World Health Organization
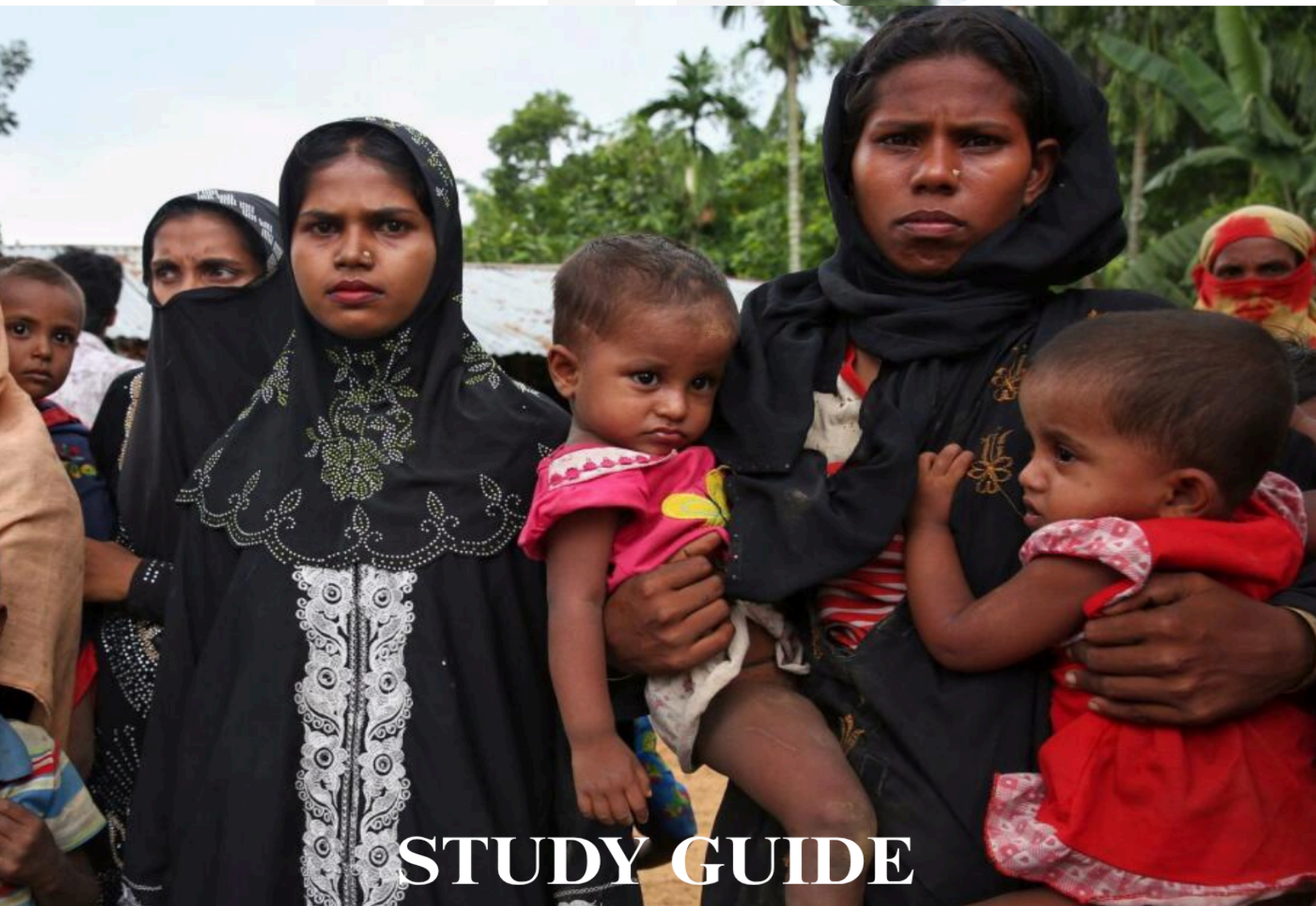
AGENDA:

Deliberating on Improving Access to Maternal and Child Healthcare Facilities with Special Emphasis on Developing Countries.

WHO

STUDY GUIDE

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LETTER FROM THE BUREAU

Dear Delegates,
Namaste

We are delighted to extend a warm welcome to everyone at the 10th iteration of the Shishukunj Model United Nations, 2025. It is with great excitement that we undertake the role of the bureau for the World Health Organization (WHO).

Given the increasing population and rising poverty levels, it is crucial to prioritize the health and well-being of both expectant and current mothers, along with their children, to cultivate a robust youth for future generations. Our agenda "Deliberating on Improving Access to Maternal and Child Healthcare Facilities with Special Emphasis on Developing Countries" will empower you as future leaders to improve global healthcare systems, ensuring that every child has the chance to realize and demonstrate their full potential.

Delegates need to investigate their nation's position and adhere to their foreign policy and international regulations during committee sessions. We anticipate that delegates will develop creative, innovative, and original solutions to address this crisis. The proposed solutions should be thorough and unanimously supported by all delegates. Any form of plagiarism and use of generative AI is strictly prohibited.

The study guide will assist you in understanding the phases of the agenda. We have broken down the agenda into multiple sub-topics. Be sure to read the study guide carefully before the conference, but remember that it serves merely as a starting point for what you should explore regarding the topics and subtopics. It's important not to confine your research to just what is presented in the study guide. Keep in mind to dedicate your efforts to researching and fully understanding all significant details related to the various agenda items.

We aim to make this experience enriching and unforgettable for every delegate. Please don't hesitate to contact us if you have any questions.

All the very best!

Chairperson: **Gaayatri Makhija**
Vice-Chairperson: **Ishita Ira**
Rapporteur: **Bhuvi Dadwani**

INTRODUCTION TO THE COMMITTEE

The World Health Organization is referred to as WHO. It is a United Nations specialized organization that brings together nations and individuals to promote health and well-being worldwide. WHO was created on April 7, 1948, with the primary goal of directing and coordinating global health initiatives in order to assist everyone in achieving optimal health. The organization establishes research goals, develops standards and recommendations, provides technical help to nations, directs global health policies, and monitors health trends and issues.

To achieve its mission of better health for all, the organization collaborates with 194 member states. WHO deals with a wide range of health challenges, including chronic illnesses like diabetes and cancer, the development of infectious diseases, and the rising burden of mental health. Additionally, it creates global health standards and provides governments with professional assistance.

The World Health Organization (WHO) plays a critical role in the global coordination of health improvement efforts with its 194 Member States. It responds to communicable diseases (including pandemics) and non-communicable diseases (such as diabetes and cancer) that have varying and significant impacts on health around the world, and it fights against the stigma surrounding those with mental health disorders and the societal consequences of mental health disorders. In addition to fighting against communicable and non-communicable diseases, WHO will set standards and strategies on health-related threats to health and support governments with their health infrastructure, improving disease surveillance capabilities, and developing sustainable public health policies. Such public health and health systems actions not only strengthen immediate responses to health threats, but can also improve longer-term health outcomes and equity in health for different population groups.

WHO works to improve healthcare systems and assist in emergency response through initiatives like the Global Health Programs (GHP) which assist in transforming scientific results into human health policies and strategies. They help nations to improve global health and guide leaders in making responsible decisions. The goal of all of these initiatives is to give people everywhere a better, safer future.

