



World Health Organization

“Dedicated to the well-being of all people and guided by science, the World Health Organization leads and champions global efforts to give everyone, everywhere an equal chance to live a healthy life.”¹

Committee Mandate

The World Health Organization (WHO) is the primary entity regarding international health and healthcare issues within the United Nations (UN).² Established in 1948, WHO is a foundational UN specialized agency that assists governments, agencies, and individuals in attaining the highest possible level of health for all.³ In its early years, WHO was primarily a research-based institution but gradually expanded its programmes to provide more technical and policy support to Member States as well as help shape policy within global health governance. The catalyst that shaped WHO’s strategic objective today came from the *Declaration of Alma-Ata* in 1978 which outlined the need for primary health care for all, permanently linking health to social and economic development.⁴ WHO directs and coordinates efforts to accomplish this goal through their six key program divisions that focus on universal health coverage, emergency health programmes, access to medicines and health products, reducing antimicrobial resistance, scientific innovation, and data sharing.⁵

Membership

Membership in WHO is open to all Member States of the United Nations by accepting its Constitution. Membership is also available to non-Member States countries through application approval by a simple majority of the World Health Assembly (WHA). Non-self-governing territories are also admissible as Associate Members if applied on behalf of by whichever authority is responsible for administering their international conduct. There are currently 194 Member States of WHO.⁶

WHA is the decision-making body of WHO. Member States send delegations to meetings to set policy appoint Directors-General, and oversee financial concerns of the body, with agendas set by the WHO Executive Board.⁷ The Executive Board is a group of 34 recognized experts or otherwise qualified individuals that establishes a given year’s priorities for discussion of WHO.⁸ The current Director-General of WHO, Dr.

¹ World Health Organization. “WHO: About Us.” 2023.

² Ibid.

³ World Health Organization. *Constitution of the World Health Organization*. 1946.

⁴ International Conference on Primary Health Care. *Declaration of Alma-Ata*. 1978.

⁵ World Health Organization. “WHO: Our Work.” 2023.

⁶ World Health Organization. “Countries.” 2023.

⁷ World Health Organization. “World Health Assembly.” 2023.

⁸ World Health Organization. “Executive Board.” 2023.

Tedros Adhanom Ghebreyesus, was nominated by the Executive Board and appointed by WHA in May 2022. He is currently serving his second and final term.⁹

Reporting

The *Constitution of the World Health Organization* established WHO as a specialized agency of the UN in accordance with Article 57 of the *Charter of the UN*.¹⁰ Although WHO is an autonomous organization that is not under the jurisdiction of any other UN body, it regularly reports to the Economic and Social Council (ECOSOC) as a specialized agency. Member States in WHO develop working papers that, by majority vote of the committee, can be adopted and passed onto the ECOSOC plenary session. Some Member States lack adequate staff to have representatives at every committee session or informal debate; more Member States review and vote on draft resolutions in plenary sessions than in committee sessions. Draft resolutions that receive majority support in plenary session are adopted as resolutions and then represent the will of the majority of the international community on a given issue.

⁹ World Health Organization. "Election of the WHO Director-General." 2023.

¹⁰ United Nations. *Charter of the United Nations*. 1945.

Bibliography

International Conference on Primary Health Care. Declaration of Alma-Ata. 1978. <https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata>

United Nations. *Charter of the United Nations*. 1945. <https://www.un.org/en/about-us/un-charter>.

World Health Organization. "Countries." 2023. <https://www.who.int/countries/>

World Health Organization. "Election of the WHO Director-General." 2023. <https://www.who.int/about/accountability/governance/election>

World Health Organization. "Executive Board." 2023. <https://www.who.int/about/accountability/governance/executive-board>

World Health Organization. "WHO: About Us." <https://www.who.int/about>.

World Health Organization. "WHO: Our Work." 2023. <https://www.who.int/our-work>.

