COMMITTEE UPDATE: UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA)

Reintroduction:

The United Nations Fund for Population Activities (UNFPA) is a trust fund, established in 1967, under the United Nations Development Programme (UNDP). It was renamed United Nations Population Fund in 1987. It was created to deal with population crisis and topics, such as gender equality, development, reproductive health, and ageing populations…

Their main objective is as follows: “UNFPA expands the possibilities for women and young people to lead healthy and productive lives”

UNFPA follows a human rights-based approach in all its endeavors. This entails the aims set by the Economic and Social Council (ECOSOC) for the UNFPA:

1) Educating people about their basic human rights in hopes of them demanding that these rights be respected
2) Empowering governments to secure these rights and services to their citizens,
3) Providing developing nations with continuous and efficient aid, especially nations suffering from population crises, and
4) Being an active sub-committee in the United Nations

The committee works mainly on projects that include women and children. UNFPA believes that these are the groups whose rights are often disregarded and least achieved. The committee always takes into consideration the various cultures they are working with, keeping in mind cultural, economic and social taboos.

UNFPA collects its funds from donors; the contributions totaled to 976.8 million US dollars. There are two types of resources: core and non-core. The core resources are mostly
contributions from governments and are funds targeted towards operational activities, to help the programme develop and aid people all over the world and give support where support is needed. The non-core resources are funds and aids given by government or individuals, which are targeted to specific projects and initiatives chosen by the donor.

In 2013, UNFPA created the Civil Society Advisory Panel in order to create an easier forum for civil actors and organizations to engage in active social and economic debates and dialogue with the programme.

Providing Pre- and Post-natal Care in Regions with Healthcare Worker Scarcities:

Pre-natal (before childbirth) and post-natal (after childbirth) healthcare are fundamental aspects of maternal health, defined by the 1995 Beijing Declaration and Platform for Action as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. To ensure such healthcare to pregnant women, they need to have access to quality service and skilled healthcare workers prior, during and after delivery. Unfortunately, this is not the case for many women, especially in developing countries.

The World Health Organization (WHO) estimates that everyday around 830 women die from preventable or treatable complications related to pregnancy and childbirth. In most cases (75% of women), these complications are severe bleeding, infections, high blood pressure during pregnancy, complications from delivery and unsafe abortion. In the rest of the cases, diseases such as malaria and AIDs are the main causes. Regardless the type of complication, what is important to underline is that in most circumstances women could be saved if only they had access to quality maternal healthcare. The correlation between the presence of a healthcare workforce and health is not just relevant for maternal health, indeed the report of Third Global Forum on Human Resources for Health emphasized that there cannot be health in general without appropriate workforce. However, this relation is particularly relevant when it comes to maternal healthcare; indeed the maternal mortality ratio (MMR), expressed as the number of maternal deaths per 10,000 people, gets higher as the number of nursing and midwifery personnel per 10,000 people decreases (Figure 1). It is not by chance that the lack of skilled healthcare workers is identified as the main obstacle in order to achieve better maternal healthcare (both pre-, during- and post-partum).

Figure 1: Number of nurses and midwifery personnel, and number of maternal deaths, per 100,000 population, 2013. Source: ILO based on WHO Global Health Observatory, 2013.
Between 2000 and 2010, 78 percent of pregnant women received pre-natal care once during pregnancy, but only 53 per cent received the minimum four visits recommended by WHO. During the period 2006-2013, around 70% of women had access to a skilled birth attendant while giving birth to their child. Besides, even though most deaths of both mother and child occur in the first days up to month after birth, less than half of women receive a postnatal care visit within 2 days of childbirth. This happens despite the WHO’s “Recommendations on Postnatal care of the mother and newborn”, which (particularly recommendations 2 and 3) emphasize the importance of home visits during the first week after childbirth and of at least three visits in the first six weeks of the post-natal period for all mothers.

It is important to notice that the data varies significantly from region to region. In particular, low and lower-middle income countries present the most startling data regarding the presence of skilled health workers per population, as well as the most alarming data concerning both the quality of maternal health and the maternal mortality ratio. Since the World Health Report 2006, a density of 22.8 skilled health workers per 10,000 people has been estimated as a threshold necessary to achieve relatively high coverage for essential healthcare in countries most in need. Currently, out of the 118 countries considered, those that do not meet this parameter are indeed low and lower-middle income countries, for the majority (70%) are located in Africa and Asia.

The number of skilled health personnel changes significantly according to the income level of the country. It seems to decrease proportionally to the country income level and, as mentioned above, it is more difficult to guarantee maternal health as well as pre-natal and post-natal care where there is scarcity of healthcare workers.