PAST RESOLUTIONS OF THE COMMITTEE

1. ## WHA77. Accelerate progress towards reducing maternal, newborn and child mortality to achieve Sustainable Development Goal Targets 3.1 and 3.2

   Mothers and children often do not have access to appropriate hospitals, medical professionals, and medications in many low-income countries. This puts infants at risk and makes it more difficult for moms to stay healthy during pregnancy and delivery. The World Health Organization (WHO) drafted a new resolution in 2023, A77/A/CONF./5, to address this issue after reviewing many reports from the Director-General. This resolution aimed to improve and expand women's and children's access to healthcare, particularly in underdeveloped or rural areas.The resolution urged upon all countries to work together in order to construct more medical facilities, train more medical professionals to assist with childbirth, and guarantee a continuous supply of necessary vaccines and drugs. It also encouraged the adoption of portable healthcare solutions, such as telemedicine, which allows physicians to consult with patients over the phone or through computers. This is especially helpful for people who live far from hospitals.The WHO also recommended that countries collect valuable statistics, such as the number of women and newborns receiving care, to identify what needs additional help.They discussed exchanging funds and resources as well as taking inspiration from nations with established, high-quality healthcare systems.

2. ## WHA63.17 Birth Defects

   The 2010 World Health Assembly resolution WHA63.17 on Birth Defects identifies birth defects as a worldwide major public health issue significantly contributing to neonatal death, childhood disability and longer term health problems. It encourages Member States to develop and strengthen national activities to prevent, early identify and manage birth defects, including maternal health, nutrition and provision of high-quality prenatal and newborn care. The resolution stresses the importance of increasing public education and awareness, training health care workers, and establishing integrated services including birth defects as part of maternal and child health services. It also calls for establishing effective surveillance and registration systems and for increasing research into the causes, prevention and management of birth defects. WHA63.17 also calls upon WHO to assist Member States to provide technical support, capacity building and promote international collaboration to reduce the global burden of birth defects and improve outcomes for children with birth defects and their families.

NOTE: These resolutions are just for better understanding of the organization and the agenda. They will not be discussed in the committee sessions.

INTRODUCTION TO THE AGENDA

The World Health Organisation is an international establishment that deals with healthcare issues and looks after the science and research behind new diseases. Among the several problems faced by it, the one we will be discussing is **'Deliberating on Improving Access to Maternal and Child Healthcare Facilities with Special Emphasis on Developing Countries'.**

Reducing maternal and child mortality is a priority for decision-makers in developing countries. Increasing access to, and effective use of, maternal health services in public health systems is a challenge to maternal mortality rates. Each year, over half a million women die due to pregnancy-related complications, and 98 percent of those deaths are happening in developing countries.

Research has shown that quality of care is an important pathway for improving health outcomes and accessing health services is an important route to decreasing maternal mortality. Although government services are supposed to be free at the point of usage, women, and more so women from low-income backgrounds still prefer private options.

Health systems are based on a model of women's health that consists of care for all the stages of pregnancy and postpartum care. Individuals, organizations and communities must recognize and tailor their own goals to improve maternal health based on their needs.

KEY TERMS

1. **Infant Mortality:** when a baby passes away before turning one year old, it is commonly referred to as infant mortality

2. **Maternal Mortality:** maternal mortality refers to a mother's death 42 days after the end of her pregnancy or soon after giving birth

3. **Mortality:** the number of deaths within a society

4. **Obstetrics:** relates to childbirth and the potential processes involved

5. **Cognitive:** relates to cognition, namely the mental processes that occur within the brain

6. **Perinatal:** relating to time before and after birth

7. **Prenatal:** before birth, during or relating to pregnancy

8. **Isolation:** state of being alone and disconnected

9. **Discrimination:** treating someone differently/unfairly because they belong to a particular group or have different characteristics

10. **Genocide:** targeted mass killing of people from a particular nation or a particular ethnic group

11. **Postnatal:** the time after delivery that is mainly concerned with the mother's and the baby's health

12. **Morbidity:** the presence of infection or other disease

13. **Neonatal:** affecting the newborn during the first month after birth

14. **Birth Defects:** problems that happen while the baby is growing inside the womb and that affect a baby's body form or function

15. **Literacy:** the ability of a person to write, read and communicate his/her thoughts in a particular language

16. **Thermal Protection:** the processes and methods used to keep a newborn's body temperature within normal ranges

17. **Kangaroo Mother Care:** a method for caring for newborns that includes frequent nursing and constant contact with the skin between the mother and the child

18. **Pathogens:** micro-organisms that can cause disease

19. **Premature Delivery:** childbirth occurs before 37 weeks of pregnancy

20. **Chronic Stress:** stress caused by repeated pressures in life that lasts for a long time, usually weeks or months

21. **Anxiety:** unpleasant fear of fear, stress and discomfort

22. **Depression:** feelings of extreme sadness and hopelessness

23. **Telework:** use telephones, email, and the internet when working from home

24. **Maternal:** relating to a woman, particularly in the time just before to or immediately following childbirth

25. **Midwife:** someone, particularly a woman, who is trained to help women give birth

26. **Adolescent:** teenager; children from ages 13 to 19 years

27. **Diphtheria-Tetanus-Pertussis (DTP3) Vaccine:** a combination vaccine that protects against three serious diseases, diphtheria, tetanus, and pertussis

28. **Resuscitators:** a device used to inflate the lungs of a person who is unable to breathe by using positive pressure

29. **Antenatal:** The care received by a pregnant woman at the time of pregnancy.

30. **Equitable**: Fair/Impartial

MEASURES TO REDUCE MATERNAL AND CHILD MORTALITY RATES

Maternal mortality and morbidity are increasingly contributing factors to the delivery of public health services. Controlling and recognising complications of pregnancy and childbirth, about prenatal and postnatal care, can lead to better results and fewer associated expenses. A collective approach is needed, in which trained practitioners and the safety of the environment are required. The top priority objectives of WHO are to improve maternal health. In terms of WHO's development goals, the countries aim to accelerate the rate of decline in maternal mortality by 2030.
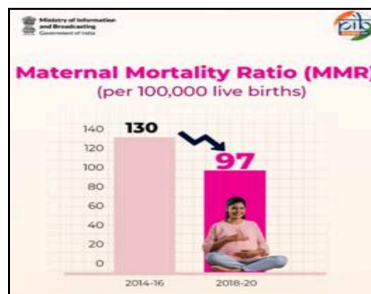

1. Improvement of Infrastructure

Weak health facilities, weak sanitation and hygiene, inconsistent electricity supplies, and distances to a hospital are significant factors contributing to child and maternal mortality. Women giving birth unattended or with unskilled assistance and delays along with absence of care during emergencies are common. The rural society bears the heaviest burden of these conditions. Enhancing their health status through the betterment of health facilities by equipping local clinics and providing safe and reliable transport to access quality maternity care can enhance the availability of maternal and child health services. The World Health Organization (WHO) and the Organization for Economic Co-operation and Development (OECD) recognise the need for infrastructure development which also helps in increasing the well-being of children and shaping the future of society.

