**Kennesaw State University High School Model United Nations Conference**

**United Nations General Assembly Plenary**

**March 1st - 2nd, 2024 Kennesaw, GA**

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*Delegates,*

It is our pleasure to welcome you all to the 2023 Kennesaw State University High School Model United Nations Conference. My name is Edgar Romero Cordova and I have the honor of serving as your Director of the United Nations General Assembly Plenary. This is my fourth year being part of Kennesaw State University’s HSMUN Conference with three years experience competing with KSU’s Model UN team. I am currently a graduate student working on receiving my Masters in International Policy Management here at KSU. A fun fact about me is that I can speak three languages and am working on my fourth. I look forward to hearing and seeing all the solutions proposed at this year's conference.

Our committee’s Assistant Director is Anna Santmier. Anna is a sophomore getting their degree in Civil Engineering, and this is their second year competing on KSU’s Model UN team as well as diasing for KSU HSMUN. Outside of Model UN, Anna is the secretary for KSU’s chapter of the American Society of Civil Engineers, and a member of the ASCE Technical Competition team. A fun fact about Anna is that they can name the capital city of every state in the United States.

Our committee Chair is Devyn Woodard. This is Devyn’s first year of both KSU Model UN and KSU High School Model UN. He is excited to gain experience in Model UN as he becomes more familiar with the structure and flow of the conference. Devyn is currently majoring in Political Science. Some fun facts about Devyn are that he is from Los Angeles.

**The topics under discussion for United Nations General Assembly Plenary Committee:**

1. **Exploring Systemic Disparity Within Decolonized Member States**
2. **Evaluating the Role of Reproductive Rights in Women’s Health Care**

Each Member State’s delegation within this committee is expected to submit a position paper presenting their ideas for both agenda topics. A position paper is a short essay describing your Member State’s history and position on the issues at hand. There are three key parts to any successful position paper: history, current status of the issue, and possible solutions for the future. Information for properly formatting the position papers, as well as valuable advice for writing a quality paper, can be found in the Delegate Preparation section of the HSMUN webpage (http://conference.kennesaw.edu/hsmun/). Delegates are reminded that papers should be no longer than two pages in length with titles in size 12 and text in size 10-12 Times New Roman. Citations should be footnoted in Chicago style formatting, such as those used inside this guide. Furthermore, plagiarism in an academic setting is unacceptable and will nullify any score for the paper in question. During the grading process, we will be utilizing the university’s plagiarism checker. Wikipedia is a wonderful place to begin researching, but we highly encourage the use of peer-reviewed academic articles or trusted media sources. The objective of a position paper is to present the diplomatic position of your Member State on both agenda topics as accurately as possible. ***All position papers MUST be sent to ksuhsmun2024@gmail.com by Feburary 24th,2024. Late papers will be accepted until Feburary 28th, 2024 with points penalized.***

**History of the General Assembly Plenary**

The United Nations (UN) was founded on October 24th, 1945, in San Francisco, California with an original member count of 51 Member-States.The international organization’s main purpose is to maintain international peace, uphold human rights for every human being in each Member State.The United Nations further works to establish a setting in which obligations from treaties and other sources of international law can be maintained. Over the years, the UN has worked tirelessly to promote social progress and the development of each person’s standard of living. The United Nations Charter established the six principal organs of the UN. These organs are named as follows: the General Assembly (GA), the Security Council, the Economic and Security Council (ECOSOC), the Trusteeship Council, the International Court of Justice and the UN Secretariat.

Since the inception of the United Nations, the General Assembly is the only organ in which all 193 Member States have equal representation and voting power. The GA Plenary currently consists of six main committees; the first committee on Disarmament & International Security, the Economic & Financial Committee, the Social Humanitarian & Cultural Committee, the Special Political & Decolonization Committee, the Administrative & Budgetary Committee and the Legal Committee. Each main committee of the GA is headed by a Bureau consisting of a Chair, three Vice-Chairs and a Rapporteur.

