

## **World Health Organization (WHO)**

### Background Guides



MIT Model United Nations Conference (MITMUNC) II  
February 5-7, 2010  
Cambridge, Massachusetts

# Letter From The Chair

Dear Delegates,

As chair of the World Health Organization (WHO) Committee, I welcome you to the Massachusetts Institute of Technology Model United Nations Conference (MITMUNC) 2010. My name is Nikita Consul, and my assistant chair, Arianna Moshary, will be at the dais with me throughout the conference. As a brief introduction, I am a first-year student, pursuing Biological Engineering along with Mathematics or Brain & Cognitive Sciences. My passions lie with International Relations, and I hope to utilize all of my education to work at an international level to make the world a better place. Arianna is a first-year student interested in studying physics and computer science.

Arianna and I will oversee substantive debate and ensure the accurate use of parliamentary procedure to guarantee a lovely Model United Nations experience for you. Both of us have participated in several Model United Nations conferences throughout high school, and we are excited to provide you with the same opportunity.

The conference's success will depend on whether or not the delegates are comfortable with their policies and can credibly represent their nation diplomatically. Additionally, the delegates must be comfortable with the purpose and extent of authority of the WHO committee. We have prepared background guides on the two topics we chose for you that we hope you will enjoy learning and debating. The intent of the background guides is to help you focus on relevant research and serve as an aid to prepare yourself for possible issues that could arise in committee. We strongly encourage you to research all relevant areas and formulate resolutions according to your nation's stance.

We will be available to guide you before and during the conference, so feel free to ask us questions regarding the committee topics, your national policies, parliamentary procedure, or any other concerns. The conference will be a learning process for everyone, and that will be part of what makes the conference memorable. We look forward to working with all of you in February 2010!

Sincerely,

Nikita Consul

Nikita Consul  
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MITMUNC 2010 WHO Chair

# Topic One: On the Question of Reducing Maternal Mortality

## 1. Introduction

Every day, thousands of women die from the innocent act of childbirth, simply due to their unfortunate lack of access to proper health care resources. For any creature, motherhood is meant to be a fulfilling, wonderful experience. Yet, millions of mothers experience severe illness, intense pain, and suffering due to childbirth every year. Hundreds of thousands of these mothers will face death during or following childbirth.

The mortality rate of women per childbirth is about 50 times greater in developing nations than in developed nations. On average, women in developing nations give birth to more children over their lifetimes than in developed nations, leading to a 100 times greater risk of death because of childbirth for women in developing nations than in developed nations.

This large disparity rests on the basic difference that typically separates developed nations from developing nations: a lack of resources. Women in developing nations do not have adequate access to health resources, family planning skills, abortion methods, transportation, etc. The five major causes of maternal death include: severe bleeding (usually postpartum), infections (usually postpartum) like sepsis, eclampsia (hypertensive disorders), unsafe abortion, and obstructed labor. (see **Figure 1, appended in the back**)

## 2. Background

In 2000, at the United Nations Millennium Summit, 8 Millennium Development Goals were outlined, to be met by 2015. One -hundred-eighty-nine countries adopted the 5th Millennium Development goal, pledging to reduce the maternal mortality ratio by 75% in their respective nations in the given timeline. However, progress in reducing maternal mortality rates had barely amounted to a 5% reduction between the years of 1990 and

2005.

Maternal mortality commonly occurs due to pregnancy due to an already existing disease, complications of pregnancy, or unsafe abortions. Millions of such deaths would be preventable if higher quality health resources were available everywhere. According to WHO statistics, tens of millions of women do not receive help from a skilled professional during childbirth. Women may not receive a single prenatal visit from a midwife, let alone from a doctor prior to childbirth. Why? The health resources may not be available, or too far away, or too costly. Sometimes, even if health care is available, the quality may be very low. Other times, the women may be shunned from society due to caste or cause of pregnancy.