2. Significance of Education

Low female literacy, along with poor healthcare literacy, leads to uninformed decisions regarding pregnancy, childbirth, and newborn care. Many mothers are unable to recognise danger signs or the need for skilled birth attendants. Medical information is often overshadowed by cultural beliefs and misconceptions. Increased education, particularly for girls, promotes behaviors focused on health and enhances practices related to health, hygiene, and nutrition, which could contribute to lowering mortality rates. Increasing the

literacy rates has been the top priority on international agendas for decades, yet there are huge differences and disparities in the child mortality rates. Socioeconomic status and living conditions have significantly improved by enhancing parental education which is linked with improvement in education. There is a 1.9% average[1] reduction in the mortality risk per additional year of education.
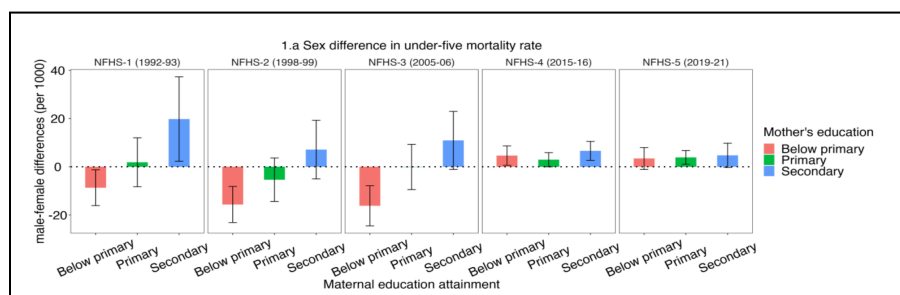
3. Utilizing Innovative Technologies

Because of late detection and hence delayed treatments, many people die of complications that could have been prevented. Traditional healthcare delivery systems often deal with staff shortages and isolation, frequently missing the opportunity to detect alarm signs early. The complications caused by late treatment are further worsened by a lack of real-time data and lack of any real follow-ups. Mobile health products, telehealth, and symptom auto-diagnostic services may be some of the methods to address the gaps in overall monitoring, education, and emergency response, especially in healthcare contexts of limited resources and or environmental geographic isolation. The new machines and technologies like neonatal resuscitators, which can help prevent deaths, have helped reduce maternal mortality due to which, now only 1 in 10 newborns need help breathing at birth[2].

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[1] pubmed.ncbi.nlm.nih.gov
[2] https://www.theguardian.com

IMPLEMENTING WAYS TO ENHANCE NEWBORN CARE

Poor newborn care continues to be a significant contributing factor to infant mortality rates with newborn care, particularly in uncontrolled basic resource settings. Many newborns die from infections, complications at birth, and lack of thermal protection. Health professionals frequently lack formalised training in neonatal care, facilities are often ill-equipped with supplies to provide effective newborn care and treatment. Refocusing direct postnatal care systems and training frontline workers is essential to mitigate neonatal mortality and morbidity
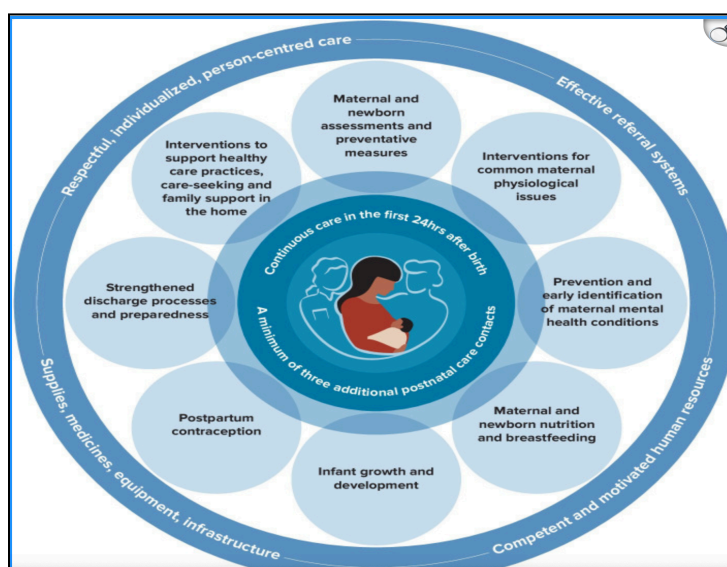
1. Health Financing Strategies

The limited or inconsistent funding for maternal and newborn services means that there is a shortage of essential medicines, equipment, and trained people. As a result, many families cannot afford deliveries in a hospital or even neonatal care, which can lead to possibly fatal outcomes. Moreover, International Development Partners are failing to issue appropriate budgets, even for limited involvement of newborn care in places such as maternity units that provide care, this can further complicate care assistance. However, addressing systemic finance for newborn care requires reliable funds and actively including newborn care in health insurance packages.

Focusing on financial literacy from an early age and encouraging good money habits can reduce mortality rates. "On 24-25 April 2012",[3] The US Government Evidence Summit on Enhancing Provision and Use of Maternal Health Services was convened to incorporate financial strategies that involve financial incentives that are implemented in low and middle-income countries.

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[3] https://www.ncbi.nlm.nih.gov › books › NBK190090

2. Health Policies and Guidelines

Outdated and poorly enforced policies may not be able to successfully standardise newborn care, which leads to inconsistency in practice and inadequate care in facilities. Failure to meet compliance does not just arise from lack of enforcement but from the inability to hold those responsible, or the lack of coordination between departments responsible for proper practice. To some communities, guidelines don't reach, either because they are remote or because people might not be in a position to implement the guidelines. We can expect improvements in quality and consistency in newborn care services with the development of national protocols, training to achieve the guidelines, and long-term monitoring of implementation. WHO held a consultation in Geneva, Switzerland, on "October 2008"[4] to upgrade the guidelines. The purpose of the consultation was to discuss the area of improvement and errors. Another consultation was held in Geneva in 2012 from 3-5 September to make the necessary improvements and formulate the recommendations.

3. Community-Based Care

Families living in inadequate services or remote communities may not have access to hospitals or skilled birth attendants. Home-birthed newborns are at risk of infections, hypothermia, and a delay in care. Community health workers are often undertrained or unsupported. It is important to focus on strengthening community-based programs, training health workers from the community and including the use of culturally appropriate practices to deliver early newborn care and education, and directing the service to where assistance is most needed within the community.

It has been noticed that care in community groups is associated with lower mortality rates, with a risk ratio of 0.76[4] and a significant increase in antenatal care (ANC)and use of clean delivery kits. Studies suggest that home visits by community health workers to provide newborn care, helping in counseling mothers both in prenatal and postnatal care, can help to detect early pregnancy complications and reduce high mortality rates by 30 percent to 61[10] percent.