Acting as the main acting body of the UN gives the General Assembly more responsibilities than most organs. These responsibilities include but are not limited to: (1) receiving and considering annual and special reports from the security council, (2) receiving and considering reports from all other organs of the UN, (3) considering and approving the budget of the UN, (4) considering the amount due by each member of the UN, (5) considering financial and budgetary with specialized agencies, (6) electing members to the Economic and Social Council, members of the Trusteeship Council, and the ten non-permanent members to the Security Council. The General Assembly is also responsible for considering admitting new members into the UN as well as suspending the rights and privileges of membership, and the removal of a Member-State’s membership status.

The Assembly is scheduled to meet from September to December each year, and thereafter from January to August as required.In September 2015, the Assembly adopted the highly recognized 17 sustainable goals that emphasizes a comprehensive approach to achieving sustainable development for all.The 17 sustainable development goals (SDGs) to transform the world include:

Goal 1: No Poverty

Goal 2: Zero Hunger

Goal 3: Good Health and Well-being

Goal 4: Quality Education

Goal 5: Gender Equality

Goal 6: Clean Water and Sanitation

Goal 7: Affordable and Clean Energy

Goal 8: Decent Work and Economic Growth

Goal 9: Industry, Innovation and Infrastructure

Goal 10: Reduced Inequality

Goal 11: Sustainable Cities and Communities

Goal 12: Responsible Consumption and Production

Goal 13: Climate Action

Goal 14: Life Below Water

Goal 15: Life on Land

Goal 16: Peace and Justice Strong Institutions

Goal 17: Partnerships to achieve the Goal

The GA currently does not possess the power to enforce laws or policies. However, The General Assembly as the main policy making and representative organ is empowered to make recommendations to Member States on global issues. It has continuously promoted initiative actions targeting the political, economic, humanitarian, social and legal sectors. The GA meetings addressing these sectors have had major impacts on people all over the world today and continue to do so.

1. **Exploring Systemic Inequality Within Decolonized Member States**

***Introduction***

Systemic Inequality is the use of institutions and government resources to give favor to certain ethnic, religious, or regional groups at the expense of others. Many Member States endure this problem, with some of the most infamous and extreme disparities occurring in post-colonial Member States. In many cases, colonized Member States transitioned to independence long after these regions were actual political entities. These emerging Member States were often large groupings of independent tribes or kingdoms consolidated by larger Member States into individual colonies. Once merged into colonies, these Member States would then engage in settler colonialism. This was the process whereby Member States imported portions of their populations to the places they had colonized in an attempt to expand trade and assert influence over their new territories. This process necessitated unequal treatment between the colonial settlers and the native populations of these Member States. These inequities manifested themselves in areas including quality of education and the opportunity to hold public office. Additionally, systemic disparity has propagated in the form of income inequality. A majority of decolonized Member States’ economies are considered to be in the process of developing. Between 2019 and 2020, wealth disparity between developed and developing Member States rose by a projected 4.4% overall.[[1]](#footnote-0)

Despite the era of colonialism coming to an end by the mid-1960’s, the lasting impacts still ring throughout many corners of the world. In particular, many Member States across the African continent and other regions are deeply disadvantaged and unable to thrive in the current global landscape. Thus, poverty rates continue to soar in Member States affected by colonialism. Individuals in regions riddled with poverty often lack access to basic necessities such as clean water, reasonable income, and safety from hostile groups. These tumultuous conditions have cultivated an environment which allows for harsh and corrupt administrations to take control, whose sole goals are the maintenance and consolidation of their power. This paradigm manifests itself in a continuous cycle in which destructive government structures create insufficient societal circumstances, which promotes the former. These efforts often necessitate large scale repression of dissenters. Common targets of this subjugation can include opposition political leaders, journalists, and those in the academic sector.

