



WORLD HEALTH ORGANISATION

TPAMUN WHO Background Guide

Agenda: Discussing Maternal Health in third-world countries with a special emphasis on Sustainable Development Goal 6 (SDG 6), which focuses on ensuring access to clean water and sanitation.

Letter from the Executive Board

Honorable Delegates,

On behalf of the Bureau, we warmly welcome you to the World Health Organisation Committee at the Premia Academy Model United Nations. We are absolutely elated to be serving on the Executive Board (EB) and look forward to having you be a part of WHO as well, rendering to make these a magnificent three days.

We will always be there for you at every step, to encourage you, push your boundaries, and recenter focus when needed. We count on you, as much as you might count on us. We look forward to mutual growth, and learning, albeit within the frame of discipline and cooperation. This study guide is a mere framework for your deeper research. This study guide consists of various angles and viewpoints so that you have a clear idea about the concepts associated with the agenda. We cannot stress enough that you need to pursue your own sources, especially because the study guide will not cover your individual stances.

Read widely and extensively. Be aware of your foreign policies. It's crucial to bear in mind that your success in the committee will highly depend on how well you prepare yourself beforehand, as this is one of the core aspects you will need to fulfill if you're looking to excel in this committee. We wish you all the best. Quoting Nani Palkhivala, "Opportunities multiply when they are seized; they die when neglected". It is time for all of you to seize this opportunity to come up with comprehensive solutions to help the most vulnerable sections of society and showcase global leadership.

Warm Regards,

Simran Panda (Chairperson)

Adya Yajnik (Vice-Chairperson)

Yehiell Shah (Rappoteur)

Introduction to the World Health Organisation

The World Health Organisation is a United Nations Organisation that connects nations and other partners worldwide to promote global health, to ensure anyone, anywhere can access the best healthcare possible. It was created on 7th April 1948, now World Health Day. Its headquarters are located in Geneva, Switzerland.

The World Health Organisation aims to lead efforts in 194 countries to build a better world with its Triple Billion Targets. They are:

1. One billion more people benefit from universal health coverage.
2. One billion more people are protected from global health emergencies.
3. One billion more people enjoy better health and well-being.

The World Health Organisation (WHO) is a specialized agency of the United Nations and is considered a recommendatory body. Its primary role is to provide leadership on global health matters, set health standards and guidelines, and coordinate international health programs. The WHO makes recommendations and offers expert advice on various health issues based on scientific evidence and best practices. These recommendations are intended to assist member countries in improving their health systems and policies. However, it's important to note that member countries are not legally bound to follow these recommendations, as the WHO does not have enforcement powers. The implementation of WHO recommendations ultimately depends on individual countries and their respective health authorities.

The World Health Organisation's functions, as per the WHO Constitution are:-

- Act as the directing and coordinating authority on international health work between various states, agencies, and organisations
- Assist Governments, upon request, in strengthening health services
- Providing technical assistance, health services, and facilities to special groups and in emergencies, such as epidemiological and statistical services
- Propose conventions, agreements, and regulations, and make recommendations concerning international health matters, and to perform
- Promote maternal and child health and welfare and foster the ability to live harmoniously in a changing total environment
- Foster activities in the field of mental health, especially those affecting the harmony of human relations
- Conduct research and coordinate between scientists and governments in the field of health
- Provide information and awareness to the public on matters of health, such as vaccines and Covid-19 (in recent times)
- Establish and revise as necessary international nomenclatures of diseases, causes of death, and public health practices
- Set international standards with respect to food, biological, pharmaceutical, and similar products in relation to health and wellbeing.

The World Health Organisation can also set up regional offices, where it may-

1. Help formulate policies in the region

2. Investigate specific health matters in the region
3. Cooperate with other organisations to achieve their common goals
4. Provide advice to the local governments

Sources of finance for the World Health Organisation, used for emergency response programs and research, include donations and contributions, usually from the Member States, but occasionally from Trust Funds, Partnerships, and Donations.

