

Forum: World Health Assembly (WHA)

Issue: Improving maternal health systems to address heightened birth mortality rates in LEDCs

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Introduction

As part of the recently launched Sustainable Development Goals of the United Nations, SDG target 3.1 is to reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births by 2030. Even with the MMR dropping by about 34% worldwide, thousands of mothers are still facing death or life-long physical consequences, especially those in low and lower middle-income countries. This is often recognized as a uniquely severe issue, as most maternal deaths are preventable, with well-known healthcare solutions already existing, but the lack of accessibility to these solutions, resulting in excessive blood loss, infection, high blood pressure, unsafe abortion, obstructed labor or other life-threatening complications that are largely and easily preventable with adequate maternal care.

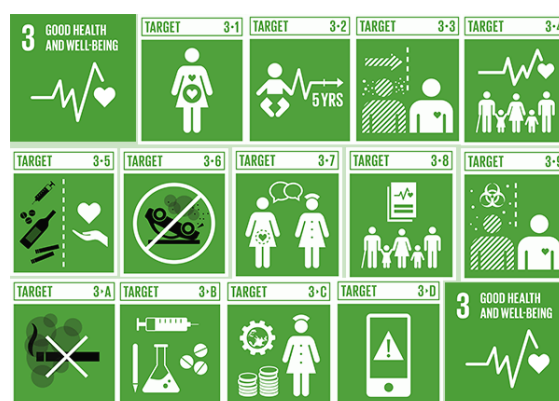


Figure 1: Targets of Sustainable Development Goal 3

Women especially in low-income and less economically developed countries (LEDCs) face a higher lifetime risk of maternal death, due to complications during and following pregnancy and childbirth towards which adequate healthcare isn't provided. Inequalities in the access to quality healthcare services, a gap between the rich and the poor, and post-conflict settings hinder the progress in reducing the burden of maternal mortality due to limited or even unavailable access to the relative geographical regions. Additional burdens and increase in MMR are also results from unintended pregnancies from sexual crimes and assault, or a lack of planning, a prevalent concern often associated with teenage pregnancies, often resulting in abortions without a suitable setting and thus a higher mortality rate in the process. As such, it is crucial that both preventable measures for such unintended

pregnancies and measures to effectively and efficiently deliver relative medical support throughout the maternal process consecutively happen across all member nations.

Definition of Key Terms

Childbirth

The act or process of giving birth to a baby, parturition

Maternal Health

The health of women during pregnancy, childbirth and the postnatal period.

Maternal Health Service

A range of services and information that allows women to make informed choices regarding their health care in pregnancy and childbirth, covering the period from conception to 42 days after the end of the pregnancy but ideally also provide pre-pregnancy counseling and advice, like those provided by the Maternal and Child Healthcare Centers (MCHC)s in collaboration with the Obstetric Department of public hospitals to monitor the pregnancy and deliver processes through regular check-ups, blood tests, health education on pregnancy-concerned care and infant and young child feeding.

Maternal Deaths

The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy.

Maternal Mortality Ratio (MMR)

A measure of the risk of maternal death per 100,000 live births during a given period – this depicts the risk of maternal death relative to the number of live births and essentially captures the risk of death in a single pregnancy or a single live birth, and is an issue most prominent in LEDCs due to the lack of accessibility of resources that are intended for the most underprivileged.

Background

Unnecessary Interference & Home Deliveries

Historically, maternal mortality rates were lower for home deliveries undertaken by trained and supervised midwives, with specific data kept on all maternal deaths and midwives traveling throughout the country to assist with deliveries, even in poor rural farming areas with low living standards. However, as physiology and medical

care developed, maternal mortality rates ironically went up, with the maximum surgical interference in normal or potentially normal labors that were encouraged or advocated for resulting in higher risks of infections or surgical mistakes resulting in lasting morbidities. As such factors consistently came into consideration, the risk of dying in childbirth was inversely related with one's social class – from at least the 1830s, the risk was much higher in social classes I and II (the upper and professional classes) than it was in social classes IV and V (the skilled and unskilled laborers).