***History***

Nearly a third of the world’s population lived under colonial rule by the time the United Nations was founded in 1945. At its establishment, The United Nations Charter established the Trusteeship Council and International Trusteeship System in order to assist formerly colonized or otherwise dependent territories towards establishing political and governmental independence.[[2]](#footnote-1) The Trusteeship Council was dedicated to promoting the political, economic, social, and educational advancement and upholding of fundamental human rights. The goal of many resolutions and systems formed at the Trusteeship Council’s behest was to ensure and promote an adequate transfer of power from the governments in charge of a territory’s administration to the people of that territory itself. By 1993, all 11 Non-Self-Governing Territories (NSGTs) under the International Trusteeship System achieved independence or voluntarily became a part of their independent neighboring Member States.[[3]](#footnote-2)

Since its founding, the United Nations has attempted to deal with the plights affecting many post-colonial societies. Signed in 1961, the Declaration on the Granting of Independence to Colonial Countries and Peoples (otherwise referred to as the Special Committee on Decolonization or the C-24) addressed several of these plights by affirming the right to self-determination for all territories and peoples.[[4]](#footnote-3) The C-24 called for peaceful transfers of power to those living in occupied territories “without any conditions or reservations… without any distinction as to race, creed or colour.” This was in accordance with the United Nations Charter, which recognized the role that ideas about race, ethnicity, and religion played in the trend of colonization.[[5]](#footnote-4) Most pertinent was the desire to colonize for sake of imperialism and trade. The C-24 further recognizes this by affirming all peoples rights to their natural resources without prejudice, and that they have the right to independently determine and pursue economic and political development because of it.[[6]](#footnote-5) In 1962, the Special Committee on Decolonization was created to monitor and ensure an expedited implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples (C-24). Their mandate holds annual sessions to hear statements from representatives of NSGTs and organizes regional seminars to monitor the progress being made so that they can make suggestions and recommendations to the General Assembly to further assist NSGTs’ pathway to self-determination. [[7]](#footnote-6)

The internal and external forces at play within colonized territories drove many peoples of those territories to revolt in order to ascertain their inalienable human rights. It is due to this that the C-24 called for a ceasing of all repressive measures on dependent peoples to try and curb violent conflict, understanding that the liberation they called for is warranted.[[8]](#footnote-7) Oftentimes, conflict and resistance comes from systemic inequality created or exacerbated by colonial domination. Domestic assets, such as natural resources or prominent industries, are sometimes seized under colonial rule, and served as a prominent motivator for colonialism’s spread. One such example is Apartheid era South Africa, in which, for close to 50 years, a dominant white minority completely disenfranchised black South Africans, heavily limited their employment opportunities, and restricted the places in which they would live and do business.[[9]](#footnote-8) Due to the anguish the system of Apartheid caused for black South Africans, a resistance movement emerged in the Member State and developed over time.[[10]](#footnote-9) A prominent leader of this liberation front was Nelson Mandela, who was imprisoned for almost thirty years due to his acts of dissent against these cruel administrations.[[11]](#footnote-10) After being released, he quickly became the president of the African National Congress and called for a democratic South African government that promoted equality among all peoples.[[12]](#footnote-11) It was due to his efforts and the input of millions across the Member State that black South Africans were finally freed from the clutches of legislated Apartheid by 1994.[[13]](#footnote-12) Although Apartheid era South Africa was not a colonized territory, it was still a Member State greatly suffering from the ills of colonization. This example demonstrates how the oppressive systems inherent to colonization generate conflict and strife that culminate in resistance movements.

