



Florida High Schools Model United Nations

GULF COAST 9

UNITED NATIONS WOMEN (UNWOMEN)
MATERNITY LEAVE AND RIGHTS FOR MOTHERS

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“A warrior believes in an end she can’t see and fights for it. A warrior never gives up. A warrior fights for those weaker than herself. It sounds like motherhood to me.”

Kristin Hannah, “The Four Winds”

“Sixty years have passed since the founders of the United Nations inscribed, on the first page of our Charter, the equal rights of men and women. Since then, study after study has taught us that there is no tool for development more effective than the empowerment of women. No other policy is as likely to raise economic productivity, or to reduce infant and maternal mortality. No other policy is as sure to improve nutrition and promote health—including the prevention of HIV/AIDS. No other policy is as powerful in increasing the chances of education for the next generation. And I would also venture that no policy is more important in preventing conflict, or in achieving reconciliation after a conflict has ended. But whatever the very real benefits of investing in women, the most important fact remains: Women themselves have the right to live in dignity, in freedom from want and from fear.”

UN Secretary-General Kofi Annan

By 2030, Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.”

UN Sustainable Development Goal 5.4

COMMITTEE BRIEF

Introduction

The joy and promise that billions of people associate with the birth of a new child remains a unifying theme of humanity, a joy that is not unique to any particular culture, nationality or religion. Yet even amidst the moments of hope and renewal that are symbolized by these joyous tidings, a report from the UN in 2022 reveals that a woman loses her life every two minutes as a result of pregnancy or childbirth. Addressing the problems that lead to this often preventable suffering is absolutely critical for UNICEF and the entire UN System for many reasons, including the fact that the international community has committed itself to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. Delegates to UNICEF must collaborate effectively to redress the glaring inequalities between and within developed and developing countries that contribute to 99% of all maternal mortality deaths occurring in the developing world.¹

Sustainable Development Goal 3: Good Health and Well-being

The disparity between maternal mortality rates remains quite staggering: an average of 12 per 100,000 births in high income countries and an average of 430 per 100,000 births in low income countries.² Even within these alarming disparities between developed and developing countries are more frightening disparities within countries in each of these respective categories. At the opposite end of the spectrum, Afghanistan's 2008 maternal mortality rate was reported at 1470 deaths per 100,000 births; Afghanistan's most recent internal report in 2020, which was funded by UNICEF, WHO, the US government, and the British Department for International Development, the Afghanistan Mortality Survey (AMS), now puts Afghanistan's maternal mortality rate at below 620 maternal deaths per 100,000 births.³

The fourth Millennium Development Goal (MDG) is to reduce by two-thirds the numbers of children who die before the age of 5, again using 1990 as the baseline year. The countries with the lowest child mortality rates in 2021 were overwhelmingly clustered in Europe (Finland, Luxembourg, Norway, Slovenia, and Sweden) with the exception of Japan – all of these countries have child mortality rates of 2 out of every 1,000 children dying before their fifth birthday. The worst rates in the world for child mortality are all found in Africa, unfortunately, with Somalia occupying the lowest place on the list with 112 out of every 1,000

¹ "Maternal Mortality Rates and Statistics." UNICEF DATA, May 26, 2023.
<https://data.unicef.org/topic/maternal-health/maternal-mortality/>

² World Health Organization: WHO. "Maternal Mortality." *www.who.int*, February 22, 2023.
<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

³ World Bank Open Data. "World Bank Open Data," n.d.
<https://data.worldbank.org/indicator/SH.STA.MMRT?locations=AF>

children dying before turning five.⁴ In 2019, 47% of all under-5 deaths occurred in the newborn period with about one third dying on the day of birth and close to three quarters dying within the first week of life.⁵ Addressing the health problems that contribute to these overwhelmingly preventable deaths of mothers and their young children will require UNICEF to advance feasible solutions that can be adequately funded and properly implemented.

Sustainable Development Goal 5: Gender Equality

At the heart of the United Nations' Sustainable Development Goals (SDGs) lies a transformative vision for a more just, equitable, and sustainable world. Among these goals, Goal 5 stands out as a beacon of hope and progress: "Achieve gender equality and empower all women and girls." This goal is not merely a target but a fundamental imperative that underpins the success of all other development efforts. The pursuit of gender equality transcends individual rights; it shapes economies, societies, and the global trajectory as a whole.