World Health Organization. "World Health Assembly." 2023. <https://www.who.int/about/accountability/governance/world-health-assembly>

World Health Organization. *Constitution of the World Health Organization*. 1946. <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>



World Health Organization

Health Literacy and Sustainable Development

Introduction

The World Health Organization (WHO), as the primary body for coordination and discussion of international health-related matters, has been at the forefront of enacting the *2030 Agenda for Sustainable Development* and its Sustainable Development Goals (SDGs) related to healthcare and human well-being. Part of what does to advance the SDGs is by advocating for policy changes within Member States, but it also works to make changes and follow recommendations within itself at events it holds and at its offices worldwide.¹¹ With the adoption of the SDGs, world health experts recognized the potential of the SDGs to transform global approaches to a variety of topics connected to well-being, from intersectoral actions unifying efforts vertically and horizontally to empowering health systems with a better understanding of and respect for human rights.¹² The streamlined approach to sustainable development overall has energized the United Nations (UN) and global actors to pursue new avenues and improve traditional methods of creating a healthier world.

Literacy overall is a human right, crucial to human development and an important factor in improvements at every level of economic growth. Health literacy remains a tangible component of the sustainable development sphere and achieving targets of the SDGs. Many of the SDGs can be interpreted as having components that are either improved by health literacy or fall directly under that label in and of themselves.¹³ The top-level measures that capture much of the discourse and interest of sustainable development can only go so far if the populations they aim to affect are not effectively educated and empowered to take advantage of improved infrastructure or development.¹⁴ This perspective is itself informed by the historical successes of UN health literacy education efforts and the well-established relationship between educated populations and aid or program effectiveness.¹⁵ Expansion of medical options and resources can only go so far unless the populations they expand to are educated and informed to use those resources.

Background

Health literacy can be defined as a skill by which individuals “gain access to, understand and use information in ways which promote and maintain good health.”¹⁶ It goes beyond merely being able to read health literature and schedule appointments

¹¹ World Health Organization. “Sustainability practices at WHO.” 2023.

¹² World Health Organization. “Sustainable Development Goals.” 2023.

¹³ Menabde, Nata. “Health literacy and the SDGs.” World Health Organization.

¹⁴ Ibid.

¹⁵ United Nations Chronicle. “Health Literacy and Sustainable Development.”

¹⁶ Nutbeam, Don. “Health promotion glossary.” Health Promot. Int. 1998.

with medical professionals; it includes also the ability to synthesize broad, health-related news and information to make choices and take initiative to secure improved health outcomes.¹⁷ Health literacy at an individual level pays dividends as one moves up to larger groups and organizations. A single individual aware of a health concern may only be able to protect themselves and their family, but as health literacy spreads whole communities can come together and enact policies to address medical, social, and even economic determinants of health outcomes.¹⁸ This connection between individual health and group health led to the 2009 Economic and Social Council Ministerial Declaration that “health literacy is an important factor in ensuring significant health outcomes and in this regard, call for the development of appropriate action plans to promote health literacy.”¹⁹

While the connection between health literacy and positive outcomes has been sharpened over time, the connection between international health and wellness and global peace and prosperity has been understood at least since the earliest moments of the UN. WHO itself was founded in 1948, just a few short years after the UN’s creation.²⁰ With initiatives in both developed and developing countries, WHO can be considered one of the UN’s most successful projects. The most significant such success, smallpox eradication, leaned heavily on health literacy to encourage vaccination and effective containment practices, finally eliminating the viral infection in 1980.²¹ Other initiatives, such as efforts to fight cholera in South Asia in the 1960s and a variety of programs aimed at improving maternal and child health, have similarly combined marshalling resources with expansive education to cut down on global health threats.²² One of the most widespread WHO projects that utilized health literacy education, the ongoing Joint United Nations Programme on hiv/aids (UNAIDS) has heavily utilized awareness campaigns and educational practices in its work.²³