***Case Study: Rwandan***

 Rwanda was a colony of Belgium up until 1962 when it gained its independence from the United Nations trusteeship.[[14]](#footnote-13) Prior to this independence, the Belgium colonial administration further exacerbated ethnic divisions through them favoring one ethnic group over the other.[[15]](#footnote-14) The Tutsis minority population were favored over the Hutus majority population and policies were created that affected all aspects of life between the two ethnic groups and would lead to tensions that would last long after Belgian rule. [[16]](#footnote-15) Under colonial rule, identity cards were introduced that categorized people by their ethnic groups that would contribute to the creation of a hierarchical social structure in which the Tutsis ethnic group would be considered as superior.[[17]](#footnote-16) Tutsis were given greater access and opportunities to education as well as had greater economic opportunities such as having opportunities to work in civil service as well as the military.[[18]](#footnote-17) This increased access to opportunities and strong favoritism would lead to much of the power within the country being concentrated within the Tutsi minority only furthering ethnic divides.

Despite gaining independence, Rwanda experienced high levels of political instability with ethnic identity

playing a major role in politics.[[19]](#footnote-18) These colonial institutional divides and hierarchical structures between ethnic

groups such as the Tutsi and Hutus in Rwanda would remain and would not only continue to increase ethnic tensions and animosity but also contribute to increased violence. In 1994, President Juvenal Habyarimana was assassinated when his plane was shot down only further increasing instability and tension within the government and amongst ethnic groups ushering in a rapid increase in violence and eventually lead to systemic violence as we saw during the Rwandan Genocide.[[20]](#footnote-19) The Rwandan Genocide occurred from April 7th and July 5th, 1994.[[21]](#footnote-20) During this period of nearly 100 days, armed Hutu majority would target and eliminate large numbers of the Tutsis minority population leading to the deaths of nearly one million people. [[22]](#footnote-21) This violence from armed Hutu extremists would additionally lead to large populations being displaced creating a humanitarian crisis.[[23]](#footnote-22)

***Current Situation***

As of 2023, there are 80 formerly colonized Member States in the United Nations.[[24]](#footnote-23) At the fifty-fourth session of the UN Human Rights Council, UN Deputy High Commissioner for Human Rights explained to the body “While many former colonies have gained independence since the establishment of the United Nations, the process of decolonization remains incomplete.” [[25]](#footnote-24) Though the United Nations’ attempts to provide all previously-colonized territories with proper assistance to achieve the right to self-determination, rapid decolonization has in part put a strain on the political and economic development of the affected Member States. It is why the United Nations General Assembly continues to take recommendations for change and seek ways to improve the status of previously colonized territories.

 Since 2013, an east asian Member State has proposed the Belt and Road initiative (BRI) or the New Silk Road project to advocate and implement better connectivity and cooperation on a transcontinental scale.[[26]](#footnote-25) This project has seen an unsettling extension of this Member State’s power and influence especially in Member States in the Global South.[[27]](#footnote-26) It is believed that much of the concerns coming from these Member States and Member States in more developed Member States is that these projects may walk the road of Neo Colonialism or to be seen as a Trojan horse of military and territorial expansions.[[28]](#footnote-27) Within the New Silk Road project, this east asian Member State would provide and promote loads to Developing Member States to promote developing of economic infrastructure such as ports, airports, hospitals, and roads.[[29]](#footnote-28) However, many of these Member States can not sustainably support these loans.[[30]](#footnote-29) This east asian Member States in turn “Repo” this infrastructure that were paid by these loans and considered to be added to this Member States overall territory.[[31]](#footnote-30)

***Conclusion***

It is evident that the legacies of Colonialism continue to effect and hinder formerly colonized Member States. These legacies continue to impact and create systemic disparities that further exacerbate inequalities. Administrative systems and set ups during colonial times continue to influence governments and in many occasions uphold social and economic hierarchies. Historically, we have seen Member States in the Global South face weaker levels of political stability that has led to weaker levels of development and adequate levels of basic rights for citizens, especially vulnerable and marginalized populations.

***Committee Directive***

 Delegates should take into account the intrinsic links that colonialism has had on creating systemic disparities within the Global South. Delegates must acknowledge the lasting legacies that contribute to inequalities to formally decolonized Member States. Although colonialism is no longer present within the Global South, the processes and efforts of decolonization still remain a work in progress that requires modern day solutions in order to resolve ongoing systematic disparities. Delegates should look at current ongoing weaknesses and sources that contribute to these systematic disparities. When identifying solutions, delegates should still take into account the necessity of upholding Member States’ sovereignty.

