



# WHO

**World Health Organisation**

*STUDY GUIDE*





## Table of Contents

1. Letter from the Secretary General
2. Letter from the Under Secretary General
3. Introduction
4. Introduction to the Committee
  - 4.1. The Triple Billion Targets
5. Key Words
  - 5.1. Mortality and Survival Metrics
  - 5.2. Growth and Nutritional Concepts
  - 5.3. Enabling Environments and Rights
6. Historical Background
  - 6.1. The Early Decades and the Fight Against Communicable Diseases (1948–1990)
7. Major Parties Involved
  - 7.1. The United Nation “H6” Partnership
  - 7.2. Public-Private Partnerships and Philanthropy
  - 7.3. National Leadership and Success Stories
8. Questions to be Addressed
9. Bibliography

## 1. Letter from the Secretary General

Distinguished Participants of EKJ-BMUN'26,

It is a very splendid honor to welcome you all to Erciyes College Junior-Beginner Model United Nations Conference. I am Rmeysa Baęçovan, the Secretary General of EKJ-BMUN'26 conference. Within 3 years of efforts and exertions, I am proud to be part of this year's unique event. In our conferences, where we are accustomed to achieving firsts, I am grateful to be organizing the first Beginner Model United Nations conference in Kayseri this year as another first and only.

You can be sure that EKJ-BMUN'26 will be a home, a place to be confident, an exclusive experience, a memory that is unforgettable and an event that will be immense for everyone who attends. You will get a special opportunity and place for debate, collaborate and share your superb ideas in this field. My team is working with a diligence just to delight you and make you feel privileged in here. With my marvelous academic team, you will be treated like you are the future's diplomats who make the world better with your ideas and lights in your brains.

I am so proud of what I have done just for your satisfaction. I have no doubt about my team's endeavors and fervency for make the best conference ever seen. I am keen to see your performance in this endemic conference. Lastly i can say, in my 30 experiences in 3 years, even I have never seen more fabulous conference like EKJ-BMUN'26. So, I think now i encourage you to attend and show your magnificence in here. My pleasure.

Best Regards,

Rmeysa Baęçovan  
Secretary General

## 2. Letter from the Under Secretary General

Esteemed delegates,

It is my utmost honor and pleasure to welcome you all to the EKJMUN'26 conference holding by Erciyes Collage. My name is Tuğra Tabur, I am a sophomore at Kayseri Science High School and it will be my 20th experience. My first time was EKMUN'24 conference and since my first time, I improved myself in MUNs and now, I am serving you as your USG. When I was a first timer, I was thrilled to actively participate in debates and take on a leading role in my committee. In my further experiences, my habit continued like it. As your USG, my number one advice for you if you are a first timer would be; it's not that difficult nor fearsome to take the responsibility of being a member of this committee. I don't have any worries like this committee would not work while it adopts such amazing people like you. Learning new things would open new paths so don't be afraid to learn how our committee works and don't be afraid to be active in it. I want this conference and especially this committee to be a good experience for whoever that takes part in it. I hope that you are going to enjoy this guide and committee.

And also, I want to thank a special person in this part of our guide. R meysa Baęcovan, also one of my closest friends, has a big role in the organization of this conference. She put her everything as a SG -finally we can use this adverb for her- for make everything amazing. I know her hardwork, I know the kindness of her, I do know her from every perspective and I am very grateful to have her as a friend. R meysa, thank you for inviting me, thank you for everything. We love you RB.

Tuğra TABUR,

President Chair of UEFA Committee.

### 3. Introduction

The pursuit of global health is a shared responsibility that transcends national borders, requiring a level of international cooperation that has evolved significantly since the mid-twentieth century. At the center of this effort is the World Health Organization (WHO), a specialized agency of the United Nations established in 1948 with the primary objective of ensuring that all people attain the highest possible level of health. The WHO defines health not merely as the absence of disease, but as a state of complete physical, mental, and social well-being. Within this broad mission, the health of women, children, and adolescents is recognized as the cornerstone of public health and the foundation upon which successful economies and stable societies are built.

