

## **Draft Resolution 1.1**

### **American Mock World Health Organization 2019**

**Regional Block Name:** AFRO

**Topic:** Maternal and Newborn Health

**Sponsors:** Chad, Ethiopia, Kenya

**Signatories:** Algeria, Burkina Faso, Cameroon, DRC, Ghana, Liberia, Madagascar, Mali, Mozambique, Nigeria, Senegal, Seychelles, South Africa, Tanzania, Rwanda, Zambia

*Deeply concerned* about the HIV/AIDS crisis and its debilitating effects across economic, social cultural, and other fundamental domains,

*Recognizing* the enhanced vulnerabilities of a relatively young population across the region and the necessity to preserve the capabilities and resource potential held by the youth of Africa,

*Fully aware* of the cultural differences between nations and the need to encompass all in any proposed resolution,

*Recognizing* that stigma creates barriers to healthcare and there is a need to transform the perception of sexual and reproductive health services,

*Deeply disturbed* by the devastation wrought by recent natural disasters with implications for healthcare infrastructure, food security, and water quality and associated risk of infectious disease and malnutrition, especially in vulnerable populations such as mothers, children, the elderly, the rural, and the immunocompromised,

*Keeping in mind* that brain drain is a growing concern and financial incentives and strong mentor relationships need to be created in order to reduce this problem,

*Taking into consideration* existing structures such as ministries of health, universities, clinics and, hospitals and building upon them to enhance healthcare worker training, quality of care, and data collection,

*Fully aware* of the impact and importance of community health workers on the health of rural communities and seeks to strengthen clinical skills, training, and supervision,

*Affirming that* mental health in the African region is a growing issue with lack of research and resource,

*Guided by* a desire to further epidemiological research a systematic approach to the collection of data across the African region is desired,

*Deeply concerned* by the continued high rates of maternal mortality driven by the prevalence of unsafe abortions, infection, postpartum depression, and other pregnancy complications,

*Having examined* the detrimental societal impact of gender-based violence within the region,

*Taking into consideration* the high-prevalence of infant mortality across the region,

*The General Assembly Plenary,*

- 1       1. *Reinforces* national healthcare systems to better advocate for HIV/AIDS prevention and  
2       augment delivery of health services by:
  - 3           a. Increasing the availability of contraceptives
  - 4           b. Outreach to inform individuals of the services available
  - 5           c. Training mid-level providers such as midwives and nurses
  - 6           d. Regionally pooling funding for HIV-transmission prevention to optimize  
7           purchasing power in international pharmaceutical markets,
  - 8           e. integrating HIV testing and diagnostic services in presently existing public health  
9           facilities to diminish potential HIV stigma,
  - 10          f. Expanding the private sector priorities to include HIV prevention and AIDS care;
- 11       2. *Calls upon* the adoption of health information management strategies and innovations to  
12       inform research of HIV/AIDS prevalence, distribution, and risk factors toward  
13       development of evidence-based interventions and policies through optimization of  
14       collaborative surveillance systems to accommodate HIV/AIDs data collection;
- 15       3. *Further requests* NGOs to prioritize stemming upstream risk factors to sexually  
16       transmitted diseases (i.e. HIV) including but not limited to social transgressions (child  
17       marriage, FGM, gender-based violence) through limited intervention as to respect  
18       cultures and societal order;
- 19       4. *Emphasizes* training public educators and community leaders in effectively delivering  
20       comprehensive, evidence-based sex education, encompassing curricula targeting high-  
21       risk populations specifically young women and men, and empowering their autonomy  
22       and authority within the context of sexual relationships;
- 23       5. *Endorses* rural outreach Public Health initiatives to provide subsidized family planning,  
24       antenatal and STI-related services and products,
  - 25           a. Noting the lack of cultural competence as a barrier to ‘outreach’ efforts, member  
26           states should coordinate and inform such initiatives to optimize accordingly  
27           through,
    - 28               i. urban/rural partnerships perhaps ‘lending’ advisory health workers to train  
29               rural communities in evidence-based STI prevention, emphasizing the

- 30 instability caused by the HIV/AIDS crisis, specifically regarding  
31 vulnerable youth females;
- 32 6. *Further invites* member states to assert the value of maternal and newborn health and the  
33 tragic effects of the HIV/AIDS epidemic by,  
34 a. identifying and intervening appropriately in at-risk maternal populations and  
35 improving early infant diagnosis to reduce mother-to-child transmission  
36 b. initiating increased access to Antiretroviral treatment (ART) programmes for  
37 child/adolescent populations;
- 38 7. *Recommends* member states to further or completely subsidize maternal healthcare user  
39 fees, by all national practical means, in all public healthcare facilities, recognizing the  
40 wealth of potential returns from greater investment in mothers and newborns on the  
41 future social and economic landscape;
- 42 8. *Supports* the mobilization of community health workers through the utilization of a  
43 performance-based payment system in an effort to improve accountability and supports  
44 the increase of training new community health workers through:  
45 a. top-up performance payments to health facilities, conditional on the quality of  
46 services provided for the delivery of a package of essential health service in  
47 targeted areas  
48 i. Payments will be issued with contracting facilities on a monthly or  
49 quarterly basis once preset target goals have been achieved and will:  
50 1. Introduce a list of quantity and quality indicators monitored at  
51 health centers  
52 2. Design aggregate performance scores and payment methods  
53 3. Distribute supervisory checklists and evaluations  
54 4. Develop a data management system for data capturing, reporting,  
55 and payment;
- 56 9. *Emphasizes* the need to strengthen current health resources, including the maintenance of  
57 medical equipment in hospitals as well as providing adequate compensation to  
58 practitioners so as to reduce brain drain through:  
59 a. the establishment of a project information system to track essential commodities  
60 and supplies for facility stock forecasting and logistics management that will:  
61 i. Use “pull” system which facilities estimating monthly average needs and  
62 have stock alert thresholds based on those averages that dictate reordering;
- 63 10. *Supports* the creation of in-country training centers that provide support and financial aid  
64 to students interested in getting trained in a healthcare profession and working in rural  
65 areas post-graduation by:  
66 a. building capacity in obstetric clinical skills training and supervision with:  
67 i. results-oriented approaches, such as rural midwifery, task shifting,  
68 outreach services, and a strengthened referral system

