

FORUM: General Assembly

QUESTION OF: “Policies to determine legal and ethical legitimacy of abortion”

SUBMITTED BY: United Kingdom of Great Britain and Northern Ireland

CO-SUBMITTERS: Guyana, Sweden, Belgium and Austria

SIGNATORIES: Uruguay, Netherlands, Venezuela, Signatories, Brazil, Chile, Philippines, Romania, Portugal, Honduras, Mexico, Ukraine, Éritrea, Costa Rica, Italy, Belarus, Croatia, Somalia, Morocco, Jordan, Burkina Faso, Cameroon, France, Botswana, Malaysia, USA, Cyprus, India

Understanding the significance of maintaining world peace and security, especially in areas where states encounter difficulties because of their lack of UN recognition;

Being fully aware of the moral debates surrounding abortion and finding a balance between individual freedom and social values;

Pointing out the diverse cultural, religious and ethical perspectives, these laws are often shaped by deeply rooted societal beliefs;

Expressing concern about unhealthy approaches to abortion in various countries;

1. Urges all Member States to take measures to reduce unintended pregnancies by establishing measures that include but are not limited to:
 - a. Implementing age-appropriate and evidence-based sex education in schools that included but are not limited to:
 - i. Age-specific curricula for different grade levels,
 - ii. Promoting accessible contraceptives in culturally acceptable ways,
 - iii. Reproductive health;
 - b. Family planning services, in accordance with their cultural and legal frameworks in collaboration with the UNFPA, including but not limited to:
 - i. Advocating family planning through media and community outreach,
 - ii. Engaging UNFPA in expanding access to affordable services;
2. Encourages all Member States to adopt comprehensive and inclusive abortion policies such as but not limited to:
 - a. Abortions are legal if the pregnancy has not exceeded its twenty-fourth week,
 - b. Aborting will be allowed past the 24 weeks if the continuance of the pregnancy would involve risk such as but not limited to:
 - i. Injury to the physical or mental health of the pregnant woman,
 - ii. Injury to the physical or mental health of any existing children of the family;

- c. Abortions are legitimate if there is a substantial risk that if the child were born it would suffer from issues that include but are not limited to:
 - i. Physical or mental abnormalities,
 - ii. Serious handicaps;
3. Calls for the healthcare providers that perform the abortion shall be mandated to offer comprehensive aftercare services within one year of the abortion to ensure the well being of individuals that have had abortion procedures, including:
 - a. Two post-operative check-ups of at least 20 minutes to ensure their:
 - i. Well-being,
 - ii. Recovery;
 - b. One counseling session with a therapist of at least 30 minutes to address aspects such as but not limited to:
 - i. Emotional,
 - ii. Psychological;
 - c. Contraceptive guidance which gives clear guidance on a range of at least four contraceptives;
4. Calls upon governments to allocate funds to ensure the provision of free abortion services in ways such as but not limited to:
 - a. Encouraging the establishment of budgets to ensure the accessibility of abortion services to all individuals:
 - i. Transparency in budget allocation, ensuring that funds are specifically directed toward enhancing abortion services' availability;
 - b. Requesting the United Nations to provide financial assistance to Less Economically Developed countries (LEDs) facing constraints in funding abortion services in ways such as but not limited to:
 - i. Improving the accessibility and quality of abortion services;
5. Highlighting the need for age-appropriate consent mechanisms for abortion services, this resolution recognizes that:
 - a. Individuals aged 16 and above are granted autonomy in deciding about abortion without compulsory parental consent,
 - b. Confidential counseling services to support informed abortion decisions for those aged 16 and above;
6. Urges all Member States to implement safety policies such as but not limited to:
 - a. Advocating for the exclusive performance of abortions by registered medical practitioners:
 - i. Certification for practitioners involved in abortion procedures,

- ii. Monitoring the qualifications of doctors providing abortion services through a regulatory framework;
 - b. Calling for the provision of accurate and unbiased information to individuals seeking abortion services in ways such as but not limited to:
 - i. Creating unbiased educational materials on abortion procedures, risks, and alternatives,
 - ii. Providing comprehensive counseling to inform individuals considering abortion,
 - c. Highlights the importance of ensuring access to safe abortion facilities;
- 7. Establishing guidelines that parents or legal guardians of a individual under the age of 16 seeking an abortion have to meet that include but are not limited to:
 - a. Having received comprehensive information that include but are not limited to:
 - i. The procedure,
 - ii. Potential risks,
 - iii. Alternatives,
 - b. Considering exceptions for situations involving the individual's safety that include but are not limited to:
 - i. Negative mental State,
 - ii. Instances of sexual abuse,
 - iii. Cases of medical emergency;
- 8. Acknowledging a fixed waiting period of at least 5 days between the initial counseling session and the actual abortion procedure in order to ensure options that include but are not limited to:
 - a. An informed decision-making,
 - b. Ethical consideration surrounding abortion,
 - c. Seek additional information if desired.