Alster Model United Nations

FORUM: Fourth Committee to the General Assembly (Special Politics and Decolonization)

QUESTION OF: Ensuring access to adequate health-care for pregnant women in LEDCs

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POSITION: Secretary General

INTRODUCTION:

"More and better-quality contacts between all women and their health providers throughout pregnancy will facilitate the uptake of preventive measures, timely detection of risks, reduces complications and addresses health inequalities," - Dr. Anthony Costello WHO Director of Maternal, Newborn, Child and Adolescent Health –

Pregnancy and the transition into motherhood should always be a positive experience for all women globally which ultimately correlates with fast access to adequate reproductive health-care, however millions of women worldwide either lack the access to or are incapable to afford reproductive health-care, lack of education as well as insufficient counseling exacerbate potential complications during or after pregnancies.

In order to act against health emergencies such as maternal and infant mortality and acute diseases and infections related to pregnancy resilient health systems comprise a vital role for a healthy and safe pregnancy. Such health systems should serve all people therefore including that these systems must refrain from exposing people in need to financial hardship. However, an estimated 400 million people worldwide lack access to any form of essential health services and roughly 90% of the global population living in low-income countries have no health protection and more than 50% of global rural population has no access to essential health-care.

In correlation with the access to adequate health-care services for pregnant women worldwide is article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), or more generally known as the right to health. The Right to Health is an inclusive right which contains freedoms and entitlements such as access to health-care facilities. Women are to be specifically looked at as women face higher prevalence of poverty and economic dependence, violence, gender bias in health services and limited power over their sexual and reproductive lives.

Even though there has been substantial progress in availability and accessibility to health services, approximately 303.000 women died from preventable pregnancy related causes globally which equivalates to around 830 deaths daily in 2018. 99% of these deaths occur in developing countries with disparities in rural and poorer communities and young adolescents face even higher risk of complications and death. However, when compared to maternal deaths in the year 1990 there has been a drop of 43%.

SCOPE OF THE PROBLEM:

Ensuring access to adequate health-care for pregnant women especially in LEDCs is a very diverse, multifaceted and intricate issue. There are multiple factors that need to be considered in order to fully understand the issue and to be able to find potential solutions.

In the year 2015 around 5.3 million newborns died 2.7 million of these died in their first four weeks of life and 2.6 million were stillborn highlighting the most crucial aspect to maternal health, specifically receiving the right care being it antenatal-care or postnatal-care in order to detect and treat potential complications that might endanger the woman's or unborn life's. Even though 86% of women worldwide have access to antenatal-care however only around 64% women receive 4 or more antenatal visits. Antenatal-care should deliver the right care, support mothers throughout their pregnancy be it also emotional support and provide information on healthy diet and nutrition as well as physical activity.

Should women not receive the care they require or need the risk of maternal and child mortality is ever present. Of the 2.6 million newborns that die during their first four weeks of life 75% die within the first week after birth to causes such as, pneumonia, birth asphyxiation or diarrhea. The following 48 hours after birth are crucial for a child's survivability. In comparison to child mortality in 1990 there has been a decline of 56% from 93 deaths per 1000 live births to 41 per 1000, however, the decline of neonatal mortality is slower than postnatal mortality with 49% to 62% decline respectively.

Maternal mortality reflects equities in access to health-care services and a gap between wealthier and poorer countries, as more than 50% of maternal deaths occur in fragile or humanitarian settings. Whereas 12 women per 100.000 live births die in MEDCs 239 women die per 100.000 live births in LEDCs. Another factor that heavily affects maternal mortality in LEDCs is that women in LEDCs have more pregnancies during their lifetime due to several reasons making the risk of dying to pregnancy related causes 33 times higher than in MEDCs 1 in 180 to 1 in 4900 respectively. 75% of maternal deaths are attributed to severe bleeding, infection, high blood pressure, and complications from delivery and unsafe abortion. However, for every woman that dies estimated 20 to 30 experience chronic or acute morbidities and 15% of births are complicated by a potential condition.

The success of reducing maternal mortality by 43% when compared to 1990 overshadows that the annual rate of decline however is less than half of what is needed in order to achieve the Millennium Development Goals (MDGs) (Current: 2.3% needed: 5.5%).

The lack of access to quality health-care and the enrolling problems caused by this also touches upon another important issue, economic/financial situations of women and families as well as countries that are most affected by maternal mortality. Women who face complications during birth or stay longer in hospitals at extra cost face deprivation and poverty as lost productivity and cost drive women and families into financial hardship.

Looking onto state and international levels high-income countries spend 100 times more on health-care than low-income countries (3039 USD to 30 USD). 60% percent of health-care costs in LEDCs are paid out of pocket compared to only 20% in MEDCs. Even in LEDCs there are significant differences between the use of secondary and tertiary health services between wealthier and poorer people. However other factors also affect the use of health-services in low-income countries such as geographic availability i.e. travel time and distance to health-care providers, the availability in general (skilled health workers drugs etc.) and financial accessibility.

Approximately 16 million girls aged between 15 and 19 years old as well as 2.5 million girls under the age of 16 give birth each year in developing countries. Complications during pregnancy and childbirth are the leading cause of death of 15 to 19-year-old girls globally. 3.9 million girls aged between 15 and 19 undergo unsafe abortions each year. Due to their fragile health adolescent mothers face higher risks of disease and infection during or after pregnancy endangering their life and the life of their unborn/newborn. Adolescent pregnancies contribute largely to maternal mortality worldwide and are more likely to occur in marginalized communities, driven by poverty as well as lack of education and employment opportunities. In addition, girls might be pressured to give birth due to social or cultural norms. 15 million girls each year are married under the age of 18 and 90% of births of 15 to 19-year old's occur within marriage however unmarried girls may face stigmatization or rejection by family or their peers if they become pregnant. This problem is further intensified by the fact that girls may be unable to refuse or resist coerced sex, which is mostly unprotected, 20% of girls globally experience sexual abuse as children or adolescents. Girls are also 3 times as likely to become pregnant if they are from rural or indigenous populations than urban.

The problem of adolescent pregnancy is further exacerbated by the fact that adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness

to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints.

However adolescent birth rates have declined from 65 births per 1000 women (1990) to 47 births per 1000 women (2015) though there are significant regional differences and the fact that the adolescent population is growing might negatively affect adolescent's birth rates.

Unsafe abortion is also a major contributor to maternal mortality as:

-Between 2010–2014, on average, 56 million induced (safe and unsafe) abortions occurred worldwide each year.

-There were 35 induced abortions per 1000 women aged between 15–44 years.

-25% of all pregnancies ended in an induced abortion.

-The rate of abortions was higher in developing regions than in developed regions.

-Around 25 million unsafe abortions were estimated to have taken place worldwide each year, almost all in developing countries.

-Among these, 8 million were carried out in the least- safe or dangerous conditions.

-Over half of all estimated unsafe abortions globally were in Asia.

-3 out of 4 abortions that occurred in Africa and Latin America were unsafe.

-The risk of dying from an unsafe abortion was the highest in Africa.

-Each year between 4.7% – 13.2% of maternal deaths can be attributed to unsafe abortion.

-Around 7 million women are admitted to hospitals every year in developing countries, as a result of unsafe abortion.

-The annual cost of treating major complications from unsafe abortion is estimated at US$ 553 million.

-Safe abortion must be provided or supported by a trained person using WHO recommended methods appropriate for the pregnancy duration.

-Almost every abortion death and disability could be prevented through sexuality education, use of effective contraception, provision of safe, legal induced abortion, and timely care for complications.

POSSIBLE SOLUTIONS:

There are many different ways to approach this issue and to find solutions however the general consensus is to offer women access to quality health-care, ensure that it reaches them in the right moment and is administered by skilled health personnel.

Countries should recall the right to health enshrined in the International Covenant on Economic, Social and Cultural Rights (ICESCR) calling for states to ensure access to health services for mental and physical well-being.

Specifically, women should have access to appropriate services in connection with pregnancy and states should enable women to control/decide responsibly on sexuality related matters be free from coercion and lack of information as well as discrimination. States should ensure that women have access to information, safe, effective, affordable and attainable methods of family planning.

In order to save further lives of women antenatal care and the attendance of skilled/trained health personnel is essential during and after birth. There have to be improvements made to ensure the quality of antenatal care, the care after birth and postnatal care, especially in the first 48 hours after birth, as those are essential to ensure that a child survives. States should consider recommendations made by the World Health Organization to improve the health of pregnant women.

Antenatal care is very important to stop maternal death as it is an opportunity to regularly perform check-ups for any signs of ill health, monitoring the health of the fetus as well as to overall assess the health of a pregnant woman and to provide essential information in regards to nutrition and physical activity.

International human rights bodies have characterized laws generally criminalizing abortion as discriminatory and a barrier to women's access to health care. States should consider removing all punitive provisions for women who have undergone abortion. States should also permit abortion in certain cases. Denying women access to abortion where there is a threat to the woman's life or health, or where the pregnancy is the result of rape or incest violates the rights to health, privacy and, in certain cases, to be free from cruel, inhumane and degrading treatment.

Legal framework for access to abortion must include a mechanism for rapid decision-making, with a view to limiting to the extent possible risks to the health of the pregnant mother, that her opinion is considered, that the decision must be well-founded and that there is a right to appeal. Regardless of the legality of abortion, humane post-abortion services must be provided, including guidance on contraceptive methods to avoid unwanted pregnancies.

States should review and consider allowing children to consent to certain medical treatments and interventions without the permission of a parent, caregiver, or guardian, such as HIV testing and sexual and reproductive health services, including education and guidance on sexual health, contraception and safe abortion

That legal abortion should be safe and accessible is also a position further supported by political commitments of States undertaken at the International Conference on Population and Development (ICPD), held in Cairo in 1994.

The access to contraceptives is also an important factor that needs to considered. However, there is a staggering lack of basic sexual and reproductive health services in developing countries. An estimated 225 million women want to avoid pregnancies in LEDCs but do not use modern contraceptives. It would cost around 25 USD per woman aged between 15-44, around double the current spending, to be able to provide essential sexual and reproductive health services such as contraceptives and pregnancy and newborn care to all women in developing countries each year. This would result in a 70% decline of unwanted pregnancies and 74% decline in unsafe abortions. Furthermore, if modern contraceptive needs were met as well as all women and their newborns receive the care they need they maternal mortality would drop from 290.000 to 96.000 and postnatal deaths would be reduced by approximated ¾.

However, the most important step is to generally strengthen health systems since over 50% of maternal deaths are preventable. To properly strengthen health systems there is a need for long term political commitment for equitable coverage of education and health services as well as high levels of social participation to ensure that health services are used at a more frequent rate. Furthermore, states need to work on analyzing poverty dimensions in their health policies and pledge themselves to implementing comprehensive systems in order to capture vital data to minder the risk of underreporting.

Generally, states differ in their economic and political policies so the international community needs to find approaches that allow flexibility for countries to employ different options and how health providers interact with different cultural and social expectations of individuals and communities.

KEY TERMS:

-*Prenatal Care/Antenatal Care:* Type of preventive health-care that provides regular check-ups to women in order for health workers to identify and treat potential health problems as well as provide counseling to pregnant women on nutrition and hygiene for a healthy pregnancy benefiting mother and the fetus.

-*Postnatal Care:* Type of health-care to ensure and address the health of both the mother and newborn after childbirth. Includes assessment and counseling to mothers before being discharged from health facilities as well as later visits through community midwifes.

-*Emergency Obstetric Care:* Type of health-care that addresses and treats complications immediately after childbirth and is a critical step to reduce maternal and neonatal deaths.

-*Birth Control:* Includes different measurements to prevent unwanted pregnancy such include but are not limited to, sterilization, hormonal or physical methods. Planning and availability and usage of birth control is known as family planning.

-*Neonatal Mortality/under-5 Mortality:* Refers to the death of newborns in their first 28 days of life as well as children who have only reached an age of five years. There are severe differences in child mortality globally.

-*Maternal Mortality/ Maternal Mortality Ratio:* Refers to the death of a woman while pregnant or within 42 day of termination of pregnancy, not including accidental or incidental causes. Maternal Mortality Ration (MMR) is the annual number of female deaths per 100.000 per live births in relation or aggravated by pregnancy.

-*International Covenant on Economic, Social and Cultural Rights:* Is a multilateral treaty which came in force on January 3rd 1976. The signatories shall work toward the granting of economic, social, and cultural rights (ESCR) to the Non-Self-Governing and Trust Territories and individuals, including labor rights and the right to health, the right to education, and the right to an adequate standard of living.

-*Convention on the Elimination of all Forms of Discrimination Against Women:* Is an international treaty adopted in 1979 as an international bill of rights for women.

EXPECTATIONS FOR POSITION PAPER:

You are expected to write a Position Paper that is a minimum of two pages long. The Position Paper should contain general information on the issue in relation to your country and specific policies your country introduced to act upon access to adequate health-care for pregnant women.

Further questions you could also consider during your research:

- What is my country's view on women's sexual and reproductive rights?

- How was/is my country affected by maternal mortality?

- Are there certain cultural or religious beliefs regarding sexual activity and birth control?

- What has my country done or is doing to ensure health-care access to pregnant women?

- Are maternal deaths occurring disproportionally in poorer or rural areas in my country?

- How could my country support international efforts regarding access to health-care for pregnant women?

USEFUL LINKS/SOURCES:

Official website of the World Health Organization (WHO):

http://www.who.int/

Official website of the United Nations Population Fund (UNFPA):

https://www.unfpa.org/

Official website of the United Nations Children's Fund (UNICEF):

https://www.unicef.org/search/search.php?q=maternal+health

International Covenant on Economic, Social and Cultural Rights (1976):

https://www.ohchr.org/Documents/ProfessionalInterest/cescr.pdf

Convention on the Elimination of all Forms of Discrimination Against Women (1979):

https://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf

Guttmacher Institute Report:

https://www.guttmacher.org/sites/default/files/report_pdf/addingitup2014.pdf