Making motherhood safe is one of the priorities of the United Nations Populations Fund (UNFPA) that works to promote international maternal health standards. In particular, to support the achievement of Millennium Goal 5 - improving maternal health by reducing the maternal mortality ratio and granting universal access to reproductive health - UNFPA launched the Maternal Health Thematic Fund in 2008 to strengthen maternal health care systems and reduce maternal mortality in developing countries. With the adoption of the post-2015 agenda, Sustainable Development Goal 3 is the new leading goal for maternal healthcare and the UNFPA reaffirmed its leading role as a UN agency promoting sexual and reproductive health, family planning, comprehensive sexuality education and maternal health services. Furthermore, UNFPA works to strengthen health systems, including through the training of midwives, who could help reducing maternal and neonatal deaths.
Information and Resources: How to Access Necessities in Low Income Regions:

Access to basic maternal health resources, whether they are basic educational resources, or actual health inputs, is essential to ensure health to both the mother and child. Yet what is a basic right and necessity is still out of reach to many women around the world. While the word total of maternal mortality may have been halved, it is still a major challenge in many countries. Maternal issues like bleeding, infection and other diseases, undernourishment, and other pregnancy complications still challenge many, and simple measures to increase the resources available to women around the world can do much to improve overall health.

Maternal and child health begins with comprehensive contraception availability. This issue affects over 225 million women who are seeking to avoid early or risky pregnancy, but lack access to contraception. Ensuring adequate supplies of contraception and education on contraception has been a core mission of the UNFPA, and the UNFPA’s Family Planning Strategy has been highly successful since its introduction in 2012. One of the greatest successes has been in Ethiopia, where family planning is a center piece of the Ethiopian Health Extension Programme. This has resulted in a high level of education on and availability of contraceptives, so much so that many women have moved beyond more basic measures, like condoms, and are now opting for long-term injectable contraceptives. This is major accomplishment for a country that faces severe resource challenges in its health infrastructure.

One of the most recent issues that has caused an increased need for maternal and contraceptive resources has been the recent outbreak of the Zika virus in Central and South America. The UNFPA has recognized that this disease represents threat to mothers throughout the region, and has increase the level of focus on the availability of contraceptives to prevent pregnancy when some governments are suggesting women avoid pregnancy until as far out as 2018. This is likely to challenge much of the social positions in this region, and others facing issues of disease during pregnancy.

During pregnancy is the most key period for maternal health, as success or failure during this period will greatly affect the health of the mother and child for years to come. The main challenges for obtaining resources during this period revolve around nutrition and disease. In terms of nutrition, the main nutrients that are lacking in pregnant women in developing countries are iron, calcium and vitamin A. These are essential to the health of the mother, as the lack of these nutrients contribute a range of pregnancy and post-pregnancy complications, as well as issues for children, with the World Health Organization estimating that around one third of under five deaths are attributable to maternal and child under nutrition. The Food and Agricultural Organization suggests that home fortifying and supplements can help address this shortcoming, as well as education on proper nutrition during pregnancy, for example, to dispel cultural teachings that feeding during pregnancy will result in a larger child.

Addressing of communicable disease during pregnancy is also key to ensuring maternal health. HIV/AIDS and tuberculosis are key diseases that pose challenges to maternal health, and can greatly affect the health of the child. Effective counseling, antiretroviral medication to halt the transmission of HIV from mother to child, and DOTS treatment for TB are needed to address this. However, intense outside support is needed for these measures, as these treatments are
expensive and extensive. Additional focus on maternal immunizations is also needed, with UNICEF estimating that tetanus, a simple to prevent disease, killing around 200,000 newborns and 20,000 mothers each year.

A focus on antenatal cares, or care after the birth of a child, is also needed. While the World Health Organization has ranked antenatal health access as most improved around the world, UNICEF still found that around thirty percent of women still lack access antenatal care, with 46 percent of South East Asian women lacking it, and 34 percent of African women similarly lacking. This stage of maternal health is key, as many complications, such as infection, hemorrhaging, and obstetric fistulas can emerge after birth, and can affect a woman’s health and fertility for the rest of her life. One of the most active campaigns to address this stage of motherhood is the UNFPA’s Campaign to End Fistula, which seeks to ensure resources to prevent and treat obstetric fistula, as well as provide support for those who are victims of it. In addition, effective breast-feeding education and support programs need to be put into place in order to ensure maternal and child nutrition.

A key issue for access to maternal health resources is bridging the gap between urban and rural populations. In a recent report, the World Health Organization found that only 29% percent of rural women in developing countries had access to basic maternal care, compared to 68% of urban women in the same countries. This is an important challenge, as these are the women most at risk for maternal complications, and bridging the gaps between marginalized groups is a key goal of the Sustainable Development Goals.
Works Cited: