



SMH-MUN III

Saturday, March 21, 2015

WHO Background Guide

Revolution: Demanding Progress or Endorsing Chaos?

Topic 1: Natal Health

Continuing the revolution for natal health in developing African nations

Introduction:

As natal health is a major cause of widespread child mortality and poor adult health throughout developing Africa, delegates must look for multilateral solutions to help reduce this problem, taking into account the complex root causes of poor natal health.

I. History of the Problem

1. Neonatal mortality accounts for almost 40 per cent of estimated 9.7 million children under-five deaths and for nearly 60 per cent of infant (under-one) deaths.
2. A child is about 500 times more likely to die in the first day of life than at one month of age, and two thirds of all newborn deaths occur in the first week of life.
3. In developing countries, nearly half of all mothers and newborns do not receive skilled care during and immediately after birth.
4. Up to two thirds of newborn deaths can be prevented if known, effective health measures are provided at birth and during the first week of life.
5. The main causes of neonatal deaths include prematurity and low birth-weight births, neonatal infections, and birth asphyxia and trauma.

II. Past Action

1. The United Nations' Millenium Development Goal 5 reads "reduce the maternal mortality ratio by three quarters" by 2015. The United Nations recognizes the severity and direness of our current level in maternal and natal health, especially in underdeveloped and developing nations.
2. In June and July of 2014, the World Health Organization hosted the Partnership for Maternal, Newborn & Child Health Forum in Johannesburg, South Africa. The forum was an opportunity for the attendees to develop a strategic vision for future methods of reduction for problems in reproductive, maternal, newborn, and child health. WHO describes this event as "part of a larger strategic process aimed at bringing together key stakeholders in women's and children's health as well as other sectors".
3. In their most recent assembly in October 2014, the Inter-Parliamentary Union (IPU) discussed the role that parliamentarians must continue to play in accelerating the reduction of maternal and child mortality. The IPU discussed a resolution that regarded "leaving no woman, child or adolescent behind [and] accelerating parliamentary action in reducing maternal and child mortality to reach the Millennium Development Goal".
4. UNICEF provides country support for prevention of mother-to-child transmission (also known as PMTCT) programmes within existing maternal and child services in resource-poor settings; this includes advocacy on distributing anti-retroviral medicines to pregnant and lactating women and their babies.



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- III. Possible solutions/Research tips When writing resolutions, delegates should keep the following suggestions in mind:
 - 1. Sending volunteers in to underdeveloped and developing countries to aid with maternal and neonatal care
 - 2. Educating midwives and mothers on safe methods of giving birth and how to care for newborns
 - 3. Coming with more innovative and efficient ways of improving health in regions where neonatal mortality is a problem
- IV. It is incredibly important that delegates research their countries and stay true to their decisions and intentions throughout the discussions that go on in the committee.
- V. Helpful Links
 - 1. CIA World Factbook <https://www.cia.gov/library/publications/the-world-factbook/>
 - 2. World Health Organization <http://www.who.int/en/>
http://www.who.int/maternal_child_adolescent/en
 - 3. Neonatal Health Summary Sheet <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/Neonatal-Health-Summary.pdf>