1. **Evaluating the Role of Reproductive Rights in Women’s Health Care**

***Introduction***

In pursuit of achieving the United Nations Sustainable Development Goals (SDGs) for 2030, the global community is becoming increasingly aware of women’s reproductive health and the role it has in advancing gender equality and promoting a global standard for health and well-being. Reproductive health spans a wide range of care, including reducing the risk of disease, prevention and response to unwanted and/or unsafe pregnancy, as well as family planning and contraception. The COVID-19 pandemic, alongside persisting conflict and poverty, has exacerbated already existing worldwide disparities to accessing women’s healthcare, putting millions of women’s reproductive health at risk, especially in lower and middle-income Member States.[[32]](#footnote-31) Disrupted health systems and maternal support, as well as increased financial and social burdens, led to 1.4 million unintended pregnancies in 2020 alone.[[33]](#footnote-32) According to statistics from the World Health Organization (WHO), restricted access to reproductive healthcare, including access to safe abortions, has a dramatic effect on women’s health worldwide. In certain instances there may be a detriment of their social and economic standing. It is estimated that over seven million women are treated in hospitals for complications during unsafe abortions each year, but that statistic only accounts for developing regions and may not reflect the total number of women whose health was put at risk due to a lack of treatment options.[[34]](#footnote-33) SDG 5, Gender Equality, puts forth that increasing standards and access to essential healthcare services are crucial factors in achieving the empowerment of women and girls.[[35]](#footnote-34) Currently, the United Nations is falling significantly behind targets for gender equality by 2030 due to inequities and barriers that still remain in many Member States and have yet to be addressed by legal and legislative changes.[[36]](#footnote-35) Thus, it is crucial to evaluate and address ways in which women and girls’ reproductive rights have an effect on sustainable development.

***History***

The United Nations harks gender equality as, “the unfinished business of our time,” and has since been committed to helping women and girls achieve an equal standard-of-living and access to opportunities for a better and brighter future. The Universal Declaration of Human Rights, adopted by the UN General Assembly in 1948, declares that all human beings are entitled to the rights and freedoms set forth by the Declaration, regardless of gender or other status.[[37]](#footnote-36) It is of utmost importance to the United Nations that its legislative bodies and partners continue to include women and girls in conversations of upholding individual freedom and rights. The first major stride made by the United Nations to focus purely on advancing the rights and liberties of women came in The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), adopted in December 1979. CEDAW focuses specifically on the fundamental human rights of women, acting as the most comprehensive document on achieving gender equality, and is concerned with the cultural, social, and economic implications on human reproduction and women’s rights. Throughout its provisions, CEDAW advocates for maternity protection and child-care as essential rights, and affirms women’s rights to reproductive choice and family planning.[[38]](#footnote-37) Article 16 of the Convention maintains that “States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations,” such as “(d) the same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children”, and “(e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.”[[39]](#footnote-38) Further resolutions made by the Commission on the Status of Women (CSW) and Economic and Social Council (ECOSOC), such as (E/CN.6/1995/3/Add.3), recommend educational and social programmes to provide women with information and assistance in family planning, female-specific diseases, and their rights in regards to fertility.[[40]](#footnote-39) Education is recognized as playing a key role in increasing women and girls’ awareness of sexual and reproductive health (SRH) by informing their decision-making in regards to the number and spacing of their children and reducing the risk of sexual exploitation and abuse.

