Houston Area Model United Nations

Standard Committee

WHO

Chair | Meghna Yennu

Topic A Background Guide

Houston Area Model United Nations 48

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Note to Delegates

Delegates,

Hi! Welcome to the WHO Committee! Firstly, I'd like to thank you for choosing to participate in this committee, the World Health Organization, this year. My name is Meghna, and I will be your chair for this committee. I'm very thrilled to be chairing these sessions with you, and I can't wait to see all the discussions and resolutions that will be thrown around the hopefully not virtual room! Some background on me: I'm a sophomore at Rice University, studying English and Biology alongside Medical Humanities, which is basically what the name sounds like, medicine from a humanities standpoint. I'm always interested in interdisciplinary approaches to the issue of healthcare, as it is a topic that does not occupy only one sphere of influence, but involves many domains, including social, political, economic, and of course, medical.

How I got involved with Model UN is rather ironic, in the sense that I genuinely thought I would never go to anything associated with public speaking or debate. Certainly I never thought I would do anything related to Model UN, so of course, I ended up somehow going to a MUN conference, knowing absolutely nothing about procedure or committees. That conference was surprise, surprise HAMUN! Even though it was very intimidating, I think the thing that I really remember was the feeling of excitement when I got my first note, asking if I was interested in forming a bloc with them. My resolution that I helped write did not end up passing, but the act of creating and formulating resolutions with complete strangers is something that I think I'll never forget. I think the thing that really draws me to MUN time and time again, is how complete strangers all join together to collaborate and compete together in making resolutions like their lives depend on it, and this creative and engaging environment is something I strive to foster in our own committee this year.

Model United Nations, as a simulation of the actual United Nations, allows you as students to contextualize global politics as something you can actively shape and direct, and I hope by participating in this committee, you all will gain a better understanding of your place as a global citizen in relation with the wider world, and how there truly no such thing as an isolated issue in our increasingly interconnected global world. Can't wait to meet you all! Good luck!

See you soon,
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Houston Area Model U.N | WHO Chair
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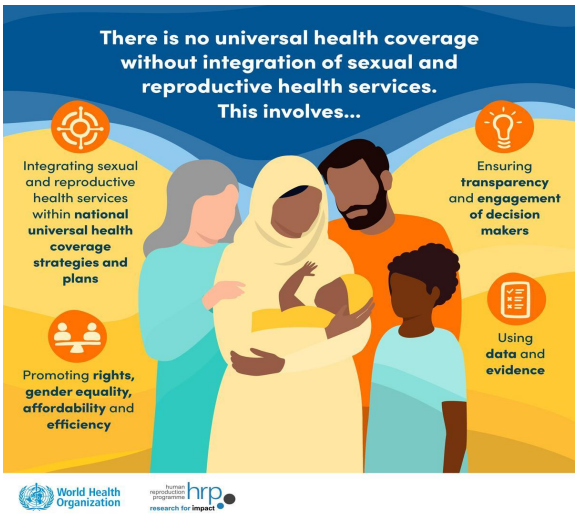
Background Information



Reproductive healthcare, as defined by the WHO, aims to attain an ideal of reproductive health, a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, but in all matters relating to the reproductive system, as given by the name. For the purposes of this committee, we will narrow our focus to take reproductive healthcare as divided into three main categories: contraception, maternal health, and abortion, although reproductive health. Of course, a wide range of topics that don't necessarily fall under these categories. Reproductive healthcare, irrespective of race, ethnicity, gender, class, sexuality, or disability, affects all aspects of living. However, it's important to understand how these factors relate to reproductive healthcare, and how intersectionality impacts conceptualization of reproductive healthcare, not just as a problem separate from society, but as an issue grounded in the societal understanding of the human.

There can be no grasp of reproductive health without getting the dynamics that govern the legislation around bodies, and how these regulations and policies have both material and dire consequences on education and, subsequently, access to reproductive healthcare. Beyond the political sphere, there is the social stigma around reproductive health enables a feedback loop in the healthcare system; this lack of conversation creates lack of knowledge and articulation, which self-perpetuates systems of health that are unable to engage with the needs of the global community.