As WHO, the UN, and experts have come to better understand how effective health literacy is as a tool in fighting disease, its importance in planning projects and implementation has risen even more to the forefront. The *Alma-Ata Declaration* of 1978 was a foundational document in public health, formalizing primary care as a cornerstone of positive health outcomes globally. In 1986, the first International Conference on Health Promotion built on the *Alma-Ata Declaration* and presented its outcome document, the *Ottawa Charter for Health Promotion*.²⁴ The *Ottawa Charter* emphasized the importance of “enabling people to increase control over, and to improve, their health.”²⁵ Together, these documents set the stage for the Millennium Development

¹⁷ World Health Organization. “Health literacy.” 2023.

¹⁸ Ibid.

¹⁹ ECOSOC. “MINISTERIAL DECLARATION – 2009 HIGH-LEVEL SEGMENT: Implementing the internationally agreed goals and commitments in regard to global public health.” 2009.

²⁰ World Health Organization. “History of WHO.” 2023.

²¹ World Health Organization. “Smallpox.” 2023.

²² World Health Organization. “Cholera.” 2022.

²³ World Health Organization. “HIV and AIDS.” 2023.

²⁴ World Health Organization. “The 1st International Conference on Health Promotion, Ottawa, 1986.” 2023.

²⁵ Ibid.

Goals and most recently the Sustainable Development Goals, both of which continued to incorporate health literacy as a measure and objective.

Current Situation

As health literacy itself is an educational issue, much of the current international action to improve it is based on awareness campaigns, research and advocacy, and capacity building of Member States and organizations connected to health. After the adoption of the *2030 Agenda*, the WHO defined a number of examples for stakeholders involved in advancing health literacy for the SDGs. Those stakeholders and examples include:²⁶

- Governments: policy setting, financial support, and cross-sector coordination;
- Civil Society: providing input from a broad variety of backgrounds to facilitate education within diverse communities;
- Traditional and social media: platforming of issue awareness and messaging;
- UN System: guideline development and support for governments;
- Community leaders: communicating directly with their communities to spread awareness and information;
- Research and academia; conduct projects to better review and improve health literacy.

Health literacy, as already noted, goes beyond individual education. By enhancing the tools to engage at many different levels of society, WHO is able to work with the strengths of each level of societal organization. This more holistic approach has sometimes been referred to as “health promotion” in documents such as the *Ottawa Charter* and the more recent *2016 Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development*.²⁷ The *Shanghai Declaration*, as the outcome document of the first major WHO meeting after the adoption of the *2030 Agenda*, was the international community’s first opportunity to directly address the coordination of health policy and sustainable development.²⁸ Health literacy was identified specifically as one of three pillars of health promotion, working together with good governance and healthy cities to secure better outcomes.

For the SDGs, Goals 1 (No Poverty), 2 (Zero Hunger), 4 (Quality Education), 8 (Decent Work and Economic Growth), 9 (Industry, Innovation and Infrastructure), 10 (Reduced Inequalities), and 16 (Peace, Justice, and Strong Institutions) are all identified as specifically connected to health literacy by WHO.²⁹ Each of the above goals includes targets that reinforce health literacy and are reinforced by the improvement of public health that literacy can create. For example, Goal 2’s Zero Hunger is more than just ensuring caloric and nutritional access for all; it extends to being educated enough to understand nutritional information and consciously make healthy choices. Likewise,

²⁶ World Health Organization. “Health literacy.” 2023.

²⁷ World Health Organization. “Promoting health in the SDGs; Report on the 9th Global Conference for Health Promotion: All for Health, Health for All, 21-24 November 2016.” 2017.

²⁸ Ibid.

²⁹ World Health Organization. “Health literacy.” 2023.

Goal 9 includes telecommunications infrastructure within its targets, a useful tool in improving communication between healthcare providers and healthcare recipients.

