



American Model United Nations
World Health Assembly

WHA/1/3

SUBJECT OF RESOLUTION: Global Strategy for Women's, Children's and Adolescent's Health (2016-2030)

SUBMITTED TO: The World Health Assembly

The World Health Assembly,

1 *Acknowledging* the unique health care issues faced by women, children and adolescents and
2 the role of the World Health Organization (WHO) in addressing these issues,

3 *Alarmed* by the dire healthcare gap between rural and urban communities, especially in de-
4 veloping countries,

5 *Recognizing* the Beijing Declaration and Platform for Action work to elevate the position of women
6 in the health and care workforce,

7 *Maintaining* the recognition of preexisting cultural, religious and medically limiting factors to
8 the execution and furthering of Reproductive Health initiatives,

9 *Emphasizing* the need for vaccinations that protect against sexually transmitted infections (STIs)
10 such as the Human Papillomavirus (HPV) vaccine as, in Member States that have introduced the vac-
11 cine against HPV, after five to eight years, cancer causing HPV prevalence was reduced by 83 percent
12 among girls aged 13 to 19, and the prevalence of precancerous lesions decreased by 51 percent among
13 girls aged 15 to 19,

14 *Further emphasizing* the importance of continuing the initiative between the Joint United Na-
15 tions Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), and WHO to ensure
16 that no child living with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syn-
17 drome (AIDS) is denied treatment and to prevent new infant HIV infections,

18 *Expressing* concern over potential backlash that recipients of reproductive and sexual health
19 care may receive from their communities,

20 *Imploring* the need for increased measures in addressing maternal mental health by expanding
21 postpartum education, pharmaceutical care, awareness on postpartum mental health concerns and
22 community based new mother groups which support maternal mental healthcare,

23 1. *Endorses* practices and resources to improve and promote reproductive and sexual health
24 for women, children and adolescents in low and middle-income Member States;

25 2. *Strongly supports* the promotion of education for the training of women community mem-
26 bers on providing reproductive care, specifically in regards to prenatal care, childbirth attendants and
27 antenatal care through the creation of the Birth Attendant and Midwifery Training Assistance Program
28 (BAMTAP) in order to assist in safe deliveries and provide first aid in obstetric and neonatal emergencies
29 as well as providing care to newborns:

30 (a) *Supports* the training of Traditional Birth Attendants (TBAs) and Skilled Birth Atten-
31 dants (SBAs) to better meet the perinatal healthcare needs of underserved communities;

32 (b) *Encourages* Member States, the WHO and Non-Governmental Organizations (NGOs)
33 that focus on women's and reproductive health to dedicate resources towards BAMTAP;

34 (c) *Further suggests* that BAMTAP pursue the training of women community members in
35 geographic areas that are lacking obstetric care on safe birth practices and the evaluation of potential
36 pregnancy risks and concerns;

37 (d) *Promotes* that those engaged in BAMTAP also be trained on proper sanitation prac-
38 tices to ensure safe and effective care to patients;

39 (e) *Recommends* that women trained through BAMTAP are also trained on ways to sup-
40 port breastfeeding infants through at least six months old;

41 (f) *Encourages* women who have been trained through the BAMTAP program to pass
42 their knowledge to future birth attendants and midwives within their communities;

43 (g) *Urges* for proportional female representation in healthcare professions, aiding in the
44 reduction of gender gaps and balancing of power dynamics;

45 3. *Calls for* the creation of women and children's reproductive health care clinics in low and
46 middle income Member States that address the unique health care needs of women and girls of all
47 ages:

48 (a) *Recommends* that these clinics work with the personnel trained via BAMTAP to pro-
49 vide care;

50 (b) *Instructs* these clinics to address the harm caused to women and children by STIs
51 through prevention, testing and treatment;

52 (c) *Promotes* the screening of all pregnant women for STIs such as syphilis and HIV, in
53 light of their fetal transferability;

54 (d) *Solemnly affirms* that the women and children being served by the clinic receive
55 treatment that is not financially restrictive, nor in violation of their personal privacy upon the receipt
56 of a positive pregnancy or STI test result;

57 (e) *Urges* Member States to exercise discretion and external visibility mitigation of rele-
58 vant signifiers;

59 (f) *Suggests* that these clinics work to ensure that the increased nutritional needs of
60 pregnant women are met before, during and after pregnancy;

61 (i) *Suggests* partnering with and expanding upon of existing food distribution programs
62 as well as the distribution of nutritional supplements like Ready-to-Use Therapeutic Foods
63 (RUFs) so as to reduce rates of low birth weight infants and contribute to overall health-
64 ier pregnancies to address instances of acute undernutrition while more sustainable
65 and long term food sources are put in place;

66 (ii) *Recommends* the distribution of prenatal vitamins to pregnant people to prevent
67 complications and birth defects that result from nutritional deficiencies;

68 (iii) *Advises* collaboration with international organizations and NGOs who are already
69 working to meet nutritional needs of individuals in low and middle income member
70 states;

71 (g) *Encourages* clinics to be in contact with a medical doctor, ideally an obstetrician
72 gynecologist, so that adequate care can be provided in the case of a medical emergency that cannot
73 be handled by clinic staff;

74 (h) *Takes note* of the challenges and considerations that are required to address the
75 unique needs of women and children who are living in poverty, are refugees, or are living in conflict
76 zones;

77 4. *Urges* the utilization of the aforementioned resources of women trained by BAMTAP and clinics
78 to address the harm that obstetric fistula cause to women:

79 (a) *Encourages* all Member States to implement policies to reduce adolescent marriage
80 and child bearing as delaying the age of first pregnancy reduces risk for obstetric fistula;

81 (b) *Promotes* access to emergency obstetric care;

82 (c) *Stresses* the importance of appropriate medical care in instances of obstructed la-
83 bor such as catheterization and cesarean section which can prevent a fistula from forming;

84 (d) *Supports* Member States, NGOs and the providers who work within them in efforts to
85 treat obstetric fistula when it occurs to address the medical and psychosocial consequences that it
86 causes;

87 5. *Promotes* the growth of hygienic and safe medical practices, focusing precisely on Member
88 State initiatives to de-pathologize HIV/AIDS related healthcare, properly sterilized medical facilities and
89 equipment, global initiative for increased HIV/AIDS education at both the social and/or political level,
90 improved HIV quality care training surrounding proper prevention, and remediation;

91 6. *Calls* for the ending of unsafe practices, addressing namely the violence Female Genital
92 Mutilation (FGM):

93 (a) *Endorses* the creation of culturally sensitive educational programs and awareness
94 that can be carried out in the clinics;

95 (b) *Encourages* Member States to enact actionable policy that condemns this practice;

96 7. *Recognizes* the need of reproductive health care information to remain privileged between
97 patient and provider to reduce stigma and community backlash against health care recipients while
98 still providing deidentified patient data to international monitoring organization such as bodies within
99 the WHO and the United Nations as to monitor the state of local and global health as to be able to more
100 effectively allocate and implement health care resources;

101 8. *Calls* for the expansion on maternal mental health care to decrease maternal mortality rates:

102 (a) *Recommends* the implementation of education on maternal postpartum mental
103 health concerns;

104 (b) *Suggests* building community based support groups for new mothers experiencing
105 postpartum depression and/or psychosis;

106 (c) *Supports* the establishment of psychiatric and pharmaceutical care for postpartum
107 psychosis.

Passed, Yes: 57 / No: 1 / Abstain: 3