The Beijing Declaration and Platform for Action, adopted by the United Nations in 1995, acts as a framework that centers policy for advancing and promoting women’s rights. It too notes women’s healthcare as a primary concern, stating explicitly that there are inherent biases and flaws in many health policies and systems that “fail to consider socioeconomic disparities and other differences among women and may not fully take account of the lack of autonomy of women regarding their health.”[[41]](#footnote-40) Discrimination against women and girls due to cultural values acts as a grave barrier in healthcare, and the need to shift these norms to be consistent with internationally affirmed human rights is paramount. The Platform for Action also denotes how the responsibilities and roles of women in both their families and communities are impacted by a lack of social, psychological, and economic support within health systems and policy, and states again that “the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.”[[42]](#footnote-41) Additionally, the 23rd special session of the General Assembly held in 2000 raised awareness of the increase and potential of women’s decision-making power in economics, and how that authority may extend into other facets of womens’ lives, such as in regards to their healthcare.[[43]](#footnote-42) This session also noted the role of non-governmental organizations (NGOs) in promoting gender equality on the national and international level, but many Member States must still work with their own Governments to implement the Platform for Action, especially when it comes to sovereign matters like violence and poverty.[[44]](#footnote-43)

 Since 1972, the United Nations has used the Human Reproduction Programme (HRP), co-opted by several UN bodies and funds, as the primary resource for research for sexual and reproductive health and rights. The HRP coordinates research on a global scale through building research capacity and providing resources with comprehensive data on reproductive health. Since the early 2000s, the United Nations Population Fund (UNFPA) has noted that in order to improve SRH, access to affordable and acceptable contraception, as well as providing accurate information is paramount to preventing sexually transmitted infections (STIs) and diseases as well as reducing complications in reproductive decision-making for women. The UNFPA also notes that “impoverished women suffer disproportionately from unintended pregnancies, unsafe abortion, maternal death and disability,” as well as a number of other problems related to pregnancy and childbirth.[[45]](#footnote-44) Maternal mortality due to complications or disease, such as sepsis, is preventable and treatable with quality care. The Maternal and Newborn Health Thematic Fund (MHTF) is a flagship program of the UNFPA that was launched in 2008 and continues in its third phase of operation by strengthening health systems in order to prevent obstetric morbidities and provide additional care for those with cervical cancer and post-abortion care.[[46]](#footnote-45) The UNFPA also launched the Supplies Partnership programme alongside MHTF in order to help women and girls overcome barriers to family planning by allocating contraceptive and educational resources to countries around the world.[[47]](#footnote-46) Although these programmes operate primarily in the Global South, only approximately half of the women aged 15 to 49 in these regions are given the ability to make informed decisions regarding sexual relations, contraceptive use, and their reproductive health.[[48]](#footnote-47)

***Current Situation***

Exacerbated by the COVID-19 Pandemic and ongoing regional conflict in recent years, progress towards ensuring equal rights for women in regard to their autonomy in health has fallen significantly behind the UN’s Sustainable Development Goals for 2030. The increase of gender-based violence as well as the degradation and short-coming capacity of healthcare systems threatens the millions of women who already have unmet needs for contraception, family planning education, and access to essential health services. Gender-based violence (GBV), such as sexual exploitation, abuse, and trafficking, has been exacerbated by the changing nature of armed conflict and has had a number of negative impacts on sexual and reproductive health for women and girls. Militarization and political instability due to conflict within or between Member States is sometimes accompanied by cases of rape and abduction as forms of suppression or punishment.[[49]](#footnote-48) Displacement due to conflict or in post-conflict situations may further the risk of GBV by targeting socioeconomic vulnerabilities among women and girls.[[50]](#footnote-49) However, it should also be noted that approximately 30% of women worldwide face sexual violence from people they know, including by their partners, and that almost 1 in 4 partnered adolescent women are subjected to sexual violence at least once in their lifetime.[[51]](#footnote-50) Sexual violence is a leading cause of unintended pregnancy and the spread of sexually-transmitted infections such as HIV. RESPECT Women, a framework for policy-makers co-opted by UN Women and WHO, started in 2019 to provide efficient, non-discriminatory services for survivors through coordinated response efforts that link social, legal, and physical and psychological health support services. The framework notes emergency contraception and safe abortion “to the full extent of the law” as appropriate healthcare responses, and further notes that there must be an increase in accessibility and trust of service providers in order for these responses to be effective.[[52]](#footnote-51)