Public Campaigns

One of the ways WHO promotes public health is through campaigns to raise awareness. The UN and WHO Member States have designated 11 days and 2 weeks as recognized global public health days, observing concepts from No Tobacco Day to Neglected Tropical Disease Day, and even specific days such as Chagas Disease, Tuberculosis, and of course World AIDS Day.³⁰ These campaigns provide government officials, civic society leaders, and individuals with resources and guides to educate them about the variety of ways that people can make themselves and their communities more resistant to public health problems and understand how to mitigate disease and other public health threats.

Future Outlook

Having just passed the halfway mark to 2030, the UN's work to achieve the SDGs is well underway. Integrating the SDGs with the pillars of the *Shanghai Declaration* remains a priority of WHO, uniting the longstanding objectives of health promotion with the more recent standards of sustainable development. Future actions of WHO and the UN may take the shape of increased awareness campaigns similar to the extant Global Health Days or other programs specifically targeting diseases. The COVID-19 pandemic has also had effects that will continue to be evaluated for the interests of the international community and its health-focused institutions.

Focus Questions

- Does your country have diverse initiatives to raise awareness of domestic health issues?
- How has your country approached health literacy at local, regional, and national levels?
- Was your country a participant in the drafting of the *Shanghai Declaration* or other relevant health documents?

³⁰ World Health Organization. "WHO global health days." 2023.

Bibliography

ECOSOC. "MINISTERIAL DECLARATION – 2009 HIGH-LEVEL SEGMENT: Implementing the internationally agreed goals and commitments in regard to global public health." 2009. https://www.un.org/en/ecosoc/julyhls/pdf09/ministerial_declaration-2009.pdf

Menabde, Nata. "Health literacy and the SDGs." World Health Organization. <https://www.sustainablegoals.org.uk/wp-content/uploads/2017/03/030-031-SDG-MENABDE.pdf>

Nutbeam, Don. "Health promotion glossary." Health Promot. Int., 13 (4): 349-364. 1998. doi: 10.1093/heapro/13.4.349.

United Nations Chronicle. "Health Literacy and Sustainable Development." <https://www.un.org/en/chronicle/article/health-literacy-and-sustainable-development>

World Health Organization. "Cholera." 2022. <https://www.who.int/news-room/fact-sheets/detail/cholera>

World Health Organization. "Health literacy." 2023. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/ninth-global-conference/health-literacy>

World Health Organization. "History of WHO." 2023. <https://www.who.int/about/history/>

World Health Organization. "HIV and AIDS." 2023. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

World Health Organization. "Promoting health in the SDGs; Report on the 9th Global Conference for Health Promotion: All for Health, Health for All, 21-24 November 2016." 2017. <https://iris.who.int/bitstream/handle/10665/259183/WHO-NMH-PND-17.5-eng.pdf?sequence=1>

World Health Organization. "Smallpox." 2023. https://www.who.int/health-topics/smallpox#tab=tab_1

World Health Organization. "Sustainability practices at WHO." 2023. <https://www.who.int/about/policies/sustainability>

World Health Organization. "Sustainable Development Goals." 2023. <https://www.who.int/europe/about-us/our-work/sustainable-development-goals>

World Health Organization. "The 1st International Conference on Health Promotion, Ottawa, 1986." 2023. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>

World Health Organization. "WHO global health days." 2023. <https://www.who.int/campaigns>

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Improving Access to Maternal Healthcare Resources

Introduction

In 2022, 14% of births worldwide took place without a skilled healthcare professional present.³¹ Though this number is a dramatic improvement – less than half as many as thirty years before – it remains illustrative of the problematic gaps faced by mothers across the globe in accessing critical healthcare. This inadequacy is but one aspect of the myriad intersecting factors that result in unacceptably high numbers of deaths during or following pregnancy: about 287,000 in 2020.³² In addition, like with many other issues of development, these numbers overwhelmingly (over half) come from humanitarian or fragile situations, and 86% of maternal deaths occur in Sub-Saharan Africa and Southern Asia.³³ To address the dangers of pregnancy and childbirth, the World Health Organization (WHO) often works with development agencies such as the United Nations Development Programme (UNDP) or agencies focused on vulnerable populations such as UN Women to identify needs and provide resources in critical areas.

