member states addressed the body with the following  
365 concerns:  
366

367 Many nations expressed a key interest in the possibility of creating community services  
368 for education through increased community involvement.  
369

370 Kenya expressed an interest in the introduction of sexual education for nations.  
371

372 Multiple nations expressed a concern of the importance of religion in education, and yet  
373 the simultaneous criticality of secular options.  
374

375 The Democratic Republic of the Congo stressed the need for accessibility and  
376 infrastructure of education, as well as opportunities to study abroad, with incentives to  
377 return to the home country.  
378

379 The delegate from Malawi expressed agreement with the issue of educating teachers  
380 abroad and would prefer teachers remain in their home state for education, and foreign  
381 teachers enter Malawi with the purpose of training Malawian teachers.  
382

383 There was a general consensus among the body for an increase in funding for both  
384 primary and secondary schools, noting burgeoning youth populations within some  
385 member nations.  
386

## 387 **II. Employment**

388

389 During suspension of the meeting the commission discussed potential solutions to  
390 fostering employment. These potential solutions included providing labor opportunities to  
391 youth, encouraging developed countries to engage in bilateral relationships with  
392 developing nations to partake in labor outsourcing programs.  
393

394 Additionally, it was suggested that the bilateral partnerships could be utilized in pursuit of  
395 microloan programs. Many nations also noted that these microloan programs could take  
396 place through private institutes. These microloans would be made with the intention to

397 encourage youth to pursue business, and to stabilize agricultural economies.  
398  
399 It was noted that the availability of jobs has a strong correlation to migration. Nations  
400 with a surplus of jobs have a tendency to receive many migrants.  
401  
402 Noting that the former points predominantly pertained to developing nations, the  
403 delegates within the Commission of Population and Development engaged in much  
404 discussion of teaching methods to encourage individuals to come back to their home  
405 country after they've studied abroad.  
406  
407 The nation of Algeria pointed out the need for developed nation's big businesses to  
408 adhere to guidelines of worker rights, particular with respect to adequate wage.  
409  
410 Foreign direct investment was also suggested as a means of alleviating economic burden  
411 to facilitate employment opportunities.  
412  
413 The delegation of Turkmenistan discussed the point of the proliferation of technology to  
414 promote industries in rural areas. The delegation of Haiti expressed concerns about the  
415 environmental impact technologies possess on soil.  
416  
417 The delegation of Kenya noted the potential that natural resources have to promote  
418 economic wealth and stability in nations, as well as their potential to improve capital,  
419 infrastructure, and job opportunities within the country where resources are being  
420 developed. To harness the benefits of natural resources, Kenya suggested a  
421 comprehensive approach in which both non-renewable energy resources and renewable  
422 energy resources are considered by both private sector and public sector investors.  
423 Regarding potential environmental concerns the commission discussed a recommendation  
424 that the United Nations Environmental Programme, via the Secretariat, oversee energy  
425 development being conducted between United Nations member states to ensure  
426 environmental responsibility.  
427  
428 The commission discussed that nations without established infrastructure the  
429 implantation of public works has the capability of providing jobs and improving the  
430 roads, sanitation systems, utilities, and public buildings. The delegation from the  
431 Netherlands noted that this is not a long-term solution to job sustainability.  
432  
433 Furthermore the delegation from the Netherlands brought up the necessity of diversifying  
434 developing economies from one commodity.  
435  
436 The delegation from Belarus brought up the importance of free market economies, and  
437 the power that a free market system has in opening trade, encouraging industries and  
438 businesses to open new jobs and locations globally. Many delegations brought up a  
439 dissenting perspective that another form of economic policy is high level of government  
440 control in terms of tariffs, business regulation, and taxes.  
441  
442 The nation of Senegal expressed desire to pursue a program in which individuals that are

443 no longer able to engage in their previous occupation are provided with the opportunity to  
444 become reeducated in a new job field. Senegal also suggested the introduction of new  
445 technologies in developing nations to facilitate new markets for employment.

446  
447 Jamaica was in firm agreement with the aforementioned opinions expressed by Senegal,  
448 and stressed the importance of creating new jobs in developing nations, rather than  
449 exporting jobs to developed nations.

450  
451 The Islamic Republic of Iran expressed concern that much of the deliberations and  
452 solutions iterated by the body neglected to address the needs of the world's rural  
453 populations. This concern stems from the development of infrastructure within urban  
454 areas, which would thus remove motivation for citizens to return to rural areas.

455  
456 The delegations from Malaysia and Germany noted that a growing economy is necessary  
457 for the successful transition of global age structures.

458

### 459 **III. Healthcare**

460

461 During deliberations over the other topic areas, the delegates from the Democratic  
462 Republic of the Congo and Bangladesh collected opinions from the rest of the body  
463 regarding needs and desires for improvements in healthcare. There were several topic  
464 areas that multiple delegations were interested in addressing.

465

466 Family planning was brought up as it relates to population stability. Delegates from  
467 Bangladesh, Indonesia, Kenya, and others expressed specific interest in utilizing family  
468 planning methods, as their countries are currently experiencing unsustainable population  
469 growth. Kenya elaborated on this point, suggesting efforts be made to promote the  
470 cultural acceptance of smaller family size.