The WHO is working to reduce maternal mortality with “clinical and programmatic guidance” through the Department of Making Pregnancy Safer (MPS) around the world. The WHO has also developed guidelines to assist countries in addressing the root problems related to maternal mortality under the umbrella program, “Integrated Management of Pregnancy and Childbirth” (IMPAC). MPS and IMPAC have worked to increase the availability of health care to women by educating families and communities on how to deal with pregnancy and training more midwives. In June of 2009, the UN Human Rights Council developed a resolution, led by Columbia and New Zealand, to push for greater governmental involvement in ensuring every woman’s access to healthier pregnancy and childbirth practices.

Individual countries have undertaken different plans of action to work towards a reduction in maternal mortality rates. Some countries, like India, need to take greater action to combat maternal mortality. With an increasingly high birth rate, a high number of India’s women die every year from childbirth, despite India’s growing economy. The fault seems to lie with the government’s blind eye to the problem, rather than the possibility for greater availability of resources. The Philippines have taken action to encourage greater family planning, but the fertility rate remains high among older rural women without formal education. These higher fertility women are at greater risk for maternal mortality, and so the Philippines’ efforts have not had as great of an effect as was



intended. In Malawi, the launch of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) initiative has proven fruitful in reducing maternal mortality. The United Nations Population Fund, World Health Organization, and United Nations Children's Fund have vowed to support CARMMA fully.

The problem of maternal mortality lies largely within developing countries; 99% of maternal deaths occur in developing nations. It is important to realize that 85% of the world's population live in countries labeled as "developing". The countries with the greatest maternal mortality rates as of 2005 (more than 1 in every 100) include Afghanistan, Angola, Burundi, Cameroon, Chad, the Democratic Republic of the Congo, Guinea-Bissau, Liberia, Malawi, Niger, Nigeria, Rwanda, Sierra Leone, and Somalia. (see Figure 2)

In order to truly reduce Maternal Mortality Rates around the world, nations must actively work to increase health resources availability and ensure better health for pregnant mothers. The United Nations World Health Organization will work to design a solution that promotes such involvement of countries.

### 3. Committee Goals

The World Health Organization and various international partnerships have outlined different reasons for maternal mortality. The paths taken to battle maternal mortality will be more efficient if the causes for maternal death and poor maternal health is better understood.

1. What causes are associated with maternal mortality?
2. What are methods to fight these causes of maternal mortality on an international level?
3. What has the WHO done in the past, what is the WHO doing now? What is working, what is not working?

Many nations have undertaken different projects in order to combat maternal mortality in accordance with the Millennium Development Goals. In some cases, the efforts taken are just not efficient at successfully reducing maternal mortality to a great enough degree. Therefore, the committee must also ask and work with these questions:

4. What initiatives are working?
5. What new programs might be necessary to supplement nations' actions so far?

Lastly, some nations have not invested enough financial support or have not taken enough effort to work toward their goals for reducing maternal mortality so therefore, the WHO must answer this question:

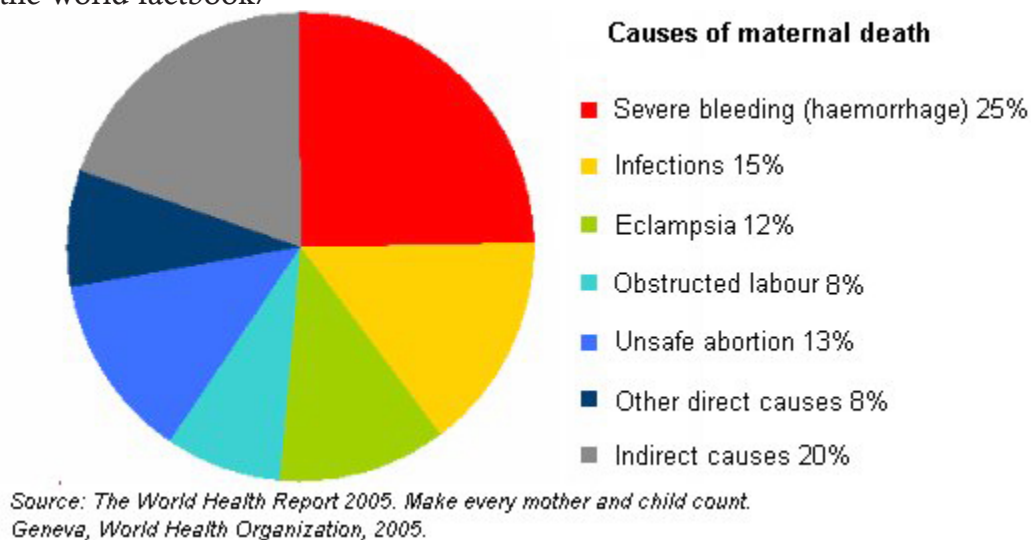
6. How can the United Nations increase involvement around the world in reducing maternal mortality?