Causes	Social class ²			
	I and II	III	IV	V
	(deaths/100000 births)			
All	444	411	416	389
Abortion	50	56	56	57
Puerperal fever	145	133	121	116
Hemorrhage	50	44	48	60
Toxemia	81	81	84	68

Figure 2: Maternal mortality rates in England and Wales, 1930-1932

Prevalence in Low-Income Countries: Access to Healthcare & Sexual Offenses

Women in low-income countries have a higher lifetime risk of death in childbirth, during, or after pregnancies. Despite most of maternal mortality resulting from preventable causes such as severe bleeding, infections, high blood pressures during pregnancies, complications from delivery, or unsafe abortion, the lack of access to adequate and high-quality healthcare services focused on maternal care limits the preventability of such causes, especially in low- or low-medium income countries.

Regions such as Sub-Saharan African and Southern Asia are examples of SDG regions with a comparatively low numbers of skilled healthcare providers – the latest available data suggests that in such countries or others with low- or low-middle income countries, only 68-78% of women are assisted in their childbirth by skilled health personnel that is available for 99% of cases in high income or upper middle income countries. Health system failures that result in poor quality of care, insufficient numbers of health workers, lack of focused training for maternal care, shortages of medical supplies, and poor accountabilities of healthcare systems, also further limit the country from protecting its women and the generations that are being born in such settings.

Unequal access even amongst the most unprivileged communities due to race, ethnicity or gender put sub-populations at greater risk, and harmful gender norms or inequalities that result in low prioritization of the rights of women and girls are also key issues seen around the world. While constantly in danger of sexual abuse, lack of access to reproductive services, and unwanted pregnancies, post-maternal care is not the only necessary solution. Preventing unwanted pregnancies and sexual crime that also leads to significant numbers of maternal mortality and morbidity is also required to lower both rates, in addition to those already undergoing pregnancy and childbirth being able to access adequate and high-quality healthcare services related to maternal care.

Major Parties Involved

The Alliance for International Medical Action (ALIMA)

Starting in 2009 in Niger, where an alarming peak of malnutrition and increasing infant mortality rates were increasingly an issue, ALIMA is an organization that has treated more than 10 million people in 14 countries around the world, mainly in Africa. ALIMA is special in that it works with local partners on the ground, which allows them to provide direct and specialized support to patients based on the relative local or regional context. Furthermore, the organization is also pushing for more international research projects focusing on low-income countries, emphasizing the need of not only short-term aid but also lasting solutions.

Some strategies of ALIMA include deployment of quality medical assistance through local NGOs and employees and the implementation of free medical care that includes prevention, treatment, and patient-monitoring systems in relation to nutritional, pediatric and maternal health projects that are also in connection with local and national authorities. As such, the intervention of a large-scale non-governmental organization that can collaborate with on-ground groups and connect with diverse groups of patients is very useful, even in the context of maternal care. The easy access that people in such regions can have to pre- or post-maternal care before, during and after their childbirth significantly reduces the rate of related mortality or morbidity, allowing public access to high-quality care and professionals that can further assist them in the process.

Doctors Without Borders (*Medecins sans Frontieres*) (MSF)

Doctors Without Borders is an independent, non-governmental organization that was initially founded in 1971 and is based on the belief that all people should have access to high quality healthcare, regardless of gender, race, religion, creed, or political affiliation. Over the past five decades, MSF has grown into a large international movement that provides over 16 million medical consultations in more than 70 countries annually, with their services including maternal care and wellbeing.

