

Code: WHO/1/2

Committee: World Health Organization

Topic: Achieving MDG5: Improving Maternal Health

1 *The World Health Organization,*

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3 *Understands* that there is a global health care shortage of 7.2 million health care workers, localized in sub-Saharan
4 African and other developing nations, with 83 countries facing a health care crisis,

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6 *Reaffirming* Article 25 (2) of the Universal Declaration of Human Rights in regards to the necessity of each member
7 state supporting pre-natal and post-natal care for all mothers globally,

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9 *Calling attention to* Article 2 (L) of the World Health Organization (WHO) Constitution, which provides particular
10 attention to mothers and their unborn children,

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12 *Recognizing* the mandate of the World Health Organization (WHO), specifically the sharing of practices between
13 states in order to improve global health as defined in Article 3.1.1.1 of the WHO constitution,

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15 *Expressing its support* for the Millennium Development Goals (MDG) as an appropriate international agenda for the
16 betterment of health and well-being of mothers, but understanding that a 45% decrease in maternal mortality since
17 1990 is not adequate considering the MDG guidelines,

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19 *Noting with concern* the WHO report of the Global Burden of Disease which reports that everyday approximately
20 800 women die due to complications of pregnancy and childbirth,

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22 *Noting with gratitude* the Campaign on Accelerated Reduction of Maternal, Newborn, and Child Mortality in Africa
23 (CARMMA),

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25 *Deeply alarmed* by the United Nations Children's Fund (UNICEF) report on maternal health in Ebola-impacted
26 Member States, which states one in seven women risk dying in childbirth in Ebola-hit countries and in the wake of
27 the Ebola outbreak, the maternal mortality rate is projected to skyrocket 15%-20% of the current rate,

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29 *Recognizing* the role of financial institutions such as the New Development Bank, World Bank and IMF to increase
30 their efforts to support entities and programs that are focused on the improvement of maternal health in developing
31 states,

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33 *Noting* that 58 countries share 91% of the burden on maternal mortality,

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35 *Acknowledging* both the Beijing Declaration and Platform for Action and the Cairo Declaration and Program of
36 Action, which stresses the importance of education for women, promoting accessible and affordable access to
37 healthcare, eliminating any harmful and unnecessary medical practices and procedures, and supporting non-
38 governmental organizations (NGO) working on women's health,

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40 *Deeply conscious* that pregnant women and new mothers need education on proper care such as awareness about
41 appropriate nutrition and supplements,

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43 *Taking into consideration* that community members play a vital role in the success and sustainability of programs
44 and in providing health education to young members of the community,

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46 *Reminding* developed Member States of the Millennium Project expectation for them to commit 0.7% of their GDP
47 to Official Development Aid (ODA),

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49 *Noting* that the lack of clean water and water sanitation infrastructure in many developing states affects one billion
50 people globally and inhibits women's pre-natal and post-natal health,

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52 *Recognizing* the crucial contribution of the nursing and midwifery professions to improving health systems, to
53 increasing the access to comprehensive health services, and the efforts to achieve the internationally agreed health-
54 related development goals, including the Millennium Development Goals and those outlined in the constitution of
55 the World Health Organization,

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57 *Emphasizing* that over 99% of deaths from pregnancy complications occur in developing countries, as stated in the
58 World Health Organization, *Fact sheet N°348*,

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60 *Applauding* urban physicians traveling out of metropolitan areas and developed countries to assist rural areas by
61 providing adequate health care, such as such as the Pan American Health Organization (PAHO) and the Maputo
62 Plan of Action,

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64 *Recognizing* the work the Convention on the Elimination of All Forms of Discrimination of Violence Against
65 Women (CEDAW) and The Partnership for Maternal, Newborn and Child Health has done for women,

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67 *Recognizes* the importance of telecommunications and mobile phones in spreading vital information to mothers
68 regarding pre-natal and post-natal care, such as the Mobile Alliance for Maternal Action (MAMA),

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70 *Affirming* that to make improvements in the maternal health care system, programs similar to those adopted at
71 ICPD+5 need to be implemented in Member States to measure improvement,

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73 *Noting with deep concern* that according to the United Nations Population Fund (UNFPA), 3.6 million deaths could
74 be avoided each year in 58 developing countries if midwife services could be increased and improved,