Global Situation with Regards to Maternal Health

According to the WHO, Maternal Health is defined as **The health of women during pregnancy, childbirth, and the postpartum period.**

In the span of the 29 years following 1990, 23% more live births have been supervised by skilled health personnel, from 58% to 81%.

The **Maternal Mortality Ratio** is a key indicator used to measure the health and well-being of women during pregnancy, childbirth, and the postpartum period. It represents the number of maternal deaths per 100,000 live births in a given population or region during a specified period of time, which is usually a year.

While statistics show a 3% yearly decrease in Maternal Mortality, they also tend to hide the grave situation in certain fragile and humanitarian regions in the world. 99% of maternal deaths occur in developing countries, and just Sub-Saharan Africa and South Asia have the highest share of maternal deaths in 2017 (86%). Causes of these deaths often include excessive blood loss, infection, high blood pressure, unsafe abortion, and obstructed labour, as well as indirect causes such as anemia, malaria, and heart disease. Most deaths are **preventable**, according to WHO, if childbirth occurs in the presence of Skilled Health Personnel.

Skilled health personnel, as referenced by SDG indicator 3.1.2, are competent maternal and newborn health (MNH) professionals educated, trained, and regulated to national and international standards. They are competent to:

- (i) Provide and promote evidence-based, human-rights-based, quality, socioculturally sensitive, and dignified care to women and newborns;
- (ii) facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and
- (iii) identify and manage or refer women and/or newborns with complications.

In addition, as part of an integrated team of MNH professionals (including midwives, nurses, obstetricians, pediatricians, and anesthetists), they perform all signal functions of emergency maternal and newborn care to optimise the health and well-being of women and newborns. Within an enabling environment, midwives trained to International Confederation of Midwives (ICM) standards can provide nearly all of the essential care needed for women and newborns.

What challenges do third-world countries face with maintaining a low MMR?

Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. Globally in 2015, births in the richest 20 percent of households were more than twice as likely to be attended by skilled health personnel as those in the poorest 20 percent of households (89% versus 43%). This means that millions of births are not assisted by a midwife, a doctor, or a trained nurse. Healthcare infrastructure is also reduced with most countries in South Asia and Sub-Saharan Africa (known for the highest maternal mortality), having less than 7 beds per 10,000 people.

Cultural and religious beliefs, family pressure, superstition, shyness, misconception, transportation, lack of family support, lack of autonomy, lack of access to maternal healthcare, poor quality of care, and religious beliefs serve as barriers to the utilisation of maternal healthcare services among women. Studies have also shown that the idea that “a good pregnancy doesn’t need an attendant” has also prevented women from accessing healthcare. Restricted autonomy for women has been identified as a factor underpinning the inability to make personal decisions about health service use, and this factor is one of the underlying elements of the “three delays” hypothesis relating to lack of access to emergency care in labour. There is also increasing recognition of the problem of human rights abuses in health care in general, but especially in these areas.

Many women in these regions are also unable to reach healthcare because of a severe lack of transport, or finances for health services, due to which they do not attempt to access Antenatal Care, Postnatal Care, and Skilled Birth Attendance. At the family level, these include a lack of household resources, especially when faced with the problem of formal and informal payment for services, and the problems inherent in travel to centralised health care services.

Zika Virus

Zika virus is a mosquito-borne virus first identified in Uganda in 1947 but then detected once again in outbreaks since 2007 internationally. It is transferred by the Aedes Mosquito, which breeds in small collections of water around homes, schools, and work sites. While those infected do not typically show symptoms, a Zika virus infection during pregnancy, however, can cause infants to be born with microcephaly and other congenital malformations as well as preterm birth and miscarriage. Pregnant women living in areas with Zika transmission or who develop symptoms of Zika virus infection need to seek medical attention for laboratory testing, information, counseling, and other clinical care.

Unfortunately, Zika Virus is prevalent in countries such as Uganda, Nigeria, Côte D'Ivoire, Bolivia, Jamaica, Haiti, Bangladesh, and Lao PDR, which co-incidentally have a high MMR.