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[4] https://www.ncbi.nlm.nih.gov/
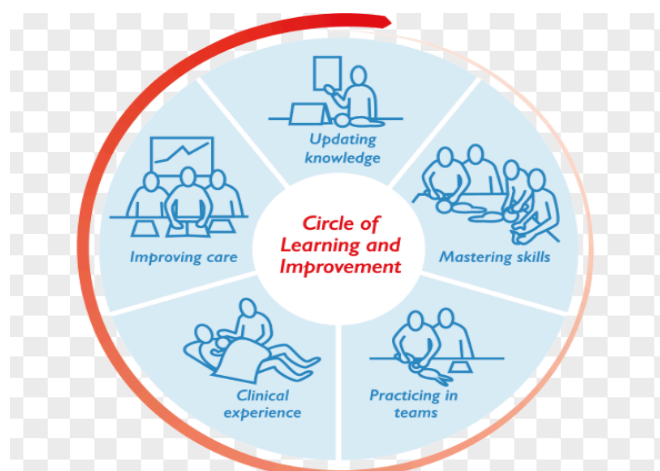
4. Encouraging Healing and Bonding

Bonding plays a significant role in creating that attachment between parents and their baby. However, after giving birth, separation and lack of skin-to-skin contact with the mother create barriers to emotional and physical development for newborns. Overcrowded hospitals and limited staff availability decrease a hospital's capability to provide the time and care. Cultural stigmas also play a role in maternal-infant separation in some situations. Encouraging "kangaroo mother care" and family-centred hospital practices can help in bonding, which is an essential unit of care needed for the newborn in their recovery and their long-term health. Many mothers face difficulties with bonding and out of 420 postpartum mothers, 12.6%[5] often face problems of receiving the proper quality of care so that there are fewer mother-infant bond difficulties, and 8.1% of mothers face the risk of rejection and pathological anger.
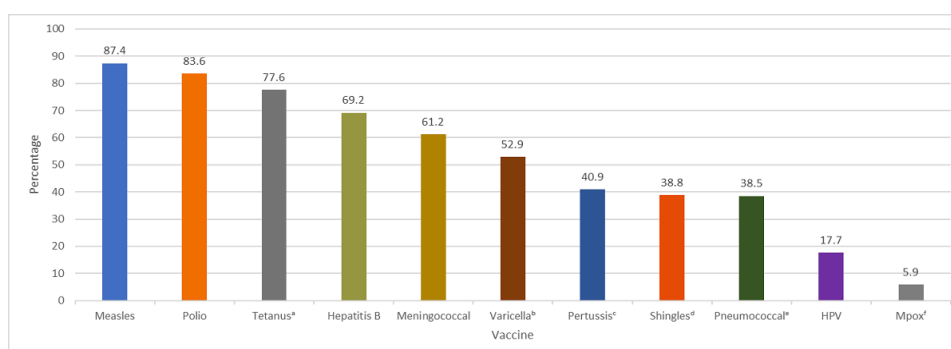
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[5] https://www.researchgate.net/

ADDRESSING CHILD HEALTHCARE PROBLEMS

To address the health care needs of children, access to basic medical health care, healthy and nutritious foods, safe drinking water, and safe housing is essential. Basic medical care includes recommended health care check-ups, immunizations, and medical treatment for both acute and chronic illnesses when needed. It is important that maternal health is also included in this critical health care plan, alongside educating parents of children about prenatal health practices and early childhood care practices so as to empower parents. Delivering health agency education and services to families, including child and family mental health services can help meet children's health needs in some culturally-appropriate unified way that caters to every child's unique health care needs. An integrated health care approach can foster overall development planning for children.

1. Immunization

Immunization is a common and effective tool to protect people from infectious diseases by boosting their immune systems. The administration of a vaccine is designed to stimulate an immune response from your body against an infection. These methods are not only effective at preventing serious diseases and transmittance of diseases from person to person in communities, but it has ultimately led to drastically reducing or even eradicating life-threatening diseases globally.

As of 2023, around 84% of infants (roughly 108 million) globally received the required three doses of diphtheria-tetanus-pertussis (DTP3) vaccine ,which serves as a global indicator of coverage for routine immunization services[6]. Total coverage is still below pre-pandemic estimates, going from 86% in 2019, to the low of 81% in 2021, then recovering to 84% in 2023. Despite this progress, there are still 14.5 million children worldwide who are zero-dose (meaning they have not received a single dose of a vaccine) and over 21 million children are unvaccinated or under-vaccinated[7].

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[6] https://www.who.int/news-room/fact-sheets/detail/immunization-coverage
[7] https://data.unicef.org/topic/child-health/immunization/

2. Early Childhood Development (ECD)

Early Childhood Development (ECD) is a rapid period of growth and development supported during the process of development and meeting their overall potential starting before birth, through early childhood. There are many factors that help provide children the opportunity to develop and grow to their fullest potential, including access to quality healthcare, nutrition, a stable and secure environment, early education programs, and families that have support in place to provide necessary care provided with stability. Presently, data from around the world suggests that there are a number of inequities and challenges faced in these dimensions of growth and development that result in many children not having satisfactory growth outcomes.

Worldwide, only about 60%[8] children aged between three to six are in pre-primary education, with much less access in low-income countries where only 1 in five children access preschool education. About 40%[9] of children aged three and four years access early childhood education programs throughout the world. However, this varies dramatically from two-thirds in Latin America and the Caribbean, just under half in South Asia, and only 1 of 4 in sub-Saharan Africa. In high-income countries, as many as 89% of children participate in early education, compared to only 35% in low-income countries[10].

3. Dealing with Malnutrition

Managing malnutrition is to ensure access to healthy food, medical care, and education about healthy patterns of eating. Malnutrition and its societal impacts are harmful for pregnant women because of its impact on low birth weight babies and higher risk of maternal mortality, and children because of impaired immunity and growth. Maternal Nutrition takes on importance for pregnancies and child nutrition and development. Creating an environment without malnutrition can lead to fewer negative health

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[8] https://www.worldbank.org/en/topic/earlychildhooddevelopment

[9] https://data.unicef.org/topic/early-childhood-development/early-childhood-education/

[10] https://www.unesco.org/en/articles/investing-early-childhood-care-and-education-yields-lifelong-benefits
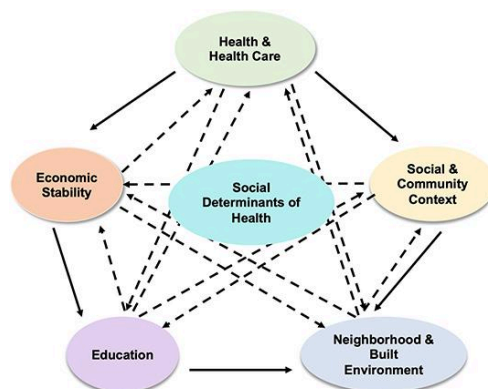
outcomes, and stronger communities.

In many places, rates of maternal undernutrition remain disturbingly high. For instance, undernutrition rates in pregnant women in Ethiopia range from 14%- 45%[11], with the most recent data indicating a 38% rate of undernutrition among extremely marginalized pregnant women in rural areas showing the impact of these important nutritional deficits at the local level. In some Ethiopian communities, women practicing food taboos had a nearly 60% prevalence of undernutrition, and women with multiple pregnancies and miscarriage history had undernutrition rates at nearly 70%. Receiving nutritional counseling and education greatly decreases malnutrition risk indicating the potential importance of integrated nutrition services in routine maternal health care[12].

4. Reducing Social Aspects of Health

There needs to be an assertive focus on social determinants of health. Social determinants of health encompass a variety of non-clinical determinants such as social, economic, educational conditions, and access to healthcare services. Issues of poverty, unemployment, access to food, and homelessness serve as a reminder of the tensions that challenge such social determinants of health. Education, economic opportunities, social support systems, and equitable communities represent critical areas of consideration to create a fair and equitable opportunity for health and well-being. This effort would produce a better impact on health inequities and greater resilience and health of people and communities.

Approximately 65.2 million Americans, or around 20% of the population, live below 200% of the federal poverty line, and the national unemployment rate of 4.1% in 2024, both contribute to increased and inequitable chronic disease and mental health risks. Food insecurity and homelessness are large social and economic issues which must be addressed together; strategic investment in education, ethical financial opportunity, social support, along with equitable resources will all have a positive impact on health vulnerabilities and disparities, which includes future resiliency to health threats.