The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) represents a transformative roadmap intended to end preventable deaths and ensure that these demographic groups do not merely survive but thrive and contribute to the transformation of their communities. This strategy is fundamentally linked to the Sustainable Development Goals (SDGs) adopted by 193 nations in 2015, which aim to provide a universal framework for peace and prosperity for people and the planet. The commitment to this strategy is essential because the health of mothers and their children is a direct indicator of a nation's overall development and the strength of its healthcare systems.

<i>Key Component of the Global Strategy</i>	<i>Definition and Goal</i>
Survive	Ending all preventable deaths of women, children, and newborns by 2030.
Thrive	Ensuring health and well-being through nutrition, education, and psychological support.
Transform	Expanding enabling environments by improving infrastructure, gender equality, and human rights.

The importance of this agenda is underscored by the reality that global health challenges recognize no borders; an infectious disease in one region can travel across the world in as little as 36 hours. Consequently, the implementation of the Global Strategy is not only a moral imperative based on the right to health but also a strategic necessity for global security and economic stability. By investing in the health of women and young people, the international community can unlock a "triple dividend" of benefits: improvements for people today, for the adults they will become, and for the next generation of children they will raise.

## 4. Introduction to the Committee

The World Health Organization operates under a unique governance structure led by the World Health Assembly (WHA), which serves as the supreme decision-making body. The WHA is attended by delegations from all 194 Member States and focuses on an agenda prepared by an Executive Board of health specialists. When the committee discusses the implementation of the Global Strategy for Women's, Children's and Adolescents' Health, it is evaluating how the world is progressing toward the ambitious targets set for 2030.

The agenda item "Committing to implementation" is a critical point of discussion because it moves the focus from theoretical planning to practical action. The strategy was developed through extensive consultations with over 7,000 individuals and organizations, ensuring that it reflects the diverse needs of communities worldwide. However, reporting from the Director-General of the WHO often indicates that while progress has been made, many countries are falling behind on their specific targets, particularly in the areas of maternal mortality and neonatal survival.

### 4.1. The Triple Billion Targets

To guide its work and measure its impact, the WHO has established the "Triple Billion" targets. These targets outline the organization's plan to help the world achieve better health outcomes through science-based policies.

<i>Target Pillar</i>	<i>Strategic Objective</i>
Universal Health Coverage	One billion more people benefiting from universal health coverage without financial hardship.
Health Emergencies	One billion more people better protected from health emergencies and pandemics.
Better Health and Well-being	One billion more people enjoying better health and well-being across the life course.

The committee's focus on women's and children's health is a vital part of reaching these billions. For instance, expanding universal health coverage (UHC) directly benefits pregnant women by providing access to antenatal care and skilled birth attendants. Protecting people from health emergencies is crucial for children, who are up to 14 times more likely to die during disasters or conflicts. Finally, promoting well-being involves addressing the social determinants of health, such as nutrition, air quality, and education, which are essential for adolescents to reach their full potential.

The committee also monitors the Every Woman Every Child (EWEC) movement, which serves as the primary platform for mobilizing action. Launched in 2010 and updated in 2015, this movement brings

together governments, the private sector, and civil society to address health challenges that are often overlooked. The implementation agenda requires countries to not only pledge support but to provide "smart, scaled, and sustainable financing" to ensure that essential health services are available to every mother and child.

## 5. Key Words

A nuanced understanding of the Global Strategy requires familiarity with specific health metrics and socio-economic concepts. These terms allow the WHO and its partners to track progress and identify where interventions are most needed.

### 5.1. Mortality and Survival Metrics

These statistics are used to measure the success of the "Survive" objective. They provide a clear picture of the risks faced by different age groups.

<i><b>Term</b></i>	<i><b>Detailed Definition</b></i>	<i><b>Contextual Significance</b></i>
Maternal Mortality Ratio	The number of women who die from pregnancy-related causes per 100,000 live births.	High ratios often indicate a lack of skilled medical staff and emergency obstetric care.
Neonatal Mortality Rate	The number of deaths of infants during the first 28 days of life per 1,000 live births.	This is the most vulnerable period; deaths are often due to low birthweight or infection.
Under-5 Mortality Rate	The probability of a child dying between birth and their fifth birthday per 1,000 live births.	This reflects the quality of nutrition, vaccinations, and basic sanitation in a country.
Stillbirth Rate	The number of babies born with no signs of life after 28 weeks of pregnancy per 1,000 total births. <sup>23</sup>	Stillbirths are often preventable through better care during labor and delivery. <sup>23</sup>

### 5.2. Growth and Nutritional Concepts

The "Thrive" objective focuses on the physical and mental development of individuals. Nutrition is the primary driver of this development.