Adolescent Pregnancy

Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth. Globally, ABR has decreased from 64.5 births per 1000 women (15–19 years) in 2000 to 41.3 births per 1000 women in 2023. However, rates of change have been uneven in different regions of the world with slow declines in the Latin American and Caribbean (LAC) and sub-Saharan Africa (SSA) regions. Although declines have occurred in all regions, SSA and LAC continue to have the highest rates globally at 99.4 and 52.1 births per 1000 women, respectively, in 2022. In many societies, uneducated girls are under pressure to marry and bear children due to cultural values and limited autonomy to influence decision-making about delaying child-bearing and contraceptive use. Adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20–24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm birth, and severe neonatal condition. Many of these pregnancies in Low to Middle-Income Countries end in abortion if societally or legally frowned upon, and often are invasive, non-medical methods, severely affecting their future reproductive capacities and overall physical and mental health.

Female Genital Mutilation

Female genital mutilation (FGM) is a harmful practice that affects 200 million women and girls alive today. While there has been a steady decline in FGM prevalence, still, an estimated 3 million girls and women are at risk of undergoing FGM every year. FGM has no health benefits, but one in four girls and women have experienced FGM performed by health workers, especially in regions in Africa and the Middle East, where the practice is seen as a tradition. The practice of FGM is recognized internationally as a violation of the human rights of girls and women, due to effects such as psychological trauma, hemorrhage, infection, swelling, urinary problems, and increased risk during childbirth.

Conflict and Healthcare

Out of the 49 states in Sub-Saharan Africa, 10 have reportedly high rates of armed conflict, with casualty numbers only growing. These states include Mali, South Sudan, Somalia, the Democratic Republic of Congo, and Niger, but 10 other states, such as Chad, report low-intensity, sub-national armed conflict. This, and water scarcity in the regions has provided a clear estimation as to why it is unsafe for women to travel to receive quality maternal care, and why, in these countries, the MMR is so high. Afghanistan, which has been ridden with conflict until very recently, is also on the top of the list for a high MMR. Moreover, many women themselves may be put in dangerous situations with violent belligerents, as these areas report high rates of sexual violence and intimate partner violence, leading to forced pregnancies, gynecological issues, sexually transmitted infections, and higher chances of miscarriage (16%) and pre-term birth (41%). Combined with weak national health systems, these settings make it difficult to deliver basic health services where they are most needed and would make the biggest difference. In regions like India, for government hospitals and primary health centers across the country, violence by patients, patients' relatives, local goons, political leaders, and even by police has been reported due to reasons such as anxiety, long waiting period, non-availability of crucial investigations, inordinate delay in

referral, unhygienic, death of a patient and extremely crowded condition in the emergency. This disincentivizes even joining the obstetric field. Non-state armed groups such as those in Nigeria also aggravate the issue by kidnapping women in education (which often also leads to sexual violence), disincentivizing education regarding their rights and anatomies furthermore. This also decreases the workforce of medical professionals (especially women) as they are not educated.

Sanitation, Clean Water, and Maternal Health

Clean water and proper sanitation facilities are vital in preventing infections during pregnancy, childbirth, and postpartum. Adequate water supply ensures hygiene and cleanliness in healthcare settings, reducing the risk of infection transmission to pregnant women and newborns. Access to clean water and sanitation facilities enables healthcare providers to practice proper hand hygiene, ensuring a safe environment during delivery. This reduces the likelihood of introducing harmful bacteria and pathogens, thereby minimizing the risk of maternal and neonatal infections. Inadequate access to clean water and sanitation contributes to high maternal mortality rates, primarily due to infections and complications during childbirth. Lack of clean water and sanitation increases the vulnerability of pregnant women to waterborne diseases, such as cholera, typhoid fever, and diarrhea. These diseases can have severe consequences for both the mother and the unborn child, leading to dehydration, malnutrition, and preterm birth.