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[11] https://pmc.ncbi.nlm.nih.gov/articles/PMC10007751/
[12] https://pmc.ncbi.nlm.nih.gov/articles/PMC10007751/

5. Improving Medical Facilities

Improving medical facilities means enhancing different aspects like physical infrastructure, technological upgradation, education of staff, and the overall patient experience. This can be achieved through infection control initiatives, data analysis, patient engagement, and continuous quality improvement programs.
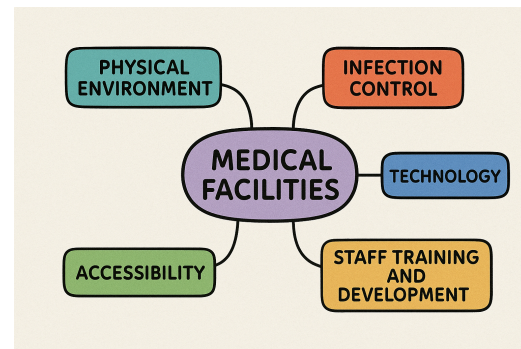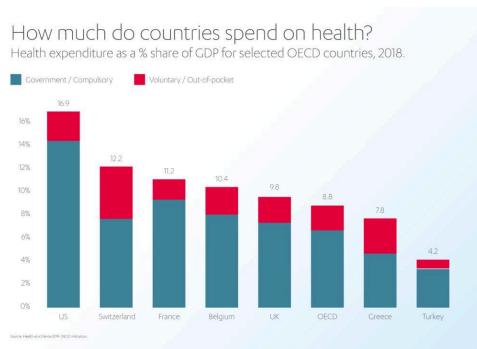
Key areas of improvement include:

i) Physical Environment: Most hospitals face space imbalances, overcrowding, poor ventilation, and uncomfortable waiting or recovery areas, hindering patient care and staff efficiency.

ii) Infection Control: Hospitals face challenges with sanitation-acquired infections due to cleanliness issues, waste disposal problems, and isolation protocol gaps.

iii)Technology: Aged equipment, lack of digitization, and poor data management can slow diagnosis, increase errors, and hinder timely treatment. Moreover, facilities struggle with the expense and training for new technologies.

iv)Staff Training and Development: Inadequate training and lack of ongoing education for health care workers lead to reduced care quality and morale.

v)Accessibility: Patients encounter barriers such as travel distance, costs, accessibility for disabled individuals, and language or cultural issues when seeking care which leads to restrictions leading to negligence and disregard.

ROLE OF MATERNITY LEAVE POLICIES AND AID FOR SINGLE MOTHERS

Policies about maternity leave and support systems for single moms and their children are significant for the health and the wellbeing of moms and their children. Paid maternity leave allows for physical recovery, as well as to begin developing a relationship and attachment to the infant, both of which are considerations of well-being for mother and child. For single mothers, the processes of stable income, child care considerations, and respect for worker rights is a means to reduce stress and poverty. Good maternity leave policies also lead to advances in gender equality, health equity, and infant and child development, which depend on inclusive policies and processes from the government and employers.

Paid duration of maternity leave guarantees pay and alleviates economic pressure, resulting in better health outcomes for both mother and infant by not forcing the mothers or single mothers' to return to work prematurely. Affordable child care post maternal leave is essential for single mothers' in the workplace. Paid maternity leave allows single mothers to follow stable work hours and pursue promotion and career opportunities. Anti-discrimination protections or labour rights protections pertaining to job loss increase gender equality in the workplace, allowing single mothers' to return to work without incurring financial regressions. Low income single mothers' are aided by economic security while all mothers are empowered educationally allowing them to contribute to household incomes.
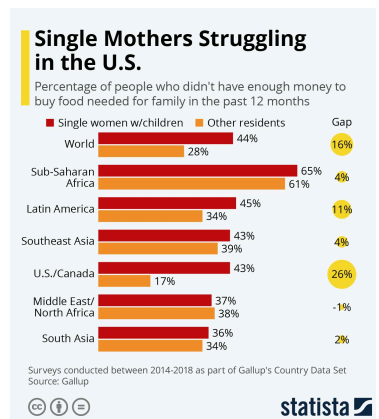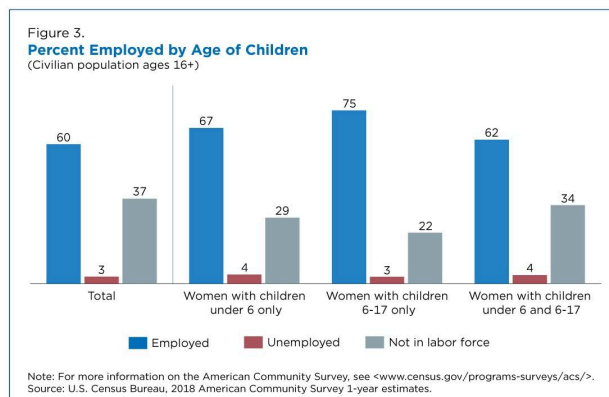

1. Job Security

Job security is critical for mothers, because it provides steady income, access to health care, and the ability to provide food, shelter, and education for their children. When mothers have job security, they experience less stress, contributing positively to their physical and mental health, as well as the health of their children. Job security also enables mothers to take maternity leave, child care support, and assistance for crucial resources, which creates healthier family dynamics and positive development for their children. Job security influences the nature of parenting and the emotional development of the child.

Maternal employment rates have statistically improved and recovered since the drops that occurred during the COVID-19 pandemic. By the early weeks of 2024, the share of female headed households with employed mothers was 1.9% higher than pre-pandemic, and employment recovery was widespread across mothers with other age groups including mothers with children under the age of 6. But, even with recovery we must

remember that maternal employment remains considerably lower than maternal labour rates. For instance, maternal labor force participation of 71.7% in hours worked in labor force participation by fathers (92.0%) highlights continuing barriers mothers face to fill jobs they held before they had children[13].

Figure 3.
Percent Employed by Age of Children
(Civilian population ages 16+)

Note: For more information on the American Community Survey, see <www.census.gov/programs-surveys/acs/>.
Source: U.S. Census Bureau, 2018 American Community Survey 1-year estimates.

2. Stability of Finances

For mothers, economic security enables them to take care of their children's basic needs such as food, health care, education, and shelter. Economic security reduces stress and improves mental well-being, enabling mothers to concentrate on care and nurturing of their children. Financial security also boosts healthy growth and well-being between mothers and children by allowing mothers to gain access to a higher level of health care, quality early child development programs, costs associated with convenient access to child activities with others, and sometimes even themselves.

A single working parent with one baby requires roughly $4,243 per month or $50,916 annually, for reasonable economic security to meet living expenses and save some money[14]. Financial security allows parents to meet minimum requirements while relieving stress for the parent, nutritional benefits for child development, and allows mothers to prioritize the healthy growth of their child while experiencing less stress. About 75% of single mothers work an average of about $40,000 per year; however, only 25% of these households experience reasonable economic security. 28% of single mothers live in poverty at a rate higher than single fathers or married parents which affects their capacity to contribute economically and physically to their children's well-being[15].

