



American Model United Nations
World Health Assembly

WHA/1/5

SUBJECT OF RESOLUTION: Global Strategy for Women's, Children's and Adolescent's Health (2016-2030)

SUBMITTED TO: The World Health Assembly

The World Health Assembly,

- 1 *Recognizing* Sustainable Development Goals 1 and 3 of the United Nations, which focus on erad-
2 icating poverty and promoting health and well-being,
- 3 *Alarmed by* high maternal and child mortality rates in developing countries,
- 4 *Recognizing* the unique barriers to healthcare and technology access in rural communities,
- 5 *Concerned for* the safety of women and children in underdeveloped countries,
- 6 *Noting with deep concern* the disparities rural communities face in the areas of health and
7 safety,
- 8 *Conscientious of* the economic and societal factors that disincentivize medical professionals
9 from rendering their services in rural areas, even in developed nations,
- 10 *Observing* the existing Global Strategy for Women's, Children's and Adolescents' Health frame-
11 work,
- 12 1. *Encourages* Member States and international organizations to promote the development of
13 basic healthcare infrastructure in rural and developing communities and support the education of rural
14 healthcare workers willing to return to their home countries to practice for a minimum established by
15 Member States;
- 16 2. *Endorses* Member States to partner with global charities and non-governmental organiza-
17 tions (NGOs) such as the Evercare Foundation, Doctors Without Borders, Global Financing Facility and
18 Project Cure to increase investment in rural healthcare system development;
- 19 3. *Suggests* the implementation of whole-of-society approaches to Primary Healthcare (PHC)
20 in an effort to meet the unique and diverse needs of individual communities as modeled by Costa Rica
21 and the work done various charitable NGOs;
- 22 4. *Calls for* Member States to facilitate community health education initiatives that empower
23 local individuals with knowledge about basic healthcare, preventive measures and the importance of
24 seeking timely medical attention, thereby enhancing healthcare access;
- 25 5. *Advocates* for gender-sensitive approaches in healthcare delivery, ensuring that the specific
26 health needs and challenges faced by women and girls are adequately addressed and prioritized;
- 27 6. *Promotes* the establishment of mentorship and support networks for rural healthcare providers
28 to foster knowledge exchange, peer learning and professional growth, ultimately improving the quality
29 of healthcare services;
- 30 7. *Recommends* Member States participate in knowledge exchange programs including, but
31 not limited to, NGOs currently working to provide healthcare to vulnerable populations, focusing on
32 best practice sharing and training healthcare providers;
- 33 8. *Advises* the prioritization of the distribution of resources to community health workers to
34 strengthen their ability to deliver care to women and children in remote regions:

35 (a) *Encourages* Member States to utilize data analytics and health information systems
36 to monitor healthcare delivery, identify gaps and implement evidence-based interventions that im-
37 prove service quality and accessibility in rural areas;

38 (b) *Promotes* the use and sharing of data and evidence-based practices to monitor and
39 evaluate the impact of health interventions, allowing for continuous improvement and adaptation of
40 strategies to meet the evolving needs of rural communities;

41 (c) *Invites* international collaboration amongst Member States and partnerships with
42 NGOs through the establishment of platforms to share best practices, resources and innovative tech-
43 nologies that can strengthen and create rural healthcare infrastructure and improve health outcomes
44 for women, children and adolescents;

45 9. *Proclaims* the need for Member States to receive adequate support from the WHO for pre-
46 natal healthcare:

47 (a) *Calls for* the strengthening existing healthcare systems to ensure the availability of
48 prenatal check-ups and services, particularly in underserved regions;

49 (b) *Supports* programs that provide dietary guidance and access to nutritious foods, to
50 pre-and-post natal women, children and adolescents, specifically distributing foods known to combat
51 widespread nutritional deficiencies;

52 10. *Further recommends* the support of preexisting World Health Assembly (WHA) programs that
53 assist with access to essential equipment and technology in healthcare settings through the expansion
54 of mobile clinic services in areas with shortages to combat geographic and equipment barriers to
55 healthcare access:

56 (a) *Suggests* sending advanced technology to provide essential healthcare services, in-
57 cluding maternal and child health, immunizations and health education, to geographically and tech-
58 nologically isolated communities;

59 (b) *Recommends* the development road infrastructure in rural areas to facilitate the
60 deployment of mobile healthcare units, enhancing access to essential health services for underserved
61 populations;

62 (c) *Calls for* the creation of digital health education programs tailored to women, chil-
63 dren and adolescents, utilizing interactive and engaging content to promote awareness for health,
64 hygiene, nutrition and preventive care, ensuring that specific health needs and challenges faced by
65 women and girls are adequately addressed and prioritized;

66 (d) *Supports* the integration of mental health services into digital health platforms, rec-
67 ognizing the importance of addressing mental health alongside physical health to achieve compre-
68 hensive well-being for women, children and adolescents in rural areas;

69 (e) *Encourages* Member States to prioritize providing medical, dental, prevention for hu-
70 man immunodeficiency virus, acquired immunodeficiency syndrome and other sexually transmitted
71 infections as well as mental health services;

72 11. *Approves* the integration of health education programs into community health initiatives,
73 empowering women and adolescents with critical knowledge about health, hygiene, nutrition and sex-
74 ual health:

75 (a) *Supports* the training of existing healthcare professionals regarding Clinical Man-
76 agement of Rape (CMR), including both physical care and psychological support;

77 (b) *Calls for* increasing awareness through community education surrounding sexually
78 transmitted infections (STIs) and improving distribution of preventative care, reproductive health re-
79 sources and treatment for those already impacted;

80 (c) *Recommends* an overall increase in the number of medical personnel through op-
81 erations like Doctors Without Borders and internship programs from accredited medical programs in
82 conjunction with training professions in local communities, specifically in underserved areas;

83 (d) *Emphasizes* the need for cultural training that reflects the customs and traditions of
84 the communities mobile clinics will serve;

85 (e) *Further suggests* the implementation of specialized educational programs on ma-
86 ternal and adolescent health for primary healthcare providers to improve service delivery;

87 (f) *Supports* educational campaigns on reproductive health for adolescents in promot-
88 ing informed health decisions and empowering youth to advocate for their health and well-being, as
89 well as bringing awareness to culturally sensitive education on issues such as Female Genital Mutilila-
90 tion (FGM) and child marriage that pose a danger to women and young girls;

91 (g) *Further supports* additional educational campaigns on reproductive health for ado-
92 lescents in promoting informed health decisions and empowering youth to advocate for their health
93 and well-being.

Passed, Yes: 47 / No: 2 / Abstain: 10