### 4. Resources

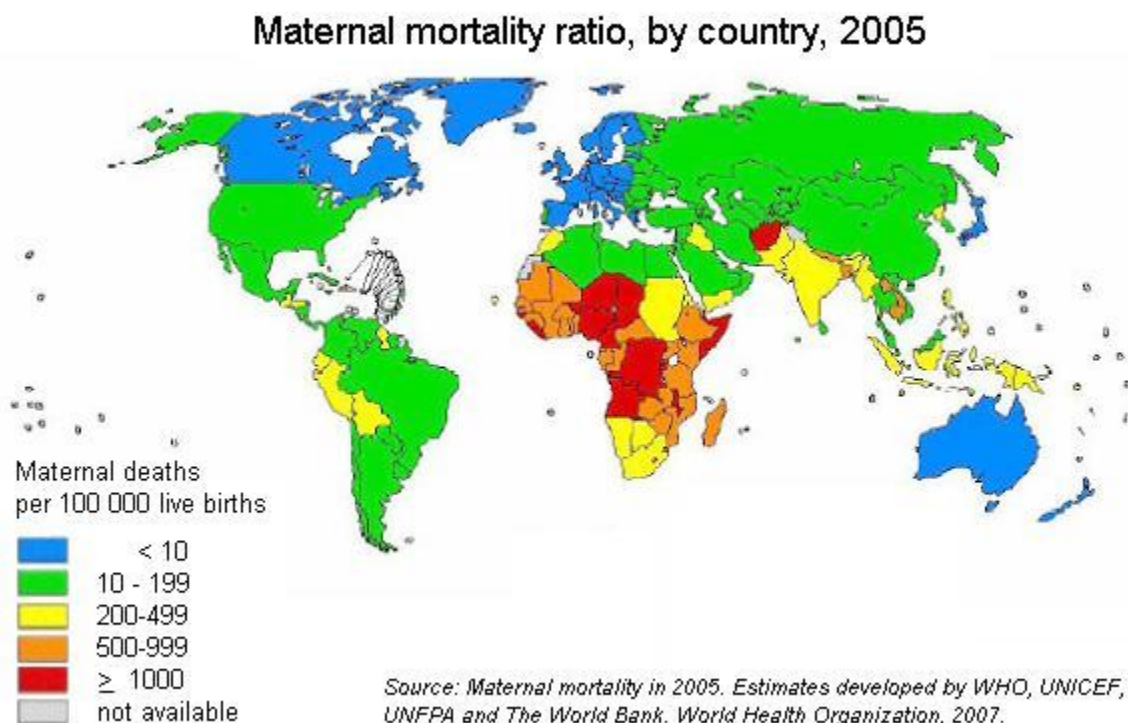
- World Health Organization, Maternal Health Overview  
[http://www.who.int/topics/maternal\\_health/en/](http://www.who.int/topics/maternal_health/en/)
- Family Health International on Maternal Mortality and Morbidity  
<http://www.fhi.org/en/Topics/maternalmort.htm>
- World Health Organization Regional Office for the Western Pacific on Maternal Mortality  
[http://www.wpro.who.int/publications/PUB\\_929061191X.htm](http://www.wpro.who.int/publications/PUB_929061191X.htm)
- UN Human Rights Council: Article on Resolution passed in June 2009  
[http://www.who.int/pmnch/media/membernews/2009/20090617\\_humanrightsresolution/en/index.html](http://www.who.int/pmnch/media/membernews/2009/20090617_humanrightsresolution/en/index.html)
- Partnership for Maternal, Newborn, and Child Health: Consensus  
[http://www.immpact-international.com/uploads/files/CONSENSUS\\_FINAL%20090918.pdf](http://www.immpact-international.com/uploads/files/CONSENSUS_FINAL%20090918.pdf)
- Department of Making Pregnancy Safer: Key Steps for Maternal and Newborn Health Care in Humanitarian Crisis  
[http://www.who.int/making\\_pregnancy\\_safer/documents/keysteps.pdf](http://www.who.int/making_pregnancy_safer/documents/keysteps.pdf)
- Department of Making Pregnancy Safer: Country Profiles  
[http://www.who.int/making\\_pregnancy\\_safer/countries/en/index.html](http://www.who.int/making_pregnancy_safer/countries/en/index.html)
- Article: "Africa Steps Up the Fight Against Maternal and Child Deaths"  
<http://www.thewip.net/>