- *Malnutrition*: A condition that occurs when the body does not get enough of the right nutrients. It includes both undernutrition (not enough food) and obesity (the wrong kind of food).

- *Stunting*: A form of chronic malnutrition where a child is too short for their age. It has long-term effects on brain development and school performance.
- *WIFAS (Weekly Iron and Folic Acid Supplementation)*: A specific intervention used to prevent anaemia in adolescents, particularly girls, to improve their energy levels and health.
- *Low Birthweight*: Babies born weighing less than 5.5 pounds (2.5 kg). These infants face a higher risk of neonatal death and long-term health problems. Enabling Environments and Rights

The "Transform" objective addresses the legal, social, and environmental factors that influence health outcomes.

- *Universal Health Coverage (UHC)*: The principle that all individuals should have access to the full spectrum of high-quality health services they need without suffering financial hardship.
- *WASH (Water, Sanitation, and Hygiene)*: Essential infrastructure including safe drinking water, toilets, and handwashing facilities. Lack of WASH is a leading cause of childhood diseases like pneumonia and diarrhea.
- *Non-Communicable Diseases (NCDs)*: Long-term health conditions that are not passed from person to person, such as heart disease, cancer, and diabetes. These account for 71-75% of global deaths.
- *Social Determinants of Health*: The conditions in which people are born, grow, live, and work. This includes poverty, education, and the physical environment.
- *Humanitarian and Fragile Settings*: Areas affected by conflict, natural disasters, or weak government. Women and children in these settings face much higher risks of death and illness.

## 6. Historical Background

The history of global health initiatives reflects a gradual shift from a fragmented approach to a highly integrated, universal strategy. This evolution began in earnest following the devastation of World War II, which led to the creation of the United Nations and the World Health Organization.

### 6.1. The Early Decades and the Fight Against Communicable Diseases (1948–1990)

In its early years, the WHO focused heavily on specific "border-hopping" contagious diseases. The primary tool was vaccination and environmental control. A major milestone occurred in 1959 when the WHO began a global program to eliminate smallpox, a deadly virus that had plagued humanity for centuries. By 1967, the WHO modified and intensified this campaign, and in 1980, smallpox was officially declared cut off the first and only human disease to be completely wiped out.

During this period, the WHO also launched the Global Polio Eradication Initiative in 1988. Through massive vaccination efforts, polio cases have dropped by 99%, and the disease is now on the verge of being eliminated. These early successes proved that international coordination could solve complex health problems that no single country could handle alone.

At the turn of the century, the international community realized that health could not be separated from poverty and development. In September 2000, 189 countries signed the Millennium Declaration, which established eight measurable goals known as the Millennium Development Goals (MDGs).

<i>MDG Number</i>	<i>Goal Description</i>	<i>Relevance to Current Strategy</i>
MDG 4	Reduce child mortality by two-thirds.	Set the foundation for the "Survive" objective.
MDG 5	Improve maternal health and reduce mortality by three-quarters.	Highlighted the need for skilled birth attendants.
MDG 6	Combat HIV/AIDS, malaria, and other diseases.	Emphasized preventing mother-to-child transmission.

The MDG era saw remarkable progress. The number of people living in extreme poverty was halved, and twice as many children began to see their fifth birthday compared to 1990. However, the progress was uneven. While some regions improved quickly, others, particularly sub-Saharan Africa, lagged behind. Furthermore, the MDGs focused primarily on developing countries and did not fully address the needs of adolescents or the underlying human rights of women.

To address the lagging progress in maternal and child health, UN Secretary-General Ban Ki-moon launched the first Global Strategy for Women's and Children's Health in 2010. This strategy introduced the "Every Woman Every Child" movement, which successfully mobilized 40 billion dollars in pledges and helped save millions of lives by 2015.