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https://blog.dol.gov/2024/05/06/mothers-employment-has-surpassed-pre-pandemic-levels-but-the-child-care-crisis-persists
[14] https://iwpr.org/basic-economic-security-in-the-united-states/
[15] https://www.americanprogress.org/article/the-economic-status-of-single-mothers/

3. Stress and Its Effects

The stress that mothers deal with can have a serious impact on their health and their children's development. Chronic stress can lead to poor mental health including anxiety or possibly depression, which interferes with the mother's ability to provide affectionate care. This may negatively impact the emotional and cognitive development of the child, which can have lifelong implications. When mothers feel secure in their jobs, their need for long-term security and their anxiety about meeting their most basic needs is lessened. This allows for the family structure to be healthier and more supportive to each other leading to increased outcomes for their children.

Maternal stress during pregnancy and post-partum is a serious public health issue which can have distinctive implications for both maternal mental health and developmental outcomes in their children. Maternal stress is well- documented to be related to chronic stress in mothers and subsequently, mental health problems such as anxiety disorders and depression. During pregnancy, up to 20% of women suffer from mental health related issues, with rates of anxiety in early pregnancy peaking at rates of 25.5%. Obsessive-compulsive disorder also affects women during pregnancy (8%) and reported to rise to rates of 17% in the postpartum stage[16]. If a mother has poor mental health, she is unable to provide the consistent loving care necessary for healthy emotional and cognitive development of children, causing these developments to not take place. .
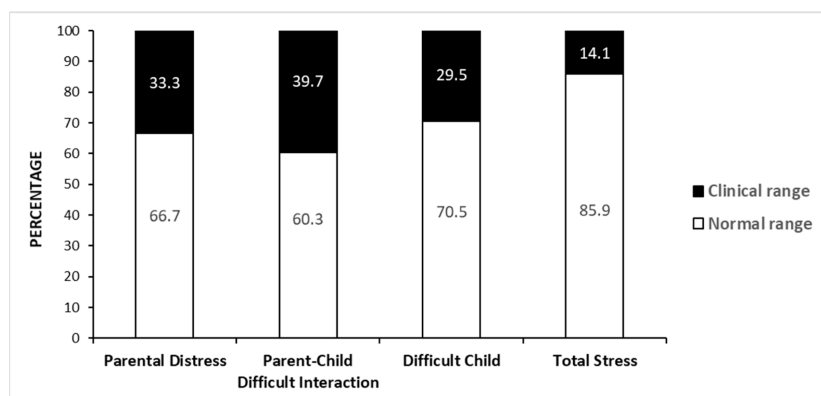
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[16] https://policycentermmh.org/maternal-mental-health-fact-sheet/
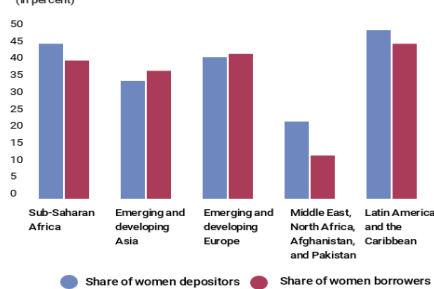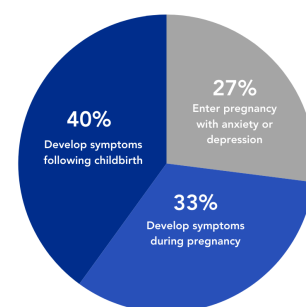
4. Betterment of Workplace Culture

Enhancing the workplace culture for women, notably mothers, is about creating an environment that respects and even accommodates a woman's particular needs. This could include flexible (part-time) work hours, telework/remote work, paid maternity leave, and support with childcare. Cultures that are based upon respect, equality, and open communication offer women the opportunity to balance their work and family life, hopefully with less stressors that impact their personal well-being. Prioritizing these aspects of the workplace can ultimately help and enable women to thrive both on the job and off the job at home, as they care not only for her children, but also help effectively in her career.

Over 70% of mothers with children under the age of 5 and nearly 80% of mothers with children between 5 and 18 are employed. Younger women, specifically those ages 25-34 who are most likely to become mothers are driving labour force growth in many states. However, as employed mothers, they face specific challenges often balancing child care and work responsibilities. Among working women, 66% are the fall-back responders to unplanned child care issues as compared to 22% of working men[17].

5. Perinatal Mental Health

Perinatal mental health refers to women's emotional health throughout their pregnancy and the first year after giving birth. Especially as it relates to mental health, issues such as anxiety and depression can affect a mother's ability to bond and care for her child which can lead to developmental and emotional challenges for the child. These difficulties can occur for many reasons that can arise as a result of hormonal changes, lack of sleep, and societal pressures. It is important to treat perinatal mental health with support, counseling and therapy, which can ultimately ensure healthy outcomes for both mother and baby, and promote better relationships and healthier beginnings for both mother and baby.

Globally, the estimates indicate around 10% of pregnant women and 13% of women postpartum have a mental health disorder, primarily depression; these numbers can be higher in developing countries, with estimates at 15.6% and 19.8%, respectively[18]. With respect to perinatal women in the U.S., perinatal depression rates vary from 10% to over 20%, with the rates depending on whether a woman is pregnant or postpartum[19]. Anxiety disorders appear to affect between 6% and 8%[20] of those bringing life into

40%
Develop symptoms following childbirth

27%
Enter pregnancy with anxiety or depression

33%
Develop symptoms during pregnancy

[17] https://www.gallup.com/workplace/644780/things-leaders-need-know-support-working-moms.aspx
[18] https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/maternal-mental-health
[19] https: //www.ccjm.org/content/87/5/273
[20]

https://www.mmhla.org/articles/maternal-mental-health-conditions-and-statistics#:~:text=Anxiety%20Disorders%20%5B20%2C%2021%5D

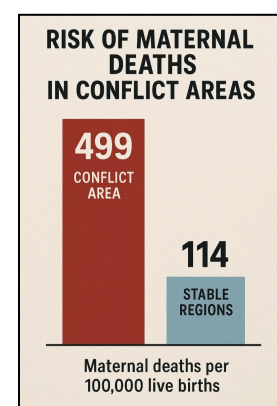the world, and to be experienced through panic attacks, excessive worrying, and intrusive thoughts.

LEGAL ASPECTS IN SUPPORTING MATERNAL AND CHILD CARE

In order to guarantee that mothers and children have access to safe and suitable healthcare and medical facilities, many laws and policies are crucial. These legal factors include child protection laws, reproductive rights, and health rights. Access to services including nutrition, immunizations, safe births, and prenatal care is guaranteed by strong laws. They also hold healthcare systems responsible and help in defending the health rights of women. Strong regulations make sure mother and child care is treated as a fundamental right and help in building lasting changes in developing nations.

1. Effects of Exposure to Conflicts and Instability

When countries go through conflicts and instability, it severely disrupts their healthcare system, which makes it even harder for women and children to get the care they require. In conflict zones, the lifetime risk of maternal deaths can be as high as 1 in 54[21], compared to much lower rates in more stable countries. Health services like prenatal care, and skilled medical professionals are often missing, which makes it more difficult for women to give birth, which also means that more babies die due to lack of proper care and nutrition. In conflict affected areas, women and children face more severe challenges like lack of food, sanitation, clean water, proper medical facilities etc. Legal protections are necessary to make sure that healthcare services continue during those tough times. International laws are already trying to protect medical services in conflict affected areas, but they need to be enforced more effectively. After any conflict, it is crucial to rebuild the healthcare systems, train medical professionals, and make sure that maternal healthcare and child healthcare services are prioritized.