The United Nations (UN) recognizes maternal health as a priority under human rights concerns, and advocates for it as a related topic to universal health coverage.³⁴ Recent approaches to improving maternal health have been marshalled under the banner of several of the Sustainable Development Goals (SDGs), especially SDG 3 and its SDG 3.1 target of global maternal mortality rate (MMR) under 70 per 100,000 live births.³⁵ WHO is responsible for monitoring progress toward SDG 3.1, and collects data to track improvement and trends in this regard.³⁶ WHO also works to assist women in preventing unwanted pregnancies as another method of reducing maternal mortality.³⁷ Major barriers to contraceptive healthcare and pre- and post-natal care are most prevalent in developing countries that lack robust healthcare systems.³⁸ In addition, some countries have entrenched harmful gender norms that reduce the priority of women's healthcare.³⁹ WHO works to reduce MMR and improve maternal healthcare both through top-level efforts to improve overall healthcare systems and through narrower efforts specifically targeting healthcare inequities in access and quality.⁴⁰

³¹ "SDG Target 3.1 Maternal mortality." World Health Organization. 2023.

³² "Maternal Health; Overview." World Health Organization. 2023.

³³ "Maternal Health; Impact." World Health Organization. 2023.

³⁴ "Maternal Health; WHO Response." World Health Organization. 2023.

³⁵ "Goal 3: Ensure healthy lives and promote well-being for all at all ages." United Nations Department of Economic and Social Affairs. 2023.

³⁶ "SDG Target 3.1 Maternal mortality." World Health Organization. 2023.

³⁷ "Fact Sheet: Maternal mortality." World Health Organization. 2023.

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ *Ibid.*

Background

WHO has incorporated maternal health as a focus since its inception in 1948, naming it specifically as a function of the organization in Chapter II, Article 2 of its Constitution.⁴¹ Its founding documents recognize the importance of both improving healthcare for all and targeting particularly underserved or vulnerable groups in carrying out its mission.⁴² Since then, it has created a number of initiatives and departments tasked with improving maternal health and outcomes. Some of the earliest progress toward improving maternal healthcare access culminated in the mid-1980s with the creation of the Safe Motherhood Initiative (SMI).⁴³ The SMI came about at the end of the end of the UN's Decade for Women from 1975-1985, which included healthcare among its overall goals of better achieving equity and equality for women.⁴⁴ The Decade for Women and the SMI were evidence improved global attention on women's and maternal issues, especially tracking healthcare data.⁴⁵ Both were also influenced by another watershed WHO document, the 1978 *Declaration of Alma-Ata*.⁴⁶ The *Declaration* was the first global document to centrally recognize healthcare as a human right; this extended to being a women's right as well and gave additional momentum to burgeoning research initiatives on the topic.⁴⁷ Despite this marked improvement in global willingness to acknowledge the importance of specific attention to women's and maternal healthcare, economic and infrastructural deficiencies obstructed the world's ability to meet the goals of the SMI.⁴⁸

Further evolution of the global approach to maternal healthcare arose out of the 1984 International Conference on Population and Development (ICPD) held in Cairo. MMR was one of the three goals agreed upon by the conference to be achieved by 2015, together with universal access to education, especially for girls, and universal access to reproductive healthcare, especially family planning.⁴⁹ Women's rights and reproductive rights both feature prominently in the ICPD's outcome document, the *ICPD Programme of Action (PoA)*.⁵⁰ The *PoA* defined reproductive health as comprised of both the capability to make informed decisions about reproductive choices and the ability to access infrastructure to support those decisions.⁵¹ In addition, the *PoA* paid large attention to sexually transmitted diseases (STDs), especially human

⁴¹ "Constitution of the World Health Organization." World Health Organization. 1946.