- 69                   ii.    education to healthcare workers and families on newborn education to  
70                   decrease the infant mortality rate within the region;
- 71   11. *Calls upon* developed countries to partner with less developed countries to train select  
72    healthcare providers (fellows/interns in advanced specialties that may not otherwise be  
73    available) so that they can return to their home countries with more specialized medical  
74    training because:
- 75       a.   training providers with the condition that they return to practice in their home  
76       country may be more cost-effective and of a higher quality for more advanced  
77       specialties
- 78       b.   the establishment of exchange programs would allow providers across the world  
79       to train in different specialties or contexts;
- 80   12. *Endorses* greater community engagement by creating stronger partnerships with existing  
81    community organizations including local leaders and religious groups to:
- 82       a.   provide greater access and awareness of reproductive health resources and support  
83       in the community
- 84       b.   Reduce the effect of stigmas created by religious and cultural norms that are  
85       barriers to accessing reproductive health resources
- 86       c.   increase trust between individuals and healthcare community leaders through door  
87       to door care and active case detection with:
- 88           i.   The implementation of Proactive Community Case Management in  
89           partnership with mobile health applications to support the work and  
90           supervision of the community health workers which:
- 91               1.   Facilitate the transfer of data analysis from the field to the  
92               practitioners at health facilities
- 93               2.   Address the need for environmental disaster preparation to be  
94               addressed within communities;
- 95   13. *Endorses* the work of the African Association of Psychiatrists and Allied Professions in  
96    establishing community resources and education of mental health, in order to bring  
97    awareness to maternal mental health and treatment through:
- 98       a.   community-led fundraising and engagement to spread education and destigmatize  
99       mental health;
- 100   14. *Calls upon* the institutionalization of global metrics architecture for data reporting of  
101    obstetric care services to:
- 102       a.   Understand the need for data infrastructure of perinatal care quality and  
103       information accessibility with hopes of measured outcomes increasing maternal  
104       and newborn health indicators and proper allocation of pooled resources from  
105       each partnering nation which are:
- 106           i.   Critical to developing a centralized data-based funding would be at the  
107           discretion of each nation keeping in mind the results will benefit both  
108           states individually and as a region;

- 109 15. *Endorses* increasing contraceptive use and family planning through educational  
110 programs that both emphasize the importance of contraceptives and challenge existing  
111 cultural misconceptions and fears surrounding its use in order to  
112 a. Decrease the likelihood of an unsafe abortion;
- 113 16. *Further invites* UN Agencies such as UNFPA to  
114 a. Train and educate local leaders to become public advocates against the medical  
115 practice of female genital mutilation  
116 b. Fund initiatives and local (grassroot) campaigns to educate communities  
117 regarding the negative health consequences and possible psychological effects  
118 that may result from female genital mutilation;
- 119 17. *Encourages* nations with a strong centralized government to pass legislation  
120 criminalizing female genital mutilation;
- 121 18. *Recommends* using mobile clinics as one of the ways of improving continuity of care for  
122 expecting and new mothers (pre, during and post-natal care), including counseling  
123 services to address the issue of maternal mental health; distributing resources such as  
124 contraceptives, medicine and surgical equipment throughout rural regions;
- 125 19. *Condemns* the pervasiveness of intergender violence expressed sexually, psychologically,  
126 physically, emotionally, and financially;
- 127 20. *Further invites* community leaders within member states to promote women's  
128 empowerment through the provision of educational opportunities, mentorship, social  
129 support mechanisms, and equitable access to financial attainment;
- 130 a. *Encourages* member states to establish equitable opportunities for women across  
131 the social gradient to participate in political discourse and decision-making  
132 processes;
- 133 21. *Supports* standardization and the stronger regulation of sterile procedure and the increase  
134 of skilled practitioners that could assist in the process of childbirth;
- 135 22. *Recommends* the notion to create educational and informative programs/seminars in  
136 which the discussion of safe sexual practices takes place, the informing of the kinds of  
137 contraceptives available (IUDs, condoms, birth control pills/shots, and Plan B), and the  
138 benefits of proper family planning;
- 139 23. *Prioritizes* educating citizens on identifying early signs and symptoms of disease that  
140 leads to infant mortality, recommending screening of newborns for diseases, and  
141 encouraging early and continued breastfeeding among mothers until adequate nutritional needs  
142 are fulfilled;"
- 143 24. *Encourages* the provision of mental health counseling and other evidenced-based  
144 supports for mothers including:
- 145 a. Increasing prenatal and postnatal care accessibility to improve safe and healthy  
146 delivery  
147 b. Increasing skilled care workers for clean childbirth practices  
148 c. Educating healthcare professionals in identifying early signs and symptoms of  
149 disease that may lead to infant mortality

- 150 d. Incorporating a mandatory newborn screening protocol for diseases as part of the
- 151 Prenatal care services
- 152 e. Encourage early breastfeeding among mothers and developing programs to
- 153 provide nutritional consultation and improve food access to pregnant mothers and
- 154 mothers of children;
- 155 f. Increasing vaccinations for pregnant women.