RISK OF MATERNAL DEATHS IN CONFLICT AREAS

499 CONFLICT AREA

114 STABLE REGIONS

Maternal deaths per 100,000 live births

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[21] https://reproductiverights.org/wp-content/uploads/2020/12/GLP_GA_SRHR_FS_0817_Final_Web.pdf

2. Ensuring Universal Birth Registration

Birth registration is necessary for granting a child legal identity, which helps them in accessing basic rights like going to school, getting vaccines(immunization) and basic healthcare, but in many developing countries, a lot of children are not registered. This can happen due to various reasons like family living away from government offices, not knowing the process, poverty etc. In some countries, more than 60% of children remain unregistered due to reasons mentioned above. When a child doesn't have a birth certificate, it's like they don't officially exist. This makes

them more prone to things like child marriage, child labour etc. It also makes it hard for mothers to access necessary services for their child. According to data analysed, about 1 in 4 children under the age of five, around 237 million children globally do not have a birth certificate[22]. In Sub-Saharan Africa, the birth registration rate is about 45%, and in South Asia, it's approximately 68%[23]. Countries such as Papua New Guinea, Vanuatu, and Timor-Leste have birth registration rates below 50%[24]. To help solve this problem, the government needs to make birth registrations simple, free and accessible to everyone, even in remote and rural areas.
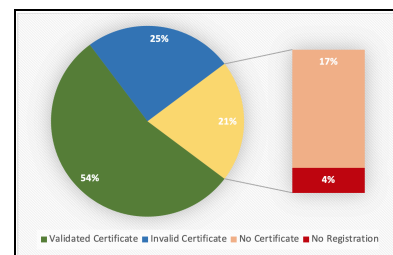
3. Protecting Basic Life Rights in Rural Areas
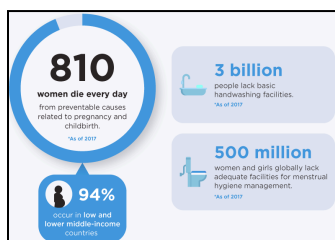
Rural populations, especially women and children, face significant barriers to maternity and child healthcare due to cultural traditions, poverty, and isolation. Over 800 women die daily from preventable pregnancy-related causes, with 94% of these deaths in rural, low-resource areas[25]. Nearly 45 million children under five suffer from malnutrition, and 1 in 5 lack essential vaccinations, mainly due to distance from health services and shortages of trained workers. In some rural regions, there is only one doctor for every 5,000–10,000 people, far below WHO's recommended ratio, i.e., a minimum of 1 doctor per 1,000 people to ensure adequate healthcare coverage. Additionally, about 70% of rural births occur without skilled attendants, and poor transportation and

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[22] https://www.unicef.org/press-releases/despite-significant-increase-birth-registration-quarter-worlds-children-remain

[23] https://www.unicef.org/rosa/press-releases/fastest-global-increase-birth-registration-rates-south-asia-unicef

[24] https://rightnow.org.au/opinion/making-every-child-count-birth-registration-and-human-rights-in-the-pacific/
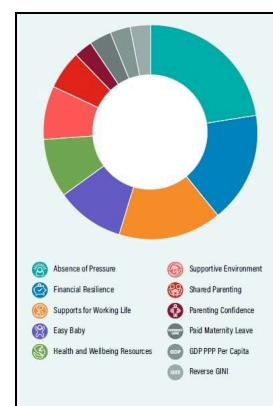
[25] https://www.ruralhealthinfo.org/topics/maternal-health

communication worsen access. Healthcare access in rural areas is further limited by infrastructure and insurance gaps. Rural mothers face higher uninsured rates before, during, and after pregnancy, restricting care options. These challenges increase maternal and infant risks, particularly in marginalized populations.To safeguard these basic rights, governments must strengthen healthcare systems, improve transportation and digital infrastructure, train and retain rural health workers, expand legal literacy in healthcare rights, and extend financial support such as Medicaid coverage and paid family leave.

4. Societal and Legal Effects

Maternal and child health outcomes are greatly impacted by societal norms such as child marriage and gender-based discrimination. To solve these problems, legal reforms are necessary. For instance, in several countries, women still require a husband's or male guardian's permission to access medical services, which can delay urgent care. Enforcement of existing protective laws is often weak, for example, in some regions, up to 40% of maternal deaths related to medical neglect are not in legally accountable[26]. Legally, many countries have laws meant to protect women and children, but the enforcement is weak. Health rights are often not clearly defined, and due to practice of discrimination, and corruption, along with lack of awareness, prevent justice. For example, if a mother or child dies due to medical neglect, there may be no legal action or accountability. Mothers who give birth outside marriage, young pregnant girls, or families with many children often face judgment and isolation from their communities. This discourages them from seeking prenatal care, delivering in hospitals, or following up after childbirth. Additionally, misinformation and traditional beliefs also prevents families from trusting or using modern medical services.They contribute to distrust of modern medicine, with an estimated 29% of women reporting discrimination during maternity care, and this figure reaches 40% among Black women[27]. To help solve these issues, we need stronger and clearer health laws, better enforcement of each, and legal awareness amongst people. Education systems should also take the initiative to make people aware about their health rights, especially girls. Social leaders and influencers can also help change societal mindsets.

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[26] https://reproductiverights.org/our-issues/maternal-health/
[27] https://www.cdc.gov/vitalsigns/respectful-maternity-care/index.html

CASE STUDY

A HEALTH SYSTEM REBUILT AFTER THE ATROCITIES IN RWANDA

After the systematic killing lasting 100 days from 7th April to 19th July 1994, the health system of Rwanda had collapsed, but it still stands out as a unique example in terms of improving healthcare for mothers and children. More than 60,000 trained Community Health Workers (CHWs) were sent to every village as part of the nation's complicated strategy[28]. With the use of mobile-based Rapid-SMS notifications, these CHWs monitored pregnancies, offered prenatal and postnatal care, and directed women to health clinics. Additionally, the government instituted Performance-Based Financing (PBF), which provided incentives to healthcare facilities according to metrics like vaccination coverage, prenatal visits, and institutional deliveries.

In order to remove financial barriers, Rwanda implemented Mutuelles de Santé, a community-based health insurance program that currently covers over 90% of the population and offers access to professional treatment during pregnancy and labor for a small annual charge[29]. Improved rural access, midwife training, and infrastructure expansion were made possible by strategic alliances with groups like WHO, GAVI, and Partners In Health. Rwanda also took the lead in vaccination, obtaining over 95% coverage for vaccines like DPT and measles, and being the first country in Africa to offer the HPV vaccine[30].

28

https://www.moh.gov.rw/news-detail/community-health-workers-policy-undergoes-reform-for-better-service-delivery

29

https://dukuzenoel.wordpress.com/2025/03/10/rwandas-community-based-health-insurance-a-blueprint-for-universal-health-coverage-how-is-it-funded/

30

https://www.moh.gov.rw/news-detail/community-health-workers-policy-undergoes-reform-for-better-service-delivery

These interventions resulted in dramatic improvements, such as results in maternal mortality dropping from 1,071 to 203 per 100,000 live births[31], under-five mortality rates falling from 196 to 45 per 1,000, and skilled birth attendance rising to over 91%[32]. Despite these gains, challenges like healthcare worker shortages in remote areas, infrastructure gaps, and cultural barriers still persist.