⁴² "Constitution." World Health Organization. 2023.

⁴³ Santora, Emily. "The Impact of the Safe Motherhood Initiative from 1987 to 2000." Arizona State University.

⁴⁴ Gemelli, Marcella C. "United Nations Decade for Women." Encyclopedia Britannica. 2018.

⁴⁵ Santora, Emily. "The Impact of the Safe Motherhood Initiative from 1987 to 2000." Arizona State University.

⁴⁶ *Ibid.*

⁴⁷ "Declaration of Alma-Ata." World Health Organization. 1978.; Santora, Emily. "The Impact of the Safe Motherhood Initiative from 1987 to 2000." Arizona State University.

⁴⁸ Santora, Emily. "The Impact of the Safe Motherhood Initiative from 1987 to 2000." Arizona State University.

⁴⁹ "International Conference on Population and Development Programme of Action; Pocket Edition." United Nations Population Fund. 2004.

⁵⁰ *Ibid.*

⁵¹ *Ibid.*

immunodeficiency virus (HIV) and the risks STDs pose to the health of both mother and child during and after pregnancy.⁵²

The Millennium Development Goals (MDGs), as the predecessor to the SDGs, included global development frameworks for a number of topics including maternal health. MDG 5, “Improve maternal health”, had two targets: 1) reduce maternal mortality by 75%, and 2) achieve universal access to reproductive health.⁵³ As with many of the other MDGs, the targets were perhaps set too ambitiously, and only a 45% reduction in MMR was tracked over the course of the MDGs.⁵⁴ Similarly, while great strides were made in improving access to reproductive health, the number of women making use of family planning resources or receiving the recommended number of antenatal care visits falls short of even 75%.⁵⁵ Nevertheless, the international community was able to take the lessons taught by the experience of the MDGs to set better objectives for the SDGs.

Current Situation

As mentioned above, maternal health features most prominently in SDG 3 “Good Health and Well-Being”, but it can also be considered as a factor of SDG 5 “Gender Equality”.⁵⁶ WHO’s work for the SDGs relevant to maternal health is primarily based on targets 3.1 and 3.8 of SDG 3.⁵⁷ Together with those targets, WHO and the UN rolled out the *Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016-2030)* (*Global Strategy*) to improve health outcomes for those groups.⁵⁸ The *Global Strategy* embraces many of the fundamentals of improving health outcomes that are common across the work of WHO. One particular aspect of the *Global Strategy* is the establishment of “pathfinder countries” as members of the Network for Improving Quality of Care for Maternal Newborn and Child Health (Qoc Network).⁵⁹ The eleven (originally ten) countries within the network, spread across the developing world, use local historical and modern data to track outcomes and efficacy of care delivery methods. Supported by WHO, the United Nations Children’s Fund (UNICEF), and the United Nations Population Fund (UNFPA), the pathfinder countries represent a marshalling of political will and funding support to have dramatic positive effect on health outcomes.⁶⁰

WHO also works closely with WHO on maternal health through its family planning initiatives. Funding for programs that either provide contraceptive options or reproductive health education facilitates represents one aspect of this partnership. Another aspect focuses on tracking and reporting on the downstream effects of

⁵² Ibid.

⁵³ Max. “MDG 5: Improve maternal health.” MDGMonitor. 2016.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ “The 17 Goals.” United Nations Department of Economic and Social Affairs. 2023.

⁵⁷ “Maternal Health; Impact.” World Health Organization. 2023.

⁵⁸ “Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): early childhood development.” World Health Organization. A71/19 Rev.1. 2018.

⁵⁹ Ibid.