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76 1. *Requests* the support for improved sanitation by additional funding to initiatives, such as:
77 a. Programs implemented for Water, Sanitation and Hygiene Strategies (WASH) improvements,
78 which are currently funded by UNICEF and UNHR, provide water security to mothers and
79 children in rural and developing areas;
80 b. Existing programs like the African Comprehensive Maternal Health Partnership (ACHAP) to
81 address the fundamentals of health including:
82 i. The construction of wells to provide cleaner sources of water;
83 ii. The development of alternative sanitation approaches;
84 iii. The implementation and promotion of public policies that supports and improves
85 sanitation both in densely populated urban areas and rural communities;
86 iv. The creation of public and private facilities that will address the problem of open
87 defection;
88 v. The proper resources to ensure sanitation in hospitals and community based medical
89 centers;
90 c. Supporting small-scale water filters such as LifeStraw and other private sector innovations as a
91 temporary solution;
92 d. Promoting the use of multi-village water systems to make the most of scarce resources,
93 Encouraging collaboration with the United Nations Population Fund to improve the disposal
94 processes of polluted or dangerous material;
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96 2. *Calls upon* all stakeholders and capable Member States to recommit to the agreed upon standard of 0.7% of
97 gross national product to Official Development Assistance (ODA), focusing specifically on projects centered on
98 improving maternal health;
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100 3. *Recommends* Members States to implement national programs to allow for the subsidization of educational
101 costs with financial funds allocated from the Office of Development Assistance (ODA) for new medical
102 personnel that:
103 a. Agree to serve developing states post-graduation for a minimum of 5 years;
104 b. Make efforts to educate the community on maternal health issues and provide support for rural or
105 underdeveloped communities;
106 c. Promote educational programs to educate local medical professionals and place them among rural
107 and indigenous populations would be created;

- 108 d. Assist rural communities in developing Member States in attaining self-sufficiency in their local
109 health care system by receiving aid from domestically sourced medical personnel;
- 110 e. Work in collaboration NGOs located in the local, regional, and international levels concerning the
111 sponsorship and coordination of foreign and local professionals operating in the affected Member
112 States;
- 113 f. Ensure field programs are distributing domestically trained personnel from urban centers to rural
114 areas that are heavily impacted by high maternal mortality rates;
- 115 g. Ensure education program can be conducted in upgraded, existing public health schools, centers
116 already equipped with internet technology in order to provide long-distance education, and other
117 pre-existent locations that can benefit from the development programs as per Clause 3;
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- 119 4. *Suggests* the further utilization of mobile doctor units, connecting local urban doctors with rural communities on
120 a regular basis, for the purpose of providing medical assistance, executed such that, mobile doctor units will
121 engage in the collection of statistical data in remote communities, to assist other United Member States’
122 agencies and Non-Government Organizations (NGOs) in combating regional health issues and are responsible
123 for educating women on health services provided by local medical facilities such prenatal vitamins;
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- 125 5. *Encourages* Member States to contribute to UNFPA’s Maternal Health Thematic Fund, which will allow states
126 to:
- 127 a. Build political and social commitments to maternal health;
- 128 b. Improve access to maternal health services to increase the likelihood of having a skilled health
129 professional present at the time of birth;
- 130 c. Increase access to emergency obstetric care, especially for those in impoverished areas, through
131 increasing the numbers of district hospitals in rural areas;
- 132 d. Increase access to health care supplies in developing areas through the funding from the United
133 Nations Children Fund (UNICEF) and UNFPA;
- 134 e. Empower women to exercise their rights to quality maternal health care through the increase of
135 trained specialists and obstetricians under the guidance of UN Women;
- 136 f. Train regional, local, and neonatal health care professionals emphasizing:
137 i. Delivery techniques;
- 138 ii. Common pregnancy and delivery complications;
- 139 iii. Necessary personal protective practices;
- 140 g. Submit annual impact reports to assess the productivity of programs in reducing maternal health
141 and wellness to be facilitated by the bilateral cooperation of UNdata and the WHO;
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- 143 6. *Urges* Member States to strengthen nursing and midwifery by:
- 144 a. Developing action plans that are integral part of regional and sub-regional health plans and are
145 reviewed regularly by UN data through UN E-Survey in order to respond to population-health
146 needs accommodated by the coordination of UN data and WHO;
- 147 b. Developing and administering proper training of nurses and midwives to care for women during
148 the pregnancy, childbirth, and postnatal period, provide pre-pregnancy advice and health
149 education, offer general health information, including reproductive health care and family
150 planning, and assisting women to successfully breastfeed;
- 151 c. Utilizing the United Nations Population Fund (UNFPA) and the International Confederation for
152 Midwives (ICM) to fund the training and deployment of midwives in developing states with the
153 purpose of reaching women in rural areas to provide services which include: assistance for at-
154 home childbirth, free contraceptives, vaccinations, antenatal and postnatal care;
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- 156 7. *Further invites* the creation of educational programs in regards to pre and post natal care implemented though
157 UNICEF with absolute regard to cultural sensitivity would provide information to women in order to:
- 158 a. Provide signs of pregnancy complications,
- 159 b. Educate on the benefits of birth spacing and nutritional information on preventing low birth
160 weight and malnutrition,
- 161 c. Spread awareness on information about general health and sexually transmitted diseases (STI),
- 162 d. Safeguard reproductive health, including the safety of female youth within the educational
163 program which includes protection from sexual violence;

