

LIMUN 2014 WHO Resolution

Topic A - Sexual and Reproductive Health and Rights (SRHR)

Sponsors: Brazil, Mexico, France, Chile, Peru, Uruguay, Venezuela, Argentina, Italy, Saudi Arabia, Kyrgyzstan, Australia, United Kingdom, Philippines, Vietnam, South Africa, Denmark, Republic of Korea, Iraq, Greece

The World Health Assembly,

Reminding nations of the importance in upholding the Millennium Developmental Goals 4 and 5 (MDG4/5) addressing issues of maternal health and reproductive rights,

Noting the need for respect and concordance between culture, sovereignty and health initiatives especially in keeping a balance between the rights of private life as standing against health rights,

Deeply concerned by the rise of HIV and other sexually transmitted infections (STIs),

Emphasising the importance of general access to information about preventive health behaviours and available services aiming not only at improved knowledge about contraception, but also STIs, and save pregnancies, mainly through government health and awareness campaigns,

Stressing the need for local communities to be the leader in improving sexual and reproductive health and rights,

Affirming the need for an enhanced cooperation between developed and developing countries on global health issues,

1. Urges the international community to focus on spreading youth education to rural areas, including but not limited to:
 - a. Utilisation and distribution of condoms and other contraceptive methods,
 - b. Acknowledgement of sexual health services available to people;
2. Encourages the provision of HIV treatment to every person in need of it in national health programs, including marginalised and stigmatised groups;
3. Calls upon health clinics to practice confidentiality and to provide sufficient access to health care facilities at all stages of pregnancy including:
 - a. Prenatal care for women and family planning for all parties involved, availability of contraceptives and appropriate enabling to reduce the risk of illegal abortions,
 - b. Professional care during childbirth, incorporating quality infrastructures, affordable treatments, and in the short-term, accessibility of mobile health services to most notably rural populations,
 - c. Sufficient medical care after birth and counselling on parenthood on specific structures for all parties involved;
4. Asks for attention to pregnant women with same sex partners in order to have access to health care, and invites working with local communities specifically NGOs in addressing this issue;
5. Reaffirms its commitment to promoting a comprehensive and integrated approach towards SRHR and STIs including HIV;
6. Reinforces the need for a strong balance to be reached between the right to private life versus the rights to health, commending nations who have worked together in preservation of specific religious stances while upholding WHO guidelines;

7. Urges women with STIs, including HIV, to be granted with rights and services which are offered to other non-infected women especially with regards to rights;
8. Reaffirms the need for clinics to be located in rural areas which are “community specific”, suggesting clinics to have necessary expertise/knowledge of the area also ensuring that all indigenous and religious groups rights to private life are protected, as well protection of their specific health issues;
9. Encourages the reallocation of the regions capital and human resources of own economies to fund clinics specifically targeting victims of domestic violence, further ensuring these clinics would be run by medical experts;
10. Stresses need for essential tools including, but not limited to:
 - a. Utilizing the high unemployment rates in the medical community,
 - b. Ensuring that medical workers are utilized through international medical exchanges;
11. Welcomes the universal collaboration in addressing sexual trafficking following WHO and human rights values of protecting health;
12. Requests that the need of the victims of sexual trafficking be specifically addressed as they form a vulnerable target group;
13. Emphasizes the importance of general access to information about preventive health behaviours and available services aiming not only at improved knowledge about contraception, but also STIs and safe pregnancies, mainly through government health and awareness campaigns;
14. Requests for improvement of sexual education in particular in rural areas and for ethnic minorities and target groups. Sexual education should include, but will not be limited to, HIV/AIDS and STI prevention and their effects, safe sex and healthy sexual relations and family planning;
15. Endorses a cultural approach to education in places where mainstream communications is not as effective. The WHO should work towards an objective scientific explanation of the problem of sexual and reproductive health and rights;
16. Encourages countries to add sexual education in their school curricula;
17. Calls for further scientific research into the effectiveness and potential new methods of contraception, but also into understanding, observing, and treating infertility and STIs;
18. Reaffirms the need for guaranteeing trained and informed medical personnel and community-based clinics to provide sexual health counselling, family planning, maternal healthcare, and other essential sexual and reproductive services;
19. Encourages cultural and religious groups to help counsel and aid the local community in prevention and treatment;
20. Recommends the private sector and NGOs into researching and understanding the demographics and distribution of STIs, female genital mutilation occurrences, and other SRHR violations;
21. Calls for strong regional cooperation to share resources, capital, and information;
22. Urges the international community to pay particular attention to the coordination for SRHR in crisis situations with a particular emphasis on addressing sexual trafficking, rape, unwanted pregnancy and abortions as well as the spread of STIs including HIV;
23. Recommends further support to national governments who have implemented legislation against the intentional spreading of HIV and STIs as a biological threat;

24. Further recommends the allowance of international auditory capabilities under the auspices of the WHO, to which specified NGOs are invited to send their financial statements, which will subsequently be used to provide advice to the particular organization, while in that process:
 - a. Recommends collaboration of developed nations in providing technical and financial support to developing nations toward SRHR issues,
 - b. Encourages the distribution of said funds to be made considering statistics and existing rankings focusing on the level of development, expertise and infrastructure of recipient nations,
 - c. Further encourages a redistribution of funds and the report to the national authorities in the case that funds available to them are used in an improper manner;
25. Urges recipient states to devote some of the funding so allocated to advocacy and media capabilities, such as to inform rural communities about the available services concerning SRHR;
26. Stresses that a global reallocation of available medical personnel and increased participation of medical workers through international medical exchanges (such as Médecins Sans Frontières) is necessary for the promotion for SRHR;
27. Urges all countries to improve treatment and care of HIV/AIDS and other STIs with a focus on accessibility by taking into account the difficulties that remote areas have to access treatment and care, by taking measures including but not limited to:
 - a. Promoting the creation of mobile units that could provide basic health care as well as contraceptive methods,
 - b. Promoting the creation of wifi networks that could be used to establish a long-distance connection between medical professionals and remote areas.