⁶⁰ “About Us.” Quality of Care Network. 2023.

midwifery access. A report by the two organizations published in 2023 analyzed the availability and impact on maternal health of midwives in East Europe and Central Asia, with data supporting the conclusion that midwives play an important role in improving maternal health.⁶¹

Another aspect of WHO's support for maternal healthcare initiatives worldwide is its development of the *Standards for Improving Quality of Maternal and Newborn Care in Health Facilities (Standards)*.⁶² The *Standards*, published in 2016, identify eight domains of quality of care that should be "assessed, improved, and monitored" as countries seek to address concerns of maternal health.⁶³ Those domains intersect with another set of six strategic areas for WHO to form a systemic approach to improving care.⁶⁴ The *Standards* were built on a body of research and synthesized through input from a guideline development group in 2015. In addition, targeted research from a Delphi process was incorporated to better inform the guideline development group and provide more recent data to contextualize prior research. The sum of this information was collated to provide the frameworks for individual healthcare providers and overarching healthcare networks that comprise the *Standards*.⁶⁵

Universal health coverage and maternal health

Universal health coverage remains an overarching priority for WHO, identified in two of its recent resolutions related to maternal healthcare. *WHA 72.2*, "Primary health care", emphasizes the importance of universal health coverage to achieving the other targets of SDG 3.⁶⁶ It also aligns the objectives of WHO to the 2018 *Declaration of Astana*, adopted at the 2018 Global Conference on Primary Health Care.⁶⁷ The *Declaration of Astana* served to reaffirm the commitments of both the *2030 Agenda for Sustainable Development* and the SDGs and the *Declaration of Alma-Ata*.⁶⁸ Article V of the *Declaration of Astana* directly connects the subcategory of maternal healthcare to the broader umbrella of primary healthcare and, therefore, the international attainment of universal health coverage.⁶⁹ Especially in developing regions, maternal healthcare access starts with consistent, barrier-free primary healthcare.⁷⁰ Beyond *WHA 72.2*, *WHA 72.3* further addresses universal healthcare through the promotion of local healthcare initiatives and support for healthcare workers at the most basic level of providing healthcare.⁷¹ Its content connects the need for a unified approach to

⁶¹ "The State of the Midwifery Network in Eastern Europe and Central Asia." World Health Organization. 2023.

⁶² "Standards for improving quality of maternal and newborn care in health facilities." World Health Organization. 2016.

⁶³ *Ibid.*

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

⁶⁶ "Primary health care." World Health Assembly. WHA72.2. 2019.

⁶⁷ *Ibid.*

⁶⁸ "Declaration of Astana." World Health Organization. 2019.

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*

⁷¹ "Community health workers delivering primary care: opportunities and challenges." World Health Assembly. WHA 72.3. 2019.

healthcare to strengthening capacity of healthcare workers and the various organizations that support them, whether international like WHO or closer to ground level via local funding sources or civil society organizations within targeted communities.⁷²

Future Outlook

The future of international efforts led by WHO to enhance access to maternal healthcare is characterized by a commitment to sustainable, equitable, and evidence-based interventions. WHO envisions a world where every pregnant woman receives quality and dignified care throughout the continuum of pregnancy, childbirth, and the postnatal period. Building on existing initiatives, the organization aims to leverage innovative technologies, such as telemedicine and digital health solutions, to bridge geographical gaps and reach underserved populations.⁷³ Collaborative partnerships with governments, non-governmental organizations, and the private sector are anticipated to be strengthened, fostering a holistic approach to maternal health that addresses social determinants, including education and economic empowerment. The integration of maternal health services into universal health coverage strategies will be a key priority, ensuring that comprehensive care is accessible to all, irrespective of socio-economic status.⁷⁴ Programs that expand resources for mothers, such as midwifery, will also be supported by WHO and its collaborations with other agencies.⁷⁵ WHO will continue to advocate for the empowerment of women and girls, recognizing the intrinsic link between maternal health, gender equality, and overall societal well-being. Embracing a life-course approach, future initiatives are expected to extend beyond pregnancy to address the health needs of women at different stages of their lives, promoting not only survival but also the long-term health and resilience of mothers and their communities.