Figure 1. Trends in selected maternal health indicators, 2000–2010[19,21]
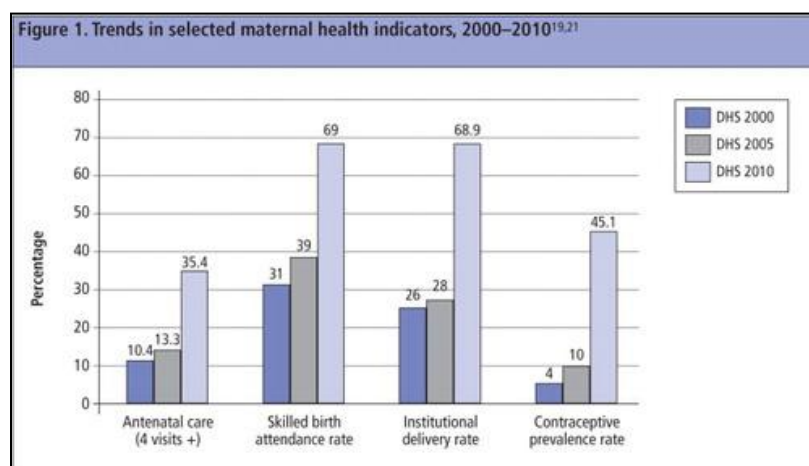
NOTE: The Case Study is just for better understanding. It will not be discussed in the committee sessions.

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[31] https://www.unicef.org/rwanda/media/5366/file/UNICEF%20Rwanda.pdf

[32] https://pmc.ncbi.nlm.nih.gov/articles/PMC10649882/

CONCLUSION

A commitment to gender equity does not mean favoring one gender over the other, male or female. Gender equity is achieved by ensuring fairness, equity, and equal access to opportunities and resources for everyone, irrespective of gender. Healthcare is not limited to borders, nationalities and government systems. It affects people everywhere meaning that healthcare is important to everyone. In the present context of the agenda, improving health care systems specifically for mothers and children is an important first step to achieving gender equity.

The study guide includes a number of sub-topics that the delegates will explore in-depth. Each sub-topic has been chosen because it provides a more detailed view of the different challenges mothers and children experience globally, such as: high rates of early mortality, lack of maternal and pediatric care, legal and social inequities based on gender, and barriers people have, women, particularly when it comes to work and caregiving.

For each of the key issues, the subtopics also explore efforts undertaken by various international organizations to intervene. These efforts provide examples of policies, programming, and collaborative initiatives that have been implemented to improve the outcomes of women and children. Understanding what has been done already and what is left to do will be vital to inform and develop the best possible solutions.

Therefore, it is strongly encouraged that all delegates read and learn about this guide, and conduct their own research to deepen their understanding of the pressing issues. If the delegates are informed, collaborative, and proactive in the committee, discussions will be efficient, and the outcomes will lead to a more actionable resolution. By engaging in such effective research, we are closer to achieving gender equality by advocating for the unique needs and rights of mothers and children around the world.

HOW TO RESEARCH AND EXPECTATIONS FROM DELEGATES

EXPECTATIONS FROM DELEGATES

Plagiarism with all its forms is not permitted. Delegates must use reputable sources when conducting their research. Reputable sources include those from sources like Reuters, official UN sites, Best Delegate, and ResearchGate. ChatGPT and Wikipedia sources do not count as reputable. The sub topics discussed in the guide are about one or more aspects of healthcare issues. We expect delegates to look at every one of the subtopics from the standpoint of healthcare issues. In this committee, we will look towards a consensus on each subtopic using discussions, debates, and negotiations.

We request the delegates to be aware of current happenings and crises with regard to the agenda. We expect all the delegates to be well researched and come up with creative solutions. Before finding solutions we want the delegates to tactfully and critically analyze the problem. Thereafter find solutions which are substantive, original, innovative, comprehensive and are feasible to implement. Discipline needs to be maintained at all times for smooth functioning of the committee. Lastly we look forward to a fruitful and enthusiastic discussion with all of you.

HOW TO RESEARCH

When you start your research, the process is important. This is the ideal process to do so.

1. Committee Specific Research:
   - Background of WHO
   - Powers of WHO
2. Country Specific Research:
   - Role played by their country
   - Country's stance with respect to agenda
   - Country's allies and opponents
3. Agenda Specific Research:
   - Comprehensive research on the agenda and the subtopics also

While doing country research delegates should research on the following points :

1. About the country and its foreign policies
2. Country's stand and relevance to the agenda
3. Role/stand in all sub topics
4. What are the problems faced by the country in terms of healthcare?

5. How has the country dealt with healthcare problems in the past?
6. Factors due to which the problem is increasing in the country

While preparing solutions keep in mind that your solutions should be **SMART**. **SMART** is a acronym for:

S- specific

M- measurable

A- accurate

R- realistic

T- timely

Lastly, given below is a list of trusted websites delegates may use for their research.

1. https://www.who.int/
2. https://data.unicef.org/
3. https://www.unfpa.org/
4. https://www.gavi.org/
5. https://www.thelancet.com
6. https://reliefweb.int/
7. https://www.bbc.com/news
8. https://www.nytimes.com
9. https://www.aljazeera.com

Other trusted websites such as official UN websites, ResearchGate and Best Delegate may also be used. The list given below is of the websites which **must not** be used for research.

1. https://www.wikipedia.org/
2. https://www.britannica.com/
3. https://www.reddit.com/
4. Blogs/ Magazines/ Online Encyclopedias
5. News Articles
6. Any kind of Artificial Intelligence (AI)

There is a strict policy against plagiarism and AI. Delegates found using any form of AI such as ChatGPT or are found plagiarising their documents or speeches will face strict consequences.

QUESTIONS A RESOLUTIONS MUST ANSWER

1. Mention an implementable and effective way to increase female and girl-child education.
2. Support with solutions how modern technology and innovations can further reduce mortality rates.
3. Most developing countries face budget issues for healthcare which limits the quality of their provided facility. Mention implementable propositions that can help countries provide good quality healthcare on a practical budget.
4. The lack of awareness of new guidelines regarding healthcare and hygiene creates problems in remote areas. How can governments ensure rules reach all areas and are followed as well?
5. Suggest any new rules/amendments to be added in the Geneva Conventions better protect mothers, babies, and hospitals during wars.
6. What are the ways to improve the condition of different centres like birth centres in conflict affected regions in order to provide maximum security and facilities for all?
7. What system of measures can be adopted to reduce the number of women mortalities from preventable pregnancy-caused deaths?
8. It is not only the job of the government to take special care of mothers and children but also of the public as a whole. Mention ways private companies and governments can ensure strengthened security for mothers and women.

BIBLIOGRAPHY

1. https://www.who.int/

2. https://www.researchgate.net

3. https://www.nih.gov/

4. https://data.unicef.org/topic/child-protection/birth-registration/

5. https://www.worldbank.org/en/topic/universalhealthcoverage

6. https://www.ohchr.org/en/health

7. https://www.unfpa.org

8. https://www.globalcitizen.org/en/content/birth-registration-for-all-2030/

9. https://bestdelegate.com/

10. https://www.health.gov.au/contacts/australian-institute-of-health-and-welfare-aihw

11. https://www.un.org/en/

12. https://www.un.org/en/preventgenocide/rwanda/historical-background.shtml