EMRO Resolution

American Mock World Health Organization 2019
Regional Block Name: EMRO 3.1
Topic: Adolescent Sexual Health Education Solutions (ASHES)
Sponsors: Morocco, Pakistan
Signatories: Afghanistan, Egypt, Iran, Lebanon, Sudan, United Arab Emirates, Saudi Arabia
Humanitarian Index Score: N/A

Bearing in mind the stigma surrounding both the distribution of, and access to contraceptive devices, information about safe sexual practices (defined as abstinence, fidelity, preventing the spread of STIs, and preventing unwanted pregnancy) and treatment for complications due to unsafe sexual practices,

Acknowledging the religious views of many of the member nations and their effects on women, including, but not limited to: independent access to health care, contraceptives, and approaches to family planning,

Taking note of nations that have already implemented strategic policies and have established and allowed clinics to provide healthcare for their people,

Recognizing disparities in the provision, education, and acceptance of healthcare within nations in the EMRO region and the need for the support and aid of NGOs and non-profit organization

Taking into consideration the importance of training and retaining a competent, ethical, and committed health workforce,

Reaffirming the need to help provide widespread access to healthcare and education on adolescent reproductive health,

The General Assembly Plenary,

1. *Encourages* the establishment of educational programs that conform to the discretion of each and every nation to promote learning about safe sexual practices and accessing treatment for complications resulting from unsafe sexual practices, including:
    a. Medical and educational establishments, especially those staffed by local physicians and lay health workers, defined as members of the community who receive medical training, that educate about:
        i. The role of NGOs and their work in foreign countries;
        ii. The promotion of safe sex practices through family planning education;
        iii. The distribution, access, and use of contraceptives following marriage;

iv. STIs and the stigmas surrounding them, including the risk factors for contracting STIs, the complications of untreated STIs, and seeking on-site education and treatment;
v. Abstinence;

b. Amended programs depending on the educational infrastructure and degree of government openness to sexual health education;
c. A focus on equal and comprehensive education across genders;

2. *Endorses* the establishment of mobile health clinic (MHC) programs to address the need for better treatment options for STIs, including:
   a. MHCs run by NGOs with approval from federal and/or local authorities;
   b. Commissioned research in these clinics by academic institutions to collect official data on sexual and reproductive health available for use by government officials (and NGOs if requested);
   c. Funding mechanisms from states and NGOs;
   d. Expertise and support from the World Health Organization;
   e. Expansion of the scope of Mobile Health Clinics to be able to also provide remote care and education for teen pregnancies
3. *Recommends* the implementation of programs to reduce social stigma about safe sex behaviors among critically important populations, such as:
   a. Local health professionals (HP) and lay health workers (LHW):
      i. Support for attending international seminars when appropriate;
      ii. Access to digital and physical education materials depending on cultural context;
      iii. Encouraging local authorities to offer protection to HPs/LHWs when conducting sex education campaigns;
   b. Local religious leaders:
      i. Individual visits by HPs and LHWs to educate them;
      ii. Cooperate with religious leaders to develop strategies to educate their congregations, such as:
         1. Incorporating sexual health discussions into community discourse;
         2. Personal advocacy in private and public settings;
   c. Parents:
      i. Group lectures in local community settings by HP and/or local religious leaders who have been trained in sex education focusing on encouraging safe sexual practices in accordance with cultural relevance;
      ii. Home visits by LHWs when possible;
      iii.
4. *Strongly Condemns* firing squads and forced labor camps as responses to individuals conducting sex education;
5. *Accepts* the sovereignty of nations to address homosexual behavior as they see fit.

a. With the exception of punishment by death or physical abuse

6. *Urges* greater mobilization of resources combatting new HIV infections in high-risk adolescent populations