The Security Council in Resolution 2467 (2019) called for increasing the cost and consequence of those who, “commit, command, or condone” sexual violence in conflict, but there is no clear, defined strategy in place to implement this kind of accountability.[[53]](#footnote-52) Resolution 2467 (2019) also recognizes that women who become pregnant as a result of sexual violence endure risks, such as physical and psychological injury, discrimination, and lack of access to reparative services, and therefore it is of utmost importance to recognize and promote the equal rights of women and girls, especially in compliance with CEDAW.[[54]](#footnote-53) Remarks from the Special Representative of the Secretary-General on Sexual Violence in Conflict on UNGA78 High-Level Side Event reaffirmed Resolution 2467 (2019)’s demand to prioritize the need of survivors and ensure “they receive the requisite care without adverse discrimination” and made further calls to support survivors’ socioeconomic reintegration, among which entails trauma counseling, medical and sexual and reproductive healthcare.[[55]](#footnote-54) The Representative notes a need for political resolve and financial resources in order to “deliver justice, protection, and assistance to help rebuild lives and livelihoods in the wake of these crimes”.[[56]](#footnote-55)

With poverty being a primary global concern when it comes to all things accessibility and quality, especially in regards to healthcare, it acts as a major barrier to maintaining and improving reproductive health. Women and girls who live in poverty and may lack proper sanitary provisions are more at risk for contracting STIs and other diseases that affect their reproductive systems or otherwise increase their chances of getting cervical cancer. In addition, those who live in developing economies or regions that may have limited access to specialized healthcare may resort to acquiring unsafe abortions. Unsafe abortions can severely disadvantage women and girls who already face financial and social discrimination, limiting their full participation in society. Households lose $922 million USD worth of income loss per year in dealing with the aftermath of unsafe abortions, mostly due to induced disabilities and adverse medical conditions as a result.[[57]](#footnote-56) The Commission on the Status of Women’s themes for 2024 prioritize addressing poverty as it contributes to gaps in reproductive health among women and girls. In many Member States, financial dependency often leads to women and girls having to rely on the approval of their partners or families in order for them to acquire certain medical procedures and exercise their bodily autonomy. The year 2020 alone saw an estimated 1.4 million additional unwanted pregnancies in part due to financial hardship and an inability to access proper family planning resources.[[58]](#footnote-57) Data collected from the RESPECT Strategy Summary in 2020 demonstrates that reducing poverty through economic transfers also reduces the likelihood of sexual abuse inflicted by intimate partners, the most prevalent form of violence against women world-wide.[[59]](#footnote-58)

Although there have been strides made to decrease the rate of GBV and promote equitable access to reproductive healthcare, there is still a disproportionate amount of harm to sexual reproductive health and rights brought to an estimated 32 million women and girls in areas of ongoing political and militaristic conflict.[[60]](#footnote-59) Since the ongoing conflict in the territory of Palestine and Israel began during October 2023, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) reported that overcrowded shelters and a reduction of privacy coupled with limited water and hygienic supplies has compromised the menstrual health of many women and girls, putting them at risk for infection.[[61]](#footnote-60) Emergency situations leave limited access to obstetric care and contraceptive provision, which raises significant concerns among women and girls due to heightened plausibility for GBV during a time of conflict. Displacement and limited sanitation provisions oftentimes have an adverse and disproportionate effect on women and girls due to cultural and social norms. Inadequate privacy, such as in bathrooms and laundering services, as well as limited menstruation supplies as observed in the Gaza Strip may force some women and girls into unsanitary practices that increase the likelihood of disease or infection.[[62]](#footnote-61) During times of conflict, women and girls are particularly at risk for their reproductive health being put at risk, and it is therefore essential that services that provide them with the proper care are already put in place. Fostering peace-building is also a critical part of increasing gender equality and women’s rights to healthcare.