By ensuring clean water for drinking and hygiene, and sanitation facilities for safe delivery and postpartum care, the risk of maternal deaths can be significantly reduced. Clean water and sanitation are essential for promoting good hygiene practices among pregnant women, including handwashing, clean menstrual hygiene, and safe disposal of waste. These practices contribute to overall maternal health and reduce the risk of infections that can complicate pregnancy and childbirth. Adequate water and sanitation facilities are critical for postpartum care, including personal hygiene, wound care, and breastfeeding practices.

Clean water promotes proper healing of episiotomies, cesarean section incisions, and other childbirth-related wounds, reducing the risk of infections and complications. Access to clean water and sanitation has broader implications for the well-being of pregnant women. It enhances their dignity, privacy, and comfort during childbirth and postpartum recovery, contributing to improved mental and emotional health. Maternal health is closely linked to the health of newborns and infants. By improving maternal health outcomes through clean water and sanitation, the risk of infections and diseases for newborns is reduced, promoting their overall well-being.

Sustainable Development Goals 3 and 6

Sustainable Development Goals 3.1 and 3.2 suggest that **“By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births”**, and **“By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality**

to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births”

UN statistics suggest however, that the current global MMR is 223 per 100,000 live births and while the current annual rate of reduction is 0.04%, we must achieve one of 11% to ensure that we reach the SDG target.

The basic outline of SDG 6 suggests, **“Ensure availability and sustainable management of water for all”**

Access to safe water, sanitation, and hygiene is a fundamental human need crucial for promoting health and well-being. However, unless progress accelerates significantly, billions of people will still lack access to these essential services by 2030. This pressing issue arises from factors such as rapid population growth, urbanization, and increased water demands for agriculture, industry, and energy sectors. Water stress has been exacerbated by decades of mismanagement, misuse, over-extraction of groundwater, and contamination of freshwater sources. Furthermore, countries face additional challenges related to degraded water ecosystems, water scarcity resulting from climate change, inadequate investment in water and sanitation infrastructure, and insufficient cooperation on transboundary water resources.

International Solutions

WHO Programs

1. Sexual and Reproductive Health Research
2. Consortium of Universities for Global Health
3. Global Breastfeeding Collective
4. Ending Preventable Maternal Mortality
5. Maternal and Neonatal Tetanus Elimination
6. Action on Social Determinants of Health for Advancing Health Equity
7. Preventing and Responding to Sexual Exploitation, Abuse, and Harassment
8. Patients for patient safety

WHO and UN Resolutions

- WHA72.2
- WHA72.3
- WHA61.16
- AFR/RC58/8
- WHA65.6
- WPR/RC46.RI5
- A/C.3/77/L.22
- A/61/338
- WHA72.7

- WHA66.12
- WHA64.24
- WHA64.7
- WHA66.23
- WHA69.19
- WHA45.5
- WHA67.21
- WHA69.22
- WHA73(26)
- WHA58.33
- WHA68.15
- WHA67.15
- WHA72/16
- WHA63.17
- WHA72.7
- WHA64.24

Sources

- [Water and Sanitation | UN](#)
- [Goal 3 | Department of Economic and Social Affairs \(un.org\)](#)
- [Why Do Women Not Use Antenatal Services in Low- and Middle-Income Countries? A Meta-Synthesis of Qualitative Studies | PLOS Medicine](#)
- [Maternal health \(who.int\)](#)
- [Maternal Health | WHO | Regional Office for Africa](#)

Questions A Resolution Must Answer

- What barriers to access are present with regard to clean water across the world?
- How can we incentivize women to seek crucial maternal care?
- How can we communicate and adjust with cultures across regions to prevent harmful practices such as FGM and Sexual Violence, and encourage education?
- What role do clean water and sanitation play in decreasing the maternal mortality rate?
- What can be done to increase healthcare capacities, especially Skilled Birth Attendants in a country?
- What action is necessary to protect Healthcare systems from conflict and/or discrimination?
- How can we prevent the transmission of diseases that can severely affect a pregnant person, such as German Measles and Zika virus?
- To what extent of social reform required to ameliorate the situation with regard to sanitation, sexual and reproductive health?
- What interventions can be taken to reach the targets set by the UN Sustainable Goals with respect to the agenda?