contributors/2009/05/africa\_steps\_up\_the\_fight\_agai.html

- Article: "India needs political will to reduce maternal mortality: WHO"  
[http://www.thaindian.com/newsportal/health/india-needs-political-will-to-reduce-maternal-mortality-who\\_10033862.html](http://www.thaindian.com/newsportal/health/india-needs-political-will-to-reduce-maternal-mortality-who_10033862.html)
- CIA World Factbook: Country Profiles  
<https://www.cia.gov/library/publications/the-world-factbook/>



**Figure 1. Causes of Maternal Death**



**Figure 2. World Maternal Morality Rate**

# Topic Two: On the Question of Increasing Access to Safe Drinking Water and Proper Sanitation

## 1. Introduction

Water, an essential component of all life, covers more than 70% of the earth's surface. Yet, billions of people lack access to clean water or the facilities needed to properly sanitize water to prevent illnesses from water-borne infections.

According to the United Nations, 95% of cities use the water supply as a dumpster for their sewage; the resultant unsanitary water leads to more than 75% of "all health maladies" affecting the populations of developing nations. As the populations increase in size, the scarcity of clean water will pose an increasingly severe problem to the people in developing nations. Meanwhile, in developed nations, the demand for freshwater is increasing faster than the corresponding increase in population. For example, a doubling of the U.S. population over a 100-year period was coupled with an increase in the demand for freshwater by a scale factor of almost six.

Where there is no safe drinking water, people suffer from waterborne diseases such as cholera, typhoid, giardia, and cryptosporidium. Such diseases spread quickly where proper sanitation and hygiene is not common, which is usually the case for areas where clean water is unavailable. Additionally, afflictions such as malaria and malnutrition are closely linked to unsafe water. Some of the symptoms of these diseases include severe dehydration, high fever, abdominal pains, nausea, and eventual death. Most of these diseases are easily preventable, given sanitary healthcare facilities and clean water supplies.

If clean water were available for everyone, at least a few million deaths could be prevented every year. However, the increase in urbanization and global population directly implies a decrease in the freshwater supplies and an increase in the amount of waste water that will be sanitized for

multiple uses.

## 2. Background

The United Nations Millennium Development Goals (MDG), to be met by 2015, advocated for "Water for Life", specifically, the goal of halving the number of people without access to clean water in the 25-year period. As of August 2004, 40% of the world's population lacked access to basic sanitation; over a billion people lacking access to clean water. As of February 2009, thousands of people were still dying from completely preventable waterborne diseases such as cholera. WHO reported that "Measures for the prevention of cholera have not changed much in recent decades, and mostly consist of providing clean water and proper sanitation". (see <http://www.who.int/mediacentre/factsheets/fs107/en/>)