Focus Questions

- What is the state of maternal health in your Member State? Where does its maternal mortality rate fall on worldwide standards?
- Does your Member State have domestic initiatives that inspire or are inspired by worldwide action?
- What is the state of healthcare in your Member State? Does it provide universal healthcare access, or is it working toward it?

⁷² Ibid.

⁷³ “Consolidated telemedicine implementation guide.” World Health Organization. 2022.

⁷⁴ “Primary health care.” World Health Assembly. WHA72.2. 2019.

⁷⁵ “The State of the Midwifery Network in Eastern Europe and Central Asia.” World Health Organization. 2023.

Bibliography

- “About Us.” Quality of Care Network. 2023. <https://www.qualityofcarenetwork.org/about>
- “Community health workers delivering primary care: opportunities and challenges.” World Health Assembly. WHA 72.3. 2019. https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R3-en.pdf
- “Consolidated telemedicine implementation guide.” World Health Organization. 2022. <https://iris.who.int/bitstream/handle/10665/364221/9789240059184-eng.pdf?sequence=1>
- “Constitution of the World Health Organization.” World Health Organization. 1946. <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>
- “Constitution.” World Health Organization. 2023. <https://www.who.int/about/accountability/governance/constitution>
- “Declaration of Alma-Ata.” World Health Organization. 1978. https://cdn.who.int/media/docs/default-source/documents/almaata-declaration-en.pdf?sfvrsn=7b3c2167_2
- “Declaration of Astana.” World Health Organization. 2019. <https://iris.who.int/bitstream/handle/10665/328123/WHO-HIS-SDS-2018.61-eng.pdf?sequence=1>
- “Fact Sheet: Maternal mortality.” World Health Organization. 2023. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
- “Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): early childhood development.” World Health Organization. A71/19 Rev.1. 2018. https://iris.who.int/bitstream/handle/10665/276423/A71_19Rev1-en.pdf?sequence=1
- “Goal 3: Ensure healthy lives and promote well-being for all at all ages.” United Nations Department of Economic and Social Affairs. 2023. <https://sdgs.un.org/goals/goal3>
- “International Conference on Population and Development Programme of Action; Pocket Edition.” United Nations Population Fund. 2004. https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf
- “Maternal Health; Impact.” World Health Organization. 2023. https://www.who.int/health-topics/maternal-health#tab=tab_2
- “Maternal Health; Overview.” World Health Organization. 2023. https://www.who.int/health-topics/maternal-health#tab=tab_1
- “Maternal Health; WHO Response.” World Health Organization. 2023. https://www.who.int/health-topics/maternal-health#tab=tab_3

“Primary health care.” World Health Assembly. WHA72.2. 2019.
https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R2-en.pdf

“SDG Target 3.1 Maternal mortality.” World Health Organization. 2023.
<https://www.who.int/data/gho/data/themes/topics/sdg-target-3-1-maternal-mortality>

“Standards for improving quality of maternal and newborn care in health facilities.” World Health Organization. 2016.
<https://iris.who.int/bitstream/handle/10665/249155/9789241511216-eng.pdf?sequence=1>

“The 17 Goals.” United Nations Department of Economic and Social Affairs. 2023.
<https://sdgs.un.org/goals>

“The State of the Midwifery Network in Eastern Europe and Central Asia.” World Health Organization. 2023. https://eeca.unfpa.org/sites/default/files/pub-pdf/en_eeca_midwifery_report_23_single.pdf

Gemelli, Marcella C. “United Nations Decade for Women.” Encyclopedia Britannica. 2018. <https://www.britannica.com/topic/United-Nations-Decade-for-Women>

Max. “MDG 5: Improve maternal health.” MDGMonitor. 2016.
<https://www.mdgmonitor.org/mdg-5-improve-maternal-health/>

Santora, Emily. “The Impact of the Safe Motherhood Initiative from 1987 to 2000.” Arizona State University. 2020. <https://embryo.asu.edu/pages/impact-safe-motherhood-initiative-1987-2000>