471

472 Many nations, in order to achieve this, expressed interest in improving access to and  
473 awareness of contraceptive methods. Condoms were specifically acknowledged for their  
474 potential to reduce sexually transmitted infections (STIs), including human  
475 immunodeficiency virus (HIV) in addition to their usefulness in family planning. Access  
476 to other contraceptives was also deemed important. The availability of contraceptives is  
477 important for its ability to empower women to have control over their lives and their  
478 families'. Use of birth control methods also allows women to participate more in the  
479 workforce. The delegation of Gabon raised concern over how this information would be  
480 distributed on a mass scale. One solution raised was the use of technology to provide  
481 medical assistance and information. However, Gabon mentioned that these technologies  
482 are not always present in developing nations as well as rural areas.

483

484 In order to effectively utilize these resources, many delegates emphasized the importance  
485 of sex education. Implementing programs of education on the topics of sexual health,  
486 contraceptive methods, pre- and post-natal health, parenting, and others is of the utmost  
487 importance in sustaining the healthy growth of a population. For many developing  
488 nations, health education is difficult due to shortages of resources such as facilities,

489 educators, and educational materials.

490

491 The health of youth under the age of five was another issue brought up specifically by the  
492 delegation from the Philippines, especially for nations with younger age structures.

493 Healthy children form the basis for a productive in the future and opportunities for  
494 developing to increase their standard of living. The body recognized the importance of  
495 nutritional programs worldwide.

496

497 Maternal health was also brought up for discussion among member states. The delegation  
498 of Germany mentioned that the birth rate is often well below the required level to keep  
499 the population stable, in nations with older age structures. In addition, Germany brought  
500 up the fact that, in its population, many women postpone having children due to the  
501 inability to work and parent children. The German delegate also argued a need for  
502 improved childcare facilities in its and other nations as well as a need for closer attention  
503 to women's rights and opportunities.

504

505 Many nations with elderly populations wished to call to attention the necessity of health  
506 institutions for the elderly.

507

508 The delegation of Turkmenistan raised the question of addressing the need for healthcare  
509 in rural areas. It suggested the development of programs that would encourage  
510 governments to provide doctors from urban areas to less populated regions. Non  
511 Government Organizations can play a role in supporting traveling hospitals. Such  
512 organizations that already exist are Doctors without Borders, and programs run by The  
513 Red Cross. Turkmenistan in addition with other nations also expressed concern over the  
514 protection of national sovereignty in terms of mandating health care law.

515

516 Support from non-governmental organizations (NGOs) was also discussed as it pertains  
517 to the prevention, treatment, and management of infectious diseases. Uganda brought up  
518 the Bill and Melinda Gates Foundation, which is a major donor in this field. Support from  
519 organizations like this is critical, as there connections to a wide variety of industries  
520 facilitates cooperation in addressing this issue.

521

522 The Commission collected individual statements of position from various member states,  
523 which are expressed as follows. These statements further express the variety of  
524 perspectives held by members of the Commission.

525 The delegation of Japan encourages all nations to create an economic and social  
526 environment ideal for developing technologies related to medicines, medical equipment's,  
527 and hospitals devoted mostly to senior citizens, as they are the most vulnerable group of  
528 society.

529

530 In impoverished nations such as Kenya, many women are victims of rape or must  
531 participate in prostitution to support their families. Kenya recommends that the best  
532 method to remedy these atrocities is through economic development resulting in greater  
533 employment opportunities. Kenya recommends the employment report produced by the  
534 commission as well as sexual education programs as a means of economic development.

535

536 Cuba expressed a desire to provide incentives for increased birthrates, as well as  
537 increasing healthcare availability to the most vulnerable members of populations.

538

539 The delegation of Algeria expressed an interest in encouraging governments to save  
540 money and consider funding means for programs that would tend to the elderly, hospitals,  
541 and retirement homes.

542

543 Furthermore, the delegation of Jamaica brought to the attention of the committee that  
544 medical cannabis should be researched and be put for consideration as an alternative  
545 medicine source. The delegations of the United Kingdom and the Islamic Republic of Iran  
546 echoed these sentiments.

547

#### 548 **B. Action taken by the Commission**

549

550 At its meeting on 17 November 2012 through 20 November 2012, the Commission  
551 approved for recommendation for adoption the Economic and Social Council draft  
552 resolution I addressing matters of education. The resolution was passed with a vote of 22  
553 in favor, 3 opposed, and 7 abstentions.

554

555 The Commission also approved for recommendation for adoption the Economic and  
556 Social Council draft resolution II addressing matters of employment. The resolution was  
557 passed with a vote of 17 in favor, 10 opposed, and 6 abstentions.

558

559 The Commission also approved for recommendation for adoption the Economic and  
560 Social Council draft resolution III addressing matters of healthcare. The resolution was  
561 passed with a vote of 20 in favor, 2 opposed, and 9 abstentions.

562

### 563 **Chapter III**

#### 564 **Adoption of the report of the Commission**

565

566 At its meeting on 19 November 2012, the draft report of the Commission was made  
567 available for consideration. The Commission considered the report, and with no  
568 amendments, adopted the report by consensus, with 0 abstentions.