In regards to the growing amount of wastewater, the WHO has published "Guidelines for the Safe Use of Wastewater, Excreta, and Greywater in Agriculture and Aquaculture" (see [http://www.who.int/water\\_sanitation\\_health/wastewater/en/](http://www.who.int/water_sanitation_health/wastewater/en/)), proposing an approach that is "realistic under local conditions". For emergency situations in which drinking water and sanitation might become greater concerns than usual, the World Health Organization reports the top three priorities concerning drinking water and sanitation during an emergency situation to be: (1) "ensuring the provision of enough safe water for drinking and for personal hygiene to the people affected by the crisis"; (2) "ensuring that all people affected by the crisis have access to hygienic sanitation facilities"; (3) "promoting good hygiene behaviors". The Organization for Economic Cooperation and Development (OECD) reported that more than \$10 billion would be needed annually between 2000 and 2015 to meet the MDG for water availability.

The problem of improper sanitation facilities or lack thereof around the world needs to be addressed at a larger scale. Solving the water crisis will, in itself, solve many problems associated with disease epidemics in poverty-stricken areas. Millions of childrens' lives would be saved annually; child mortality will drop. Standards for sanitation



and clean water availability require reconstruction and enforcement. UNICEF has placed standards for water, sanitation, and hygiene in schools, which has considerably reduced the burden of waterborne illnesses in communities. However, much more action must be taken to solve the clean water crisis.

### 3. Committee Goals

The World Health Organization has identified unsafe water as the cause for most of the diseases that afflict populations of developing nations. The basic goals for this topic are:

1. What standards currently define unsafe water?
2. What standards for clean water should be in place?
3. Where & how can standards for clean water be enforced on a global level?

The water scarcity problem of the future poses different problems for different regions around the world. As a result, different regions will experience different levels of waterborne illness prevalence.

Other questions that the committee must answer:

4. What will define an epidemic in the case of waterborne illnesses, which spreads via water or food?
5. How will epidemics of waterborne illnesses be dealt with differently in areas with unsanitary facilities from other areas?

Nations have not invested enough effort to work toward the goal of increasing access to safe water.

6. How can the United Nations increase involvement around the world in increasing access to clean drinking water?

### 4. Resources

- Article: “Global Water Supply Drying Up as Population Grows”

<http://environment.about.com/od/biodiversityconservation/a/watersupply.htm>

- Mayo Clinic Website: To look up Diseases

- <http://www.mayoclinic.com>
- World Health Organization Page on Water  
<http://www.who.int/topics/water/en/>
- Water, Sanitation, and Health at WHO  
[http://www.who.int/water\\_sanitation\\_health/en/index.html](http://www.who.int/water_sanitation_health/en/index.html)
- Article: “Where clean water is a pipe-dream”  
<http://news.bbc.co.uk/2/hi/science/nature/7873516.stm>
- Report from 2000 on MDG, Includes Region-Specific Information  
[http://www.millennium-project.org/millennium/Global\\_Challenges/chall-02.html](http://www.millennium-project.org/millennium/Global_Challenges/chall-02.html)
- Article: “World facing ‘silent emergency’ as billions struggle without clean water or basic sanitation, say WHO and UNICEF”  
<http://www.who.int/mediacentre/news/releases/2004/pr58/en/index.html>
- World Water Council: Description of the Situation and Benefits of Action  
<http://www.worldwatercouncil.org/index.php?id=23>
- Article: “How do we Ensure Clean Drinking Water for All?”  
<http://www.alternet.org/water/79883/>
- WHO Report on UN “Water for Life Decade”  
[http://www.un.org/waterforlifedecade/pdf/un\\_water\\_policy\\_brief\\_1\\_disaster.pdf](http://www.un.org/waterforlifedecade/pdf/un_water_policy_brief_1_disaster.pdf)
- UN Water for Life, 2005-2015: Website  
<http://www.un.org/waterforlifedecade/index.html>
- WHO Guidelines for Drinking-Water Quality  
[http://www.who.int/water\\_sanitation\\_health/dwq/guidelines/en/](http://www.who.int/water_sanitation_health/dwq/guidelines/en/)
- Emerging Issues in Water and Infectious Disease  
[http://www.who.int/water\\_sanitation\\_health/emerging/en/index.html](http://www.who.int/water_sanitation_health/emerging/en/index.html)