

American Mock World Health Organization 2019

Regional Block Name: EURO 3.1

Topic: Break the Stigma: Sexual and Reproductive Health

Subtheme: Maternal and Newborn Health

Sponsors: Russian Federation, Turkey, Austria

Signatories: Armenia, Cyprus, Denmark, France, Germany, Italy, Ireland, Netherlands, Slovakia, Sweden, Switzerland

The World Health Assembly,

Deeply concerned by the widespread inaccessibility resulting in a lack of sexual and reproductive education due to stereotypes and stigmas in rural and other vulnerable populations with low socioeconomic status,

Alarmed by rising rates of maternal mental health problems, notably suicide, postpartum depression, and domestic violence,

Noting with deep concern the regional prevalence of fetal alcohol syndrome and subsequent infant mortality,

Affirming women’s rights to freely access the full spectrum of family planning and birth spacing services,

Acknowledging that cultural and religious differences have a large impact on the reception of sexual and reproductive health education,

Fully aware that the existing stigmas surrounding sexual and reproductive health care act as a barrier to accessing necessary medical care, notably among vulnerable populations,

Deeply convinced by the evidence that adequate access and knowledge of sexual and reproductive health reduces the rate of maternal mortality, improves infant health, prevents unintended pregnancy, reduces the rate of unsafe abortion, and empowers women to control their own reproductive destiny,

Recognizing the importance of the appropriate contraceptive services to encourage birth spacing thereby improving maternal and infant health as well as mortality rates,

The World Health Organization,

- 1 1. *Supports* emphasizing maternal health in primary care settings in an effort to initiate positive patient
2 interactions on the subject of sexual health and destigmatize reproductive care, by;
3 a. Encouraging the adoption of training the adoption of training for primary care providers
4 that include screening for mental and physical health issues related to maternity so as to
5 address the crisis of including but not limited to;
6 i. Education about signs and symptoms of postpartum depression as well as an
7 emphasis on the detrimental effects
8 ii. Education about the signs and symptoms of substance abuse as well as the far-
9 reaching effects and harms
10 iii. Increase access to mental health professionals
11 b. Providing awareness around the healthcare resources available to individuals in certain
12 nations or regions,
- 13 2. *Appreciates the need for* more comprehensive care of newborns to ensure their well-being in
14 addition to maternal health by:
15 a. Encouraging the implementation of legal policies to provide mothers with adequate periods
16 of paid parental leave, allowing for proper care of newborns

- 17 b. Assisting in the provision and distribution of educational resources for mothers to inform
18 them of both personal and newborn health by incorporation into school education and
19 community interventions
- 20 c. Aiding in the training and education of midwives and health care professionals to reduce
21 maternal and fetal mortality rates before, during, and after birth
- 22 d. Reducing the number of unplanned pregnancies through the provision of accessible family
23 planning services including the provisions of contraceptives
- 24 e. Promoting vaccination and nutrition programs for newborns
25 i. Encourages wealthy countries to provide aid to lower-income countries via
26 providing vital health necessities such as vaccinations and medication as well as
27 both macro and micronutrients
- 28 f. Endorses the subsidization of various post-natal services like child daycare and home nursing
29 assistance to relieve the mental and physical burden on new mothers,
30
- 31 3. *Recognizes* the need for improved access to medical care for vulnerable, at-risk populations, such as
32 pregnant women and neonates, and recommends strategies to provide care to all by;
- 33 a. Supporting the development of mobile clinics funded by NGOs to provide prenatal and postnatal
34 care to a multitude of populations, such as
35 i. Immigrants
36 ii. Displaced persons
37 iii. Rural communities.
- 38 b. Requesting that midwives or health care professionals are able to meet with new mothers regularly
39 in person to evaluate postpartum needs.
- 40 c. Securing funding of translators for migrant, displaced, or refugee populations as well as the use of
41 online/mobile translation services.
- 42 d. Encourage the creation of social groups for new mothers to help combat postpartum depression and
43 other common mental health concerns,
44
- 45 4. *Affirms* the importance of early and continued education programs to further develop the understanding
46 of informed and voluntary decisions regarding sexual activity and to destigmatize sexual health;
47
- 48 a. Recommends educating individuals on appropriate and healthy relationships which includes
49 i. Providing information on collaborative parenting alongside cognitive, emotional, social,
50 interactive
51 ii. Including physical aspects of sexuality to support and protect sexual development
52 iii. Introduces recognition of unhealthy or problematic relationships
53 iv. Discusses the possible long term effects of unhealthy relationships on the mental and physical
54 health of newborns
- 55 b. Encourage comprehensive evidence based education of sexual development and sexually
56 transmitted infections.
- 57 c. Endorses the implementation of these educational initiatives through institutions such as
58 i. School programming and government supported curricula
59 ii. Physical and virtual media campaigns aimed at increasing public awareness.
60 iii. Supported by external organizations such as NGOs and United Nations Organizations,
61
- 62 5. *Calls upon* member states to develop a comprehensive counseling plan to address commonly
63 marginalized needs by in-person clinical visits and an anonymous hotline which will aid in;
64 a. Reducing the prevalence of domestic and sexual violence via awareness and basic education on
65 identifying signs of abuse and safely leaving abusive partnerships.
66 i. Use of hotline to report domestic abuse that they may know others are enduring
67 b. Supporting the elucidation of post-conception options through,

- 68 i. Education and awareness surrounding potential treatment and repercussions of options
69 available to women
- 70 ii. Enumerating the resources for sexual and reproductive services, and how to pursue
71 treatment in the event of conscientious objection of a medical doctor, provide patient with other
72 options to receive treatment,
73
- 74 6. *Recommends* the creation of a review board known as Maternal and Newborn International Statistics
75 Committee which conducts standardized annual reviews of WHO member-nations' progress in maternal
76 and newborn health by;
- 77 a. Advocating for the primary goals of the World Health Organization through;
- 78 i. Prioritize allocation of funds in WHO Nations and shift priorities and policies
79 surrounding maternal and newborn health in individual nations
- 80 ii. Showcase successes and failures of individual nations
- 81 iii. Break stigma by bringing to the international table a discussion around indicators of maternal
82 and infant health
- 83 b. Selecting the review board of delegates with an even proportion of lower-income and higher-
84 income countries on a term basis to be rotated on an annual basis to represent the wide spectrum of
85 viewpoints by discussing;
- 86 i. How funding for data collection will be allocated
- 87 ii. Research initiatives both internally and externally
- 88 iii. How data is collected and distributed
- 89 c. Evaluate indicators that are closely associated with member-nations' maternal and newborn
90 health status including but not limited to;
- 91 i. Maternal mortality rate including complications from abortion and factors of mortality
92 such as hemorrhaging, abortion, etc.
- 93 ii. Infant mortality rate
- 94 iii. Postpartum depression rates and outcome severity
- 95 iv. Neonatal abstinence syndrome
- 96 d. Reevaluating the successes of these goals in the year 2030 and apply new directions,
- 97 7. *Strongly requests* member states to initiate diffusion of educational and pharmaceutical (PrEP)
98 campaigns to limit new HIV infections, especially in high-risk populations
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