In 2015, the world transitioned to the Sustainable Development Goals (SDGs), a set of 17 universal goals designed to be more inclusive and comprehensive. Unlike the MDGs, the SDGs apply to all countries and recognize that health, education, inequality, and climate change are all interconnected. The current Global Strategy (2016–2030) was updated to align with the SDGs, adding "Adolescents" to its title and focusing on the three objectives of Survive, Thrive, and Transform.

## 7. Major Parties Involved

The implementation of the Global Strategy requires a collaborative effort involving international agencies, national governments, the private sector, and civil society. This "multisectoral" approach ensures that resources and expertise are shared across different fields.

### 7.1. The United Nations "H6" Partnership

The H6 is a partnership of six UN agencies that collaborate to provide technical support to countries and monitor the progress of the Global Strategy.

<i>Agency</i>	<i>Specific Role in Global Health</i>	<i>Focus Area</i>
WHO	Leading and coordinating global health efforts.	Standards, science-based policies, and data collection.
UNICEF	Serving the vulnerable and protecting children's rights.	Child survival, nutrition, and early education.
UNFPA	Supporting reproductive health and rights.	Family planning, safe motherhood, and adolescent potential.
UN Women	Promoting gender equality and empowerment.	Ending violence against women and harmful practices like FGM.
UNAIDS	Coordinating the global response to HIV/AIDS.	Eliminating mother-to-child transmission.
World Bank	Providing financial and technical assistance.	Health financing and strengthening health systems.

## 7.2. Public-Private Partnerships and Philanthropy

The 21st century has seen the rise of innovative partnerships that combine the efficiency of the private sector with the mission of the UN.

- *Gavi, the Vaccine Alliance*: A public-private partnership that helps vaccinate children against deadly diseases. Since 2000, Gavi has helped immunize over 1.2 billion children, contributing to a massive drop in child mortality.
- *The Global Financing Facility (GFF)*: A group that helps countries transition from relying on aid to using their own resources and private investments to fund health services for women and children.
- *The Bill & Melinda Gates Foundation*: A private foundation that is one of the largest funders of the WHO. It provides nearly 80% of the WHO's voluntary contributions in some categories, though much of this is "earmarked" for specific projects like polio eradication or malaria prevention.

## 7.3. National Leadership and Success Stories

The ultimate success of the Global Strategy depends on "country ownership," meaning that national

governments must lead their own health plans.

1. *China*: Demonstrates the power of multisectoral investment. By lifting millions out of poverty and investing in primary healthcare, China reduced maternal and child mortality by over 80% between 1990 and 2015.
2. *Malawi*: Has become a leader in sexual and reproductive health by investing in family planning commodities. This investment helps women space their pregnancies, which is crucial for both maternal and infant survival.
3. *Ethiopia*: Following sustained support, Ethiopia added iron and folic acid supplements to its essential medicines list, making them affordable and available for adolescent girls nationwide.
4. *India*: Implemented the School Health and Wellness program, which uses peer support to educate students about nutrition, anaemia, and mental well-being.





## 8. Questions to be Addressed

1. How can countries overcome geographic limitations such as long travel distances and lack of transportation to provide healthcare to rural populations?
2. What strategies can be implemented to address the expected deficit of 10.1 million health professionals by 2030?
3. How can nutritional programs be expanded to cover the "first 1,000 days" (from pregnancy to a child's second birthday) as well as the critical adolescent years?
4. What mechanisms can be established to ensure that women and children in war zones or disaster areas still have access to life-saving care?
5. How can governments reduce "out-of-pocket" expenses that prevent poor families from seeking medical care?
6. How can we move beyond treating adolescents only as patients and instead include them in the design of health policies and programs?
7. As NCDs like diabetes and heart disease cause 71% of deaths globally, what preventative measures can be taken to promote healthy lifestyles from a young age?
8. How can countries improve their civil registration systems to ensure every birth and death is counted?
9. How can health systems be made more "resilient" to the threats posed by air pollution, extreme weather, and changing disease patterns caused by climate change?
10. What legislative and social actions are required to end child marriage and gender-based violence, which are significant barriers to the health of women and girls?

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