



United Nations Commission on the Status of Women

Addressing Woman's Access to Healthcare Before and After Childbirth in Developing Countries





I. Committee Background

The Commission on the Status of Women is the global development to the promotion of gender equality and woman empowerment. This was established in 1946. It was a commission of ECOSOC and is made up of 45 representatives.

CSW meets annually at the United Nations Headquarters in New York. Everyone including the Member States, UN entities, and other governmental organization's evaluate progress on gender equality. They also identify challenges and set standards. At the end, they should have come up with an outcome document known as the Agreed Conclusions. These are very similar to resolutions as they are not legally binding. However, they have a guide national policy and UN programming.

Their work on maternal health goes to the Convention on the Elimination of All Forms of Discrimination against Women, the Beijing Declaration, Sustainable Development Goal 3, etc. This reduces the global maternity mortality ratio to less than 70 deaths per 100,000 live births by 2030. Collaborators are World Health Organization, and UNICEF.

II. Introduction to Topic

1. The Scale of the Crisis

Maternal mortality remains one of the clearest indicators for global inequality in access to healthcare. According to the World Health Organization (WHO for short), estimated that 260,000 approximately women died worldwide in 2023 from birth/pregnancy complications; equivalent to around 712 deaths every day. The Sub-Saharan Africa alone accounted for approximately 70% of these deaths, loosely followed by Central & Southern Asia at approx. 17%. The mortality rate in low-income countries (LIC's) stood at 246 deaths per 100,000 live births in 2023, compared with 10 per 100,000 in high-income countries (HIC's). In countries facing war or unstable government's, maternal mortality rates are even greater. For example, In the most severely impacted areas more than 500 women die from pregnancy related causes per 100,000 births.



2. Barriers to care before birth

Regular prenatal checkups allow the healthcare providers to detect and treat dangerous conditions- such as high blood pressure, anemia, and infections- before they become life threatening. Whilst the World Health Organization recommends at least 8 prenatal visits, most women in developing countries receive a fraction of this *necessary* care.

Several barriers prevent women from accessing these vital services:

- Extreme distances to healthcare facilities
- High transportation costs + medical fees
- Severe shortages of midwives and doctors
- Cultural barriers stopping pregnant women from seeking formal medical care

To add on, adolescent girls who fall impregnated face an exceeding higher risk for pregnancy complications yet remain the least likely to access healthcare.

3. Barriers to Care During and After Birth

Having access to skilled attendances at birth and emergency obstetric care are critical for managing the complications such as severe bleeding, obstructed labor or infection, these remain the leading causes of death for pregnancy. The 2021 WHO-UNFPA collaboration focused on working together to reduce preventable maternal and newborn death in crisis-affected areas, strengthen the quality and standard for healthcare and to target for 90 percent of births to be attended by skilled healthcare specialists and for 80 percent of women to receive post birth care within 2 days. However, in many developing countries the thought fell short of these standards. Adding on, postpartum care is frequently the most neglected stage of guidance, despite mostly newborn deaths occur within the first 48 hours postpartum. Rural health system shortages, particularly lack hospitals equipped for emergency surgery as they leave critical care stations hours away from remote areas.

4. Compounding multiple factors: Conflict, Poverty, and Funding gaps

Maternal health results are closely tied to broader structural conditions. Countries experiencing a conflict or instability have much higher share of maternal deaths despite having fewer births. Recent reductions in humanitarian and development health funding have already forced the closure of health facilities and the loss of health workers in many regions, therefore disrupting supply chains for essential supplies such as treatments for pre-eclampsia or others.



III. Essential Questions/Key issues

The persistence and geographic concentration of maternal deaths have raised several important questions for the delegates to consider.

How can developing countries expand access to skilled birth attendants and emergency obstetric care in rural and remote areas?

How should postnatal care be prioritized alongside prenatal and delivery care?

What role should international funding and technical assistance play, and how can it be sustained?

How can healthcare systems address the specific risks faced by adolescence mothers?

How can maternal healthcare be sustained in conflict-affected and fragile settings?

1. Norway
2. Sweden
3. Iceland
4. Germany
5. Holy See
6. Saudi Arabia
7. Russia
8. Pakistan
9. Nigeria
10. Democratic Republic of the Congo
11. South Sudan
12. Yemen
13. United States
14. China
15. India
16. Japan
17. Rwanda
18. Bangladesh
19. Cuba
20. Brazil

V. Sources

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