

LIMUN

LICEO'S MODEL UNITED NATIONS



UN Women

Topic A: “Reduce the global maternal mortality ratio to less than 70 per 100,000 live births”

Written by: Isabella Saucedo Solano

I. COMMITTEE BACKGROUND

UN Women acts to advance women’s well-being and health by working with governments to improve health services for women and girls, including survivors of violence, and backing non-governmental partners in filling gaps. We strive to end practices that put women and girls in danger, such as child marriage, and support efforts to end discriminatory laws and practices impeding women’s access to sexual and reproductive health-care services.

LIMUN expects all delegates in this committee to do their best, by solving this year’s topic in UN Women: “Reduce the global maternal mortality ratio to less than 70 per 100,000 live births”

II. HISTORY OF THE TOPIC

A. Introduction to the topic

A study conducted in 2017 estimated that every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth. About 295 000 women died during and following pregnancy and childbirth in 2017.

Maternal mortality is unacceptably high. The vast majority of these deaths (94%) occurred in low-resource settings, and most could have been prevented. This is why *the Sustainable Development Goals (SDG)*, countries have united behind a new target to accelerate the decline of maternal mortality by 2030. SDG 3 includes an ambitious target: “reducing the global MMR to less than 70 per 100 000 births, with no country having a maternal mortality rate of more than twice the global average”.

The high number of maternal deaths in some areas of the world reflects inequalities in access to quality health services and highlights the gap between rich and poor. The MMR in low income countries in 2017 is 462 per 100 000 live births versus 11 per 100 000 live births in high income countries.

B. Evolution of the topic

The risk of maternal mortality is highest for adolescent girls under 15 years old and complications in pregnancy and childbirth are higher among adolescent girls age 10-19 (compared to women aged 20-24) (2,3).

Women in less developed countries have, on average, many more pregnancies than women in developed countries, and

their lifetime risk of death due to pregnancy is higher. A woman's lifetime risk of maternal death is the probability that a 15 year old woman will eventually die from a maternal cause. In high income countries, this is 1 in 5400, versus 1 in 45 in low income countries

Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. The latest available data suggest that in most high income and upper middle income countries, more than 90% of all births benefit from the presence of a trained midwife, doctor or nurse. However, fewer than half of all births in several low income and lower-middle-income countries are assisted by such skilled health personnel

Some of the main factors that prevent women from receiving or seeking care during pregnancy and childbirth are the following: poverty, distance to facilities, lack of information, inadequate and poor quality services, and cultural beliefs and practices.

C. Relevant events

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

Reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

III. CURRENT ISSUES

A. Panorama

The Sustainable Development Goals, launched in 2015, include a target for reducing the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.

Accurate measurement of maternal mortality remains challenging and many deaths still go uncounted. Many countries still lack well functioning civil registration and vital statistics systems, and where such systems do exist, reporting errors – whether incompleteness (unregistered deaths, also known as “missing”) or misclassification of cause of death – continue to pose a major challenge to data accuracy.

However, Most of these complications develop during pregnancy and most are preventable or treatable. The major complications that account for nearly 75% of all maternal deaths are the following:

1. severe bleeding (mostly bleeding after childbirth)
2. infections (usually after childbirth)

3. high blood pressure during pregnancy (pre-eclampsia and eclampsia)
4. complications from delivery.

As we can observe from the points above, the problems are mainly hygienic, this means for example, that perhaps infection after childbirth could be eliminated if good hygiene is practiced and if early signs of infection are recognized and treated in a timely manner.

A. Points of view

Mexico

In Mexico, comparing statistically the average observed deaths in the period 2002–2014 through the mean difference, interesting results were found, because contrary to what was expected it is noted that there are no statistically significant differences between the average deaths of mothers with and without health affiliation.

For their part, the educational and marginalization levels, and receiving or not medical care during childbirth did show statistically significant differences in average deaths. According to what was expected, the influence of variables related to social conditions and to the health system that impact maternal mortality was identified.

United States

The United States continues to be an outlier among industrialized nations, with a maternal mortality rate several times higher than other high-income countries.

The US had the highest maternal mortality rate of any nation studied: 23.8 deaths per 100,000 live births. (CNN) A new study found that women in the US face the highest rates of

preventable and maternal mortality when compared with women in 10 other wealthy nations.

South Sudan

South Sudan stands with the world's highest maternal mortality rate: 1,150 deaths for every 100,000 live births. Unlike many of the countries on this list, that number has risen steadily over the last few years.

Factors such as gender inequality, high levels of violence and security, combined with the lack of adequate healthcare services in the country and high amount of internal displacement, make it the worst country for an expecting mother.

I. UN & EXTERNAL ACTIONS

A. UN actions

WHO

The Worldwide Health Organization (WHO) is specialized in the solving of political prevention, promotion, as well as intervention of worldwide health.

Improving maternal health is one of WHO's key priorities. WHO works to contribute to the reduction of maternal mortality by increasing research evidence, providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States on developing and implementing effective policy and programmes.

As defined in the Ending Preventable Maternal Mortality Strategy (6), WHO is working with partners in supporting countries towards:

Addressing inequalities in access to and quality of reproductive, maternal, and newborn health care services;
ensuring universal health coverage for comprehensive reproductive, maternal, and newborn health care;
addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities;
strengthening health 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.

UN Women

Acts to advance women's well-being and health by working with governments to improve health services for women and girls, including survivors of violence, and backing non-governmental partners in filling gaps. We strive to end practices that put women and girls in danger, such as child marriage, and support efforts to end discriminatory laws and practices impeding women's access to sexual and reproductive health-care services.

B. External actions

The Sustainable Development Goals,

The maternal mortality ratio was established as one of the goals of Sustainable Development Goals to reduce the global MMR to less than 70 per 100,000 live births and to ensure that no country has a maternal mortality rate that exceeds the double of the world average.

II. CONCLUSION

Accurate measurement of maternal mortality remains challenging and many deaths still go uncounted. Many countries still lack well functioning civil registration and vital statistics systems, and where such systems do exist, reporting errors – whether incompleteness (unregistered deaths, also known as “missing”) or misclassification of cause of death – continue to pose a major challenge to data accuracy. By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

III. IMPORTANT QUESTIONS

- What can we do to decrease the number of deaths?
- Should working with an ONG work, to find a possible solution?
- In what way is every delegation going to help in the committee, no matter how big or small their support can be?
- Where does your delegation stand on this topic?

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