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8. *Requests* the immediate promotion and campaign of family planning, reproductive education, and use of culturally appropriate preventative measures in struggling societies through mobile doctors, midwives, nurses, and other personnel as an immediate and affordable way to drastically reduce maternal mortality rates, such that:
 - a. Foreign medical aid and NGOs keep sensitivity to cultural practices paramount with a collaborative focus on the growth of domestic knowledge especially in rural or undeveloped communities;
 - b. Operating personnel will educate local communities on maternal health and family planning in accordance with cultural acceptability;
 9. *Expresses its hope* for financial support of the Group of Eight's (G8) Infrastructure Consortium for Africa initiative to:
 - a. Promote the benefits of investment in small communities and infrastructure growth, specifically in Africa in both public and private sources;
 - b. Accept the position of encouraging countries to develop on their own with outside monetary investment;
 10. *Approves* of the project Commission on Urgent Relief and Equipment (C.U.R.E.) in collaboration with the Society for Nutrition and Health Action and the Partnership for Maternal, Newborn and Child Health to supply countries with:
 - a. Antibiotics, medications, and cord care supplies including sterile blades;
 - b. Vitamins to combat malnutrition;
 - c. Supplements that address common conditions such as anemia and Gestational Diabetes Mellitus (GDM);
 - d. The creation and expansion of local, regional, international, and mobile blood banks maintained by the Red Cross and Red Crescent Societies;
 11. *Encourages* the creation of mental health and psychological support (MHPSS) programs to improve the health of the affected population through:
 - a. The development of counseling programs implemented through community centers with financial support from NGOs such as BasicNeeds Lao, Center for Crisis Psychology, and the Committee on Mental Health in Consultation Relationship of the UN;
 - b. Government developmental workshops in rural areas on educating the population on the importance of psychological health for pregnant women and mothers;
 - c. The facilitation of local women groups that meet bi-weekly to discuss issues of importance such as menstruation, medication, and support from the men in the community; this will ensure a sense of community support among women;
 12. *Recommends* that resources are allocated to increasing the scope of Member State's pre-existing and future public transportation systems with the support of the UNDP an effort to improve access between rural and urban communities and to provide:
 - a. Rural communities with access to skilled professionals and health resources;
 - b. Skilled professionals with access to areas that are often overlooked and hard to access due to transportation difficulties;
 - c. The mobilization of professionals throughout Member States to provide greater collaboration in sharing of skilled professionals, ideas, and resources to improve maternal health;
 13. *Expresses its full support* for the expanded implementation of WHO's successful maternal dashboards in Member States, developed by the Bristol School of Clinical Sciences and implemented at Mpilo Central Hospital in Bulawayo, Zimbabwe, in order to:
 - a. Provide data on maternal health;
 - b. Recognize areas that have improved and areas that need improvement;
 - c. Demonstrate where health resources have been allocated;