Contraception [1] , also known as birth control, is fundamental to reproductive healthcare, allowing for the respect of autonomy: the prevention of undesired pregnancies reduces risk of ill-health and morality, as well, lowering the need for unsafe abortions. It is crucial that contraception is widely available, accessible through trained healthcare workers, to anyone who sexually active, including adolescents. There are many different types of contraception that include over-the-counter methods, as well as surgical interventions.

HORMONAL CONTRACEPTIVE METHODS:	*"Usually oral pills or implants, patches or vaginal rings. They release small amounts of one or more hormones which prevent ovulation."*
INTRAUTERINE DEVICE (IUD):	*"Devices inserted into the uterus where they release either a copper component or a small amount of a hormone (Levnorgesterol) to prevent the sperm from reaching the egg."*
EMERGENCY CONTRACEPTION:	*"It is possible to prevent pregnancy after unprotected sex or if contraception has failed, either with a pill or with an IUD. There is a five-day window for this."*
EMERGENCY CONTRACEPTION:	*"Forms a barrier that prevents sperm and egg from meeting. "*

Maternal healthcare [2] ranges from prepartum to postpartum, pre-birth to post-birth, involving intervention to manage pre-existing conditions along with pregnancy concurrent conditions and prevent the most direct maternal death and injury stemming from blood loss, high blood pressure, unsafe abortion, and obstructed labor. Maternal healthcare also encompass postpartum recovery, including addressing possible blood clots, high blood pressure, pelvic issues, and depression that may occur. Maternal wellness can be managed with timely management by skilled health professionals in a supportive healthcare environment as well as increasing education and awareness surrounding pregnancy.

As articulated by the WHO, addressing inequalities that affect health outcomes, especially sexual and reproductive health and rights and gender, is fundamental to ensuring all women have access to respectful and high-quality maternity care.

SEVERE BLEEDING/BLOOD CLOTS:	After birth, severe bleeding/blood clots can easily cause fatal damage if left unattended. Anticipation for these possible complications can easily mitigated this factor through alertness.
INFECTION:	Again, after childbirth, infection can be eliminated if good hygiene is practiced and if early signs of infection are recognized and treated in a timely manner.
PRE-ECLAMPSIA/ECLAMPSIA:	Pre-eclampsia is serious high pressure condition that arise during pregnancy. It should be should be detected and appropriately managed before the onset of convulsions (eclampsia) and other life-threatening complications
MENTAL HEALTH	During and especially after preganancy, mental well-being can be heavily affected, such as with postpartum depression.

To avoid maternal deaths, it is also vital to prevent unwanted pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care.

Inequalities in access to generalized healthcare service can be seen again in the reproductive health domain, compounded by the lack of access to information on pregnancy, giving birth, and postpartum recovery, as well as discrimination in treatment based on socio-economic backgrounds.

Finally, **access to abortion services** [3] includes information on and the management of abortion and post-abortion care. Lack of access to safe, timely, affordable and respectful abortion care poses a risk to not only the physical, but also the mental and social health.

Induced abortion is a simple and common health-care procedure. Each year, almost half of all pregnancies – 121 million – are unintended; 6 out of 10 unintended pregnancies and 3 out of 10 of all pregnancies end in induced abortion. Abortion is safe when carried out using a method recommended by WHO, appropriate to the pregnancy duration and by someone with the necessary skills. However, when people with unwanted pregnancies face barriers to obtaining quality abortion, they often resort to unsafe abortion.

Physical health risks associated with unsafe abortion include:

- incomplete abortion (failure to remove or expel all pregnancy tissue from the uterus);
- hemorrhage (heavy bleeding);
- infection;
- uterine perforation (caused when the uterus is pierced by a sharp object); and
- damage to the genital tract and internal organs as a consequence of inserting dangerous objects into the vagina or anus.

Restrictive abortion regulation can:

- cause distress and stigma against those seeking abortion care and healthcare works
- risk violating human rights, including the right to privacy and the right to non-discrimination and equality
- impose financial burdens, especially regarding regulations that force people to travel to acquire care, making abortion inaccessible to those with low resources

Most importantly, restricting access to abortions does not reduce the number of abortions performed; it only changes whether the abortions received are safe and dignified.

