

American Mock World Health Organization 2019

Regional Block Name: SEARO/WPRO 5.1

Topic: Reproductive Adolescent Health

Sponsors: Indonesia, China, India

Signatories: Australia, Malaysia, Japan, Singapore, Republic of Korea, Philippines, Cambodia, Tonga, Vietnam, Thailand, Nepal, New Zealand, Mongolia, Myanmar, Bangladesh

Humanitarian Index Score: N/A

Alarmed by the lack of access to sexual and reproductive health services in underserved rural and urban areas,

Deeply concerned with the continued prevalence of sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) throughout the adolescent population,

Having examined past successes and failures in programs dedicated to adolescent sexual and reproductive health,

Fully aware of the lack of proper sexual education of adolescents and medical professionals,

Affirming the need for both proactive and reactive measures to address adolescent health issues,

Emphasizing the relationship between adolescent pregnancy and maternal health,

Keeping in mind the social norms and cultural biases of countries surrounding controversial sexual health practices,

The General Assembly Plenary,

- 1 1. *Encourages* the use of the MARSH (Mobile Access to Reproductive and Sexual Health)
- 2 system to provide access to education and treatment for underserved areas
- 3 a. Creating a board of directors/committee (eMARSH) of government health
- 4 ministry officials, NGO representatives, and health professionals who will
- 5 oversee the creation and reevaluation of MARSH
- 6 i. Defining underserved areas as rural and urban low-income areas that
- 7 would benefit from access to primary services
- 8 1. Keeping in mind the current crisis situation, MARSH systems will
- 9 also serve populations lacking in proper adolescent health
- 10 resources
- 11 ii. Routine evaluation of the impact and cost-effectiveness of implementation
- 12 of MARSH systems by the administrators of tertiary healthcare clinics to
- 13 target areas of adjustment and guide scale-up approaches

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1. Will occur annually for the first five years, and then once every five years after the initial period
 2. Integrated effort with respective states to collect and process anonymous health information to influence policy making, program actions, and research to further improve adolescent health, including but not limited to:
 - a. STI prevalence
 - b. Maternal/infant mortality
 - c. Average age of first pregnancy
 - b. Instilling community awareness through educating local leaders that are trusted and respected by native populations
 - i. Offering training to MARSH personnel so they may teach local and religious leaders the proper knowledge needed to address adolescent health issues and mobilizing them to spread that knowledge to the community
 - c. Providing proactive and reactive treatment for STIs through both national governments and partnerships with helper organizations. Resources could include but are not limited to:
 - i. Short-term contraceptives such as condoms
 - ii. Treatment for preventable STIs such as gonorrhea and chlamydia
 - iii. Pre-exposure Prophylaxis treatment (PrEP) and Post-exposure Prophylaxis treatment (PEP) for Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)
 - iv. Direct-acting antivirals for Hepatitis C
 - v. 9-Valent Human Papilloma Virus (HPV) vaccines
 - d. Creating a referral network with local clinics to provide further secondary services
 - i. Allowing for the creation of a robust prenatal, neonatal and childbirth network to provide reactive health care to adolescent mothers, which include, but are not limited to:
 1. Cervical cancer screenings
 2. Prenatal vitamins and folic acid supplements
 3. Counseling services
 - ii. Collaborating with local non-governmental organizations to improve or install needed infrastructure for the proper functioning of the MARSH network, such as roads or restocking stations
 1. Means of mobile transport by MARSH will vary based on the existing infrastructure and geography of the state in question

- 53 2. *Approves* the use of communication technologies such as telemedicine, taking into
54 account the feasibility of such recommendations on the basis of existing infrastructure
55 and allowing states discretion over precise implementation
- 56 a. Recommending that this board will serve a fixed term of 3 years and regional
57 representatives will be nominated through regional blocks"
- 58 i. Strongly encourages the use of telemedicine in combination of MARSH
59 systems and the network of local clinics to further augment the reach of clinical
60 and educational efforts in raising community awareness of issues pertaining to
61 adolescent health in areas of maternal health, family planning, and STI
62 transmission and prevention, supported by UNICEF initiatives,
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- 64 b. Calls upon the empowerment of adolescents through education outside the school
65 setting using various mediums such as digitized cartoons, illustrations, and online
66 platforms,
- 67 i. Approves celebrity endorsements and social media influencers to garner
68 the attention of adolescents in order to
- 69 1. Increase engagement with MARSH systems
70 2. Encourage adolescents to participate in preventative healthcare
71 measures
72 3. Suggest a dialogue about sexual and reproductive health
- 73 ii. Creating a safe space online that allows for peer-to-peer learning and
74 encourages adolescents to seek out available sexual and reproductive
75 services from trained health care professionals
- 76 c. Invites urban and rural health centers to collaborate and communicate knowledge
77 and insights through publicly-available scheduled video and phone calls
- 78 d. Easing and expediting the transfer of necessary medical knowledge from the
79 urban to rural settings
- 80 e. Incorporating technological and mobile applications
- 81 i. Encourages the development and promotion of mobile applications that
82 provide free, medically-sound advice including, but not limited to chat-
83 based apps which allow patients to communicate online with doctors and
84 other healthcare professionals
- 85 ii. Designates the creation of text-based subscription services in conjunction
86 with organizations for paternal and maternal education, specifically
87 standardized pre-natal and post-natal practices evidenced to improve the
88 health of adolescent mothers and newborn babies
- 89 iii. Further requests the use of sexual and reproductive health hotlines staffed
90 by trained health workers to effectively provide tailored information and
91 counselling to young people in a largely private way, discussing topics
92 such as reproductive functions, sexual problems, sex trafficking, and birth
93 spacing