***Conclusion***

In order to meet expectations outlined in SDG 5, Gender Equality, it is of utmost importance that the health and needs of women are addressed in order to advance towards a more sustainable future. Reproductive healthcare encapsulates mental and physical well-being, and includes preventing disease and infection, promoting family planning, and ensuring the safety and quality of treatment. Women and girls are not the only portion of the population that benefits from reproductive healthcare, but as it stands they face significantly more hardships when it comes to accessing suitable treatment. Economic and social barriers persist in making it more difficult for women to address their own needs. Furthermore, the prevalence of gender-based violence, domestic abuse, and social stigma targeted at women and girls should urge Member States to consider ways to adapt pre-existing strategies and solutions to improve and promote viable healthcare capabilities for monitoring reproductive health, including ways to prevent and resolve unwanted or unintended pregnancies. When it comes to bodily autonomy in line with the Declaration of Human Rights set forth by the United Nations, there is still a long way to go to ensuring women are afforded the same rights as men. The fight for gender equality is not just a task left up to the governing bodies of the Member States themselves, but the people who live within it, as cultural and social norms play a considerable role in the ways in which reproductive health is evaluated and resolved.

***Committee Directive***

Keeping in mind Sustainable Development Goal 5 to foster gender equality, Delegates should consider past and existing resolutions, documentation, and other international efforts to evaluate and address the role of reproductive rights in women’s healthcare. It is also advised that Delegates consider reasons why goals set forth by previous UN resolutions and documentation have not been met. Delegates should consider social, cultural, and economic factors that may contribute to existing treatment standards and access to healthcare, and how they may be adapted and resolved to comply with targets for SDG 5. Global and regional discrepancies in accessing quality healthcare, including contraceptive education, maternal support systems, and family planning services, should also be considered when adopting inclusive and adaptable solutions. Bearing in mind that reproductive health encapsulates a broad variety of treatment options that contribute to both mental and physical well-being of patients, it is important to make sure solutions address all aspects. Delegates may also consider addressing gender-based violence, domestic abuse, and other reasons why women may seek emergency reproductive health procedures, such as an abortion. Given the complexity and nuance of the issue, Delegates should approach discussion and solutions with consideration of Member States’ sovereignty and respect for the diversity of stances on the topic at hand.

1. “— SDG Indicators.” Accessed November 28, 2023. https://unstats.un.org/sdgs/report/2023/Goal-10/. [↑](#footnote-ref-0)
2. “Chapter XII: International Trusteeship System (Articles 75-85).” United Nations. Accessed November 28, 2023. https://www.un.org/en/about-us/un-charter/chapter-12. [↑](#footnote-ref-1)
3. “International Trusteeship System and Trust Territories | The United Nations and Decolonization.” Accessed January 5, 2024. https://www.un.org/dppa/decolonization/en/history/international-trusteeship-system-and-trust-territories. [↑](#footnote-ref-2)
4. General Assembly Resolution 1514 (XV), United Nations Document A/RES/1514(XV), 14 December 1960. [↑](#footnote-ref-3)
5. General Assembly Resolution 1514 (XV), United Nations Document A/RES/1514(XV), 14 December 1960. [↑](#footnote-ref-4)
6. General Assembly Resolution 1514 (XV), United Nations Document A/RES/1514(XV), 14 December 1960. [↑](#footnote-ref-5)
7. “Special Committee on Decolonization | The United Nations and Decolonization.” Accessed January 5, 2024. https://www.un.org/dppa/decolonization/en/c24/about. [↑](#footnote-ref-6)
8. General Assembly Resolution 1514 (XV), United Nations Document A/RES/1514(XV), 14 December 1960. [↑](#footnote-ref-7)
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