Providing both abortion and reproductive healthcare solutions, MSF's maternal healthcare program focuses on reducing maternal and infant mortality through pregnancy and prenatal consultations, emergency obstetric care, post-natal follow-up care, and access to family services or safe abortion care. Their website shares basic facts about maternal health complications including hemorrhage, severe infections, eclampsia and other hypertensive disorders, unsafe abortion, obstructed labor, and other indirect causes, allowing for a high level of accessibility of information. Their obstetric care programs also address delays in deciding to seek care, in reaching a health facility, and in receiving appropriate treatment at the facility, allowing emergency care to be administered efficiently and in a timely manner by qualified staff and services adapted to local cultures, making them free of charge and thus accessible for populations facing challenges in accessing healthcare due to low incomes.

United Nations Maternal Mortality Estimation Inter-Agency Group (UNMMEIG)

Led by the World Health Organization (WHO), the United Nations Maternal Mortality Estimation Inter-Agency Group (MMEIG) consists of WHO, the United Nations Children’s Fund (UNICEF), the United Nations Population Division, and the World Bank Group. The MMEIG holds its purpose in generating internationally comparable estimates of maternal mortality, thus ensuring that global monitoring happens under the past Millennium Development Goals and the current United Nations Sustainable Development Goals (UN SDGs) framework. As the availability and usability of population-based data becomes a crucial factor in preventing cases of maternal deaths, the significance of such organization of related data is also largely increasing.

The sharing of such trends throughout long periods of time by this organization allows for further attention on the relative Sustainable Development Goal and is also significant in the development of accurate measurement systems of maternal mortality rates which still does not exist. If data accuracy increases, it is predicted that the rate of prevention for preventable maternal mortality causes will drastically increase, thus increasing the accessibility and types of solutions that can be shared publicly around the world, potentially effectively lowering maternal mortality rates. Overall, it is important to recognize the significance of organizations like the MMEIG which may not provide direct support or solutions in the short term but will result in efficient and significant systems that can be used in the long term as preventive and analytic measures.

Timeline of Events

Date	Description of event
June 17, 2009	The Eleventh Session of the United Nations Human Rights Council (resolution 11/8) - the UN Human Rights Council (HRC) recognizes the overwhelming existence of preventable maternal mortality that is not effectively addressed throughout the world and concludes with the publishing of resolution 11/8 on preventable maternal mortality and morbidity and human rights
2015	Launching of a consensus statement and full strategy paper on ending preventable maternal mortality (EPMM) by the WHO – covers targets for maternal mortality reduction in the post-2015 era, with strategic frameworks for policy and program planning to achieve MMR targets with guiding principles focusing on the empowerment of women, integration of maternal and newborn care, prioritizing country ownership, and applying human rights frameworks
January 1, 2016	The 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development officially comes into force – countries were encouraged to mobilize efforts to end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind
July 14, 2021	Adoption of the Action on Resolution on Preventable Maternal Mortality & Morbidity & Human Rights by HRC – the UN Human Rights Council (HRC) urged

	all states to eliminate preventable maternal mortality and morbidity & to respect, protect and fulfill sexual and reproductive health and reproductive rights
February 23, 2023	Publishing of “Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division” - a joint publication by the UNMMEIG, these joint publications presented internationally comparable global, regional, and country-level estimates and trends for maternal mortality between 2000 and 2020.

Previous Attempts to Resolve the Issue

Resolution on Preventable Maternal Mortality and Morbidity and Human Rights (A/HRC/47/L.23/Rev.1)

Adopted without a vote, the United Nations Human Rights Council (HRC) urges all states to eliminate preventable maternal mortality and morbidity and to respect, protect and fulfill sexual and reproductive health and rights, thus making progress towards preventing a large portion of the causes of maternal mortality and morbidity. The resolution covers both short-term and long-term solutions, such as encouraging countries to ensure the accessibility and continuity of sexual and reproductive healthcare services, and at the same time requesting that all countries address the core cause of maternal mortality and morbidity, one of which is sexual discrimination and various socioeconomic factors, thus putting more emphasis and value on such preventive measures in the process of development.