- 219 14. *Strongly urges* the establishment of comprehensive, culturally respectful trainings in developing areas by
220 experts from non-governmental organizations within existing programs, such as SolidarMed which is a program
221 that facilitates skilled professionals to train local medical community members in medical practices, with an
222 emphasis on;
- 223 a. Providing care for pregnant women and new mothers;
 - 224 b. Training that utilizes current and modern medical equipment;
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- 226 15. *Recommends* that Member States utilize pre-existing frameworks, such as the Pan American Health
227 Organization (PAHO) and the Maputo Plan of Action, within the WHO's operational to encourage regional
228 development in the following areas:
- 229 a. Extending widespread educational methods using existing educational institutions geared towards
230 promoting structural modes of development and awareness for:
 - 231 i. HIV/AIDS and fatal diseases;
 - 232 ii. Repositioning family planning, developing and promoting youth-friendly services, unsafe
233 abortion, quality safe motherhood, resource mobilization, commodity security and
234 monitoring and evaluation;
 - 235 iii. The recognition of important socioeconomic and cultural deficiencies that undermine the
236 progress of sexual and reproductive health, including gender issues and poverty
237 reduction;
 - 238 iv. Recognition of sexual and reproductive health and the need to develop a concrete, Plan of
239 Action (POA) for implementing the Framework;
 - 240 b. The Continental Policy Framework on Sexual and Reproductive Health and rights addressing the
241 reproductive health and rights challenges faced by Africa by calling for strengthening the health
242 sector component by increasing resource allocation to health, in order to improve access to
243 services;
 - 244 c. The regional bodies that will extend these policies to include the reduction of Ebola, malaria, and
245 other prominent infectious diseases and agents;
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- 247 16. *Calls upon* the UN Member States to provide funding for the improving of mobility of midwives in all NGO's,
248 to further goals of bringing skilled midwives to illiterate and low-literacy communities, and the proven success
249 of pairing countries with established midwife programs through:
- 250 a. International Confederation of Midwives, to aid in the expansion of the Twinning Between
251 Associations program;
 - 252 b. The American College of Nurse Midwives to improve the education of the professionals;
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- 254 17. *Urges* all UN Member States to review and uphold UNSC resolution (S/RES/1170) in order to ensure the
255 safety and security of UN aid workers and assets when implementing the aforementioned programs and courses
256 of action;
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- 258 18. *Emphasizes* the importance of providing health care support through NGO's to refugee or Internally Displaced
259 Mothers, in the form of Maternal and Child Health home visiting programs similar to work done by Women,
260 Peace, and Security, which together with its growing networks of gender and security experts directly works in
261 conflict areas to provide basic human rights such as right to medical care within the refugee camps;
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- 263 19. *Endorses* organizations, similar to International Medical Corps, which calls upon giving people in developing
264 nations the resources to tend to their own health care needs to promote cultural sensitivity, as a result of
265 community workers working with women to support and give back to their own communities;
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- 267 20. *Recommends* intensified bilateral and multilateral cooperation between sovereign governments by increased
268 collaboration between UN and NGO bodies and the respective health administrations of each state in order to
269 create sustainable infrastructure and policies, while recognizing individual state sovereignty;
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- 271 21. *Encourages* WHO, with other UN bodies, and NGOs to work with regional blocs such as the African Union, the
272 Arab League, Southeast Asian Association for Regional Cooperation and other similar groups in order to ensure
273 that the maximum possible maternal health coverage can be extended to all affected populations on the globe;
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- 275 22. *Urges* all UN Member States to review and uphold UNSC resolution (S/RES/1170) in order to ensure the
276 safety and security of UN aid workers and assets when implementing the aforementioned programs and courses
277 of action;
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- 279 23. *Recommends* the implementation of departments, which specifically pertain to maternal health for both pre-
280 natal and post-natal care following models similar to CARMA and Pan American Health Organization;
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- 282 24. *Encourages* cooperation by all Member States to work towards improving maternal health in accordance with
283 Millennium Development Goals and the Constitution of the WHO;
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- 285 25. *Encourages* enhanced cooperation between public and private sectors to meet MDG5 targets;
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- 287 26. *Urges* Member States to increase support for women in rural areas both during and after pregnancy in
288 accordance with A/RES/68/139;
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- 290 27. *Recognizes* the sovereignty of any state in deciding to request or reject the aforementioned programs and
291 courses of action at any time.