Topic History: WHO

WHO provides global technical and policy guidance on the use of contraception to prevent unintended pregnancy, provision of information on abortion care, abortion management (including miscarriage, induced abortion, incomplete abortion and fetal death) and post-abortion care. In 2021, WHO published an updated, consolidated guideline on abortion care, including all WHO recommendations and best practice statements across three domains essential to the provision of abortion care: law and policy, clinical services and service delivery.

Upon request, WHO provides technical support to countries to adapt sexual and reproductive health guidelines to specific contexts and strengthen national policies and programmes related to contraception and safe abortion care. A quality abortion care monitoring and evaluation framework is also in development.

Case Study: Ghana

Maternal health has always been considered a high-priority issue by the Government of Ghana. Several internationally recommended interventions (such as the Universal Declaration of Human Rights and the International Conference on Population and Development) and local initiatives have been implemented by the Ministry of Health, the Ghana Health Service and partners to promote maternal health. Although maternal mortality remains high, it has reduced significantly in the past three decades, especially after maternal mortality was declared a national emergency. This led in that year to the introduction of the free maternal health care policy: the guidelines specified who was eligible for free health care (all pregnant women and newborns up to 3-months old) and details of the benefits package (that is, all health services normally provided within the National Health Insurance Scheme package falling universal health coverage for sexual and reproductive health in Ghana within the year, beginning from the presentation of a pregnant woman to a healthcare facility.

Since 2008, this policy has contributed to an increase in National Health Insurance Scheme enrollment and improvement in health care delivery. The Safe Motherhood Programme arose from a task force, supported and operationalized by the government, to reduce morbidity and mortality, and to improve the availability and quality of maternal health services. The broad initiative included programmes addressing demand and supply interventions, such as training health care workers and improving facilities.

Despite these policies, implementation and health outcomes have been mixed. There remain some significant challenges to ensuring universal access to maternal health care. For instance, according to the most recent maternal health survey conducted in Ghana, there is a disparity in the number of women receiving at least four antenatal care visits, between those who live rurally (83%) and those living in urban areas (92%).

Questions to Consider

- How do current programs regarding contraception address the issue of birth control, and what can be done to bolster support and awareness for birth control accessibility and breaking misconceptions surrounding birth control?

- What effect does a lack of public discussion and policy on birth control have on society, and how can the WHO work together with partner organizations and governments to combat the stigmatization and lack of inaccessibility surrounding birth control? What role does social context play in attitudes surrounding birth control, and how does attitudes around birth control correlate to attitudes around maternal morality and risk, as well as abortion?

- Why is maternal mortality and injury easily preventable, yet often ignored in local and global contexts? What are the political ramifications for lack of legislative protections for paid parental leave, as well as against abuse and mistreatment during birth? What can be done by the WHO to improve and raise awareness for maternal healthcare, and how can they account for discrimination and inequality in their policy making and implementation?

- What are the consequences of abortion inaccessibility, in the local and global context, and how does the correlate to the WHO's statement to define reproductive health, as the hybrid state of physical, mental, and social well-being? How can the WHO deal with the populations most affected by inequalities imposed by restriction of access to trained professionals and healthcare workers?

Resources for Research

- https://abortion-policies.srhr.org/
- https://reproductiverights.org/maps/worlds-abortion-laws/
- https://pai.org/resources/the-urgency-of-reproductive-health-in-humanitarian-emergencies/
- https://www.comminit.com/global/content/global-sexual-and-reproductive-health-package-men-and-adolescent-boys
- https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31794-4/fulltext
- https://www.who.int/news-room/questions-and-answers/item/abortion-safety
- https://mmr2017.srhr.org/
- https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception
- https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

Citations

[1] “Abortion.” *World Health Organization*, World Health Organization, https://www.who.int/health-topics/abortion#tab=tab_1.

[2] “Contraception.” *World Health Organization*, World Health Organization, https://www.who.int/health-topics/contraception.

[3] “Universal Health Coverage for Sexual and Reproductive Health in Ghana: Evidence Brief.” *World Health Organization*, World Health Organization, https://www.who.int/publications/i/item/WHO-SRH-21.17.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