This resolution shows how countries should focus both on providing immediate, surface-level solutions that are crucial to assisting women already facing such challenges in the pregnancy and childbirth process, while also implementing legislature and other policies that would result in effective long-term prevention of further increases in the MMR. The document also emphasizes the collaboration between multiple human rights-related agencies of the United Nations, further acknowledging how maternal mortality and morbidity are one of the more forefront challenges existing in the realm of human rights.

Overall, this resolution can be seen as a very active and urging stance of the United Nations towards the issue of maternal mortality and morbidity, thus making it adequate and successful in providing motivation and merit to countries to implement further measures and thus effectively prevent large numbers of cases of maternal deaths or morbidities, further extending beyond simple short-term solutions of immediate healthcare provision and allowing for the establishment of more structured, long-term healthcare systems and facilities, even in developing countries.

Strategies Toward Ending Preventable Maternal Mortality (EPMM)

This project by the World Health Organization (WHO) aims to eliminate significant inequities that lead to disparities in access, quality and outcomes of maternal care within and between countries, being grounded in a

human rights approach. It necessitates concrete political commitments and financial investments by governments and development partners, with goals such as addressing inequalities in access to and quality of reproductive, maternal and newborn healthcare services; ensuring universal health coverage for comprehensive reproductive, maternal and newborn healthcare; addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities; strengthening healthcare systems to collect high quality data in order to respond to the needs and priorities of women and girls; and ensuring accountability in order to improve quality of care and equity.

By focusing on providing technical support to member states on developing and implementing effective policy and programs and providing evidence-based clinical and programmatic guidance, the WHO aims to provide long-term support for all member nations, not only providing immediate support but also allowing the development of sustainable health systems that can benefit the population of the member nations for future generations as well.

Possible Solutions

- The immediate provision of necessary, adequate and high-quality healthcare on relatively equal levels throughout all member states, even if simply for the short term, is the most important – some measures could include utilizing non-governmental organizations (NGOs) on ground or sending groups of UN workers from various human rights branches in the distribution of support and materials or laying out equalizing legislature that can be implemented domestically amongst member nations to utilize the existing materials and manpower to its fullest extents
- Pre-pregnancy prevention measures, through ways such as safe abortion policies and related medical or psychological support, is also a significant portion of the needed solutions, as unwanted pregnancies are one of the largest causes of maternal mortality and morbidity.
- A focus on preventable causes, in addition to those that can be prevented through general forms of medication over the counter, should also be sustained not only through increasing provision and availability of medical professionals in the short term, but also through potential legislative changes or support systems that can exist for the psychological needs of individuals in the next generations to come.
- The wider issue of reproductive rights and women's rights should also constantly be addressed on the local, regional and international levels, through strategies such as but not limited to requiring a certain level of governmental cooperation to build standards and regulations for future legislature and actions, in addition to adequate facilitation and guidance provided by international or intergovernmental organizations.

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Appendix or Appendices

I. <https://un.org/sustainabledevelopment/> (United Nations Sustainable Development Goals)

An effective encapsulation of goals that the United Nations is focusing on to achieve by 2030, including areas of human rights, gender equality, elimination of discrimination, sustainable development, and the protection of nature – potential solutions and future implementations may be covered regarding reproductive and gender-related rights that are also related to reproductive rights and maternal care in the future years to come.

II. https://www.who.int/health-topics/maternal-health#tab=tab_1 (World Health Organization – Maternal Health)

Includes a lot of data and statistics not only about the status of maternal healthcare that is provided around the world but also potential areas of growth and solutions that countries may want to implement for sustainment of such solutions in relation to reproduction and maternal care.

III. <https://orwh.od.nih.gov/> (National Institutes of Health – Office of Research on Women’s Health)

The website shares focal points for women's health research at the National Institutes of Health, providing potential evidence and necessary points of focus that should be addressed for the future.