By striving for gender equality, societies open doors to untapped potential, allowing women and girls to contribute fully to their communities and economies. The fight for SDG 5 words hand in hand with other goals as well. Closing this gender gap in the labor force can accelerate economic growth and reduce poverty worldwide. According to the International Labor Organization (ILO): "High levels of diversity and inclusion in the workplace are associated with greater productivity, innovation and workforce well-being, yet too little is being done to promote them, particularly among minority groups, meaning that enterprises, workers and societies are missing out on considerable potential benefits."⁶ Research carried out by the World Bank suggests that achieving parity in employment between genders could lead to economic benefits in the range of \$5-6 trillion. This would result from granting women equal opportunities to men, and is approximated to also create a 20% rise in the long-term GDP per capita.⁷

While we continuously strive to close this gender gap in the workforce, work still needs to be done in order to reform current working conditions for women worldwide. According to the American Psychological Association, paid parental leave is a right that must become universal over the coming years. Paid parental leave not only relieves financial stress, it also allows the parents to focus on bonding with their child and also allows fathers to have time to participate in childcare duties. Paid parental leave has also shown to decrease rehospitalizations by nearly 51%⁸. Focusing on the reform of pre-existing boundaries in the workforce is detrimental to achieving the sustainable development goals. The United Nations must prioritize comprehensive

⁴ WHO, "Global Health Observatory Data Repository: Child mortality indicators" n.d. <https://data.who.int/indicators/i/2322814>.

⁵ "Newborns: Improving Survival and Well-Being." *Www.Who.Int*, September 19, 2020. <https://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality>.

⁶ "Greater Progress on Diversity and Inclusion Essential to Rebuild Productive and Resilient Workplaces," April 6, 2022. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_841085/lang--en/index.htm.

⁷ World Bank. "Challenges Women Face In The Workplace," n.d. <https://www.worldbank.org/en/topic/gender/overview#:~:text=On%20average%20across%20countries%2C%20long%20the%20same%20rate%20men%20do>.

⁸ "The Urgent Necessity for Paid Parental Leave." *Https://Www.Apa.Org*, n.d. <https://www.apa.org/monitor/2022/04/feature-parental-leave>.

reforms in women's rights, with an emphasis on maternal rights, as a crucial step toward attaining universal prosperity.

Causes of Maternal and Child Mortality – And the Available Remedies

The underlying causes of maternal and child mortality frequently correlate with poverty, however it is essential to bear in mind that even developed nations such as the United States have record high maternal mortality rates due to inadequate prenatal care, high rate of cesarean sections (C-sections), and poverty, which contributes to chronic illnesses like obesity, diabetes, and heart disease.⁹ As might be expected, too, the health of the child depends greatly upon the health of the mother, and not only during pregnancy: “Babies whose mothers have died during childbirth have a much greater chance of dying in their first year than those whose mothers remain alive.”¹⁰ Even more frightening is the fact that “a child is about 500 times more likely to die in the first day of life than at one month of age,”¹¹ meaning that the presence of qualified caregivers at every birth must be an absolute priority for UNICEF and its partner organizations, governments, and civil society representatives. Ensuring that appropriate emergency obstetric and neonatal care (EmONC) is available during and throughout the first few days following delivery is a foundational consideration for dramatically reducing both maternal and child mortality.

Other prevailing causes for the prevalence of high maternal mortality rates include general health problems, including malnutrition and poor diet, reproductive and sexual health infections and problems, including HIV/AIDS, as well as the age of the mother. In countries where malaria is prevalent, it frequently contributes to the deaths of particularly young mothers and infants; conversely, providing insecticide-treated mosquito nets to young mothers may reduce the rates of miscarriages or stillbirths by one-third in the most affected areas.¹² The Partnership for Maternal, Newborn and Child Health (PMNCH) notes that “the common medical causes for maternal death include bleeding, high blood pressure, prolonged and obstructed labor, [and] infections...”¹³ Young mothers who have many children and who lack education, including about family planning services and contraception, are far more likely to either die in childbirth or to develop serious complications as a result; UNICEF calculates that “for every woman who dies from complications related to childbirth, approximately 20 more suffer injuries, infections and disabilities that are usually untreated and ignored, and that can

⁹ “U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes.” www.commonwealthfund.org, January 31, 2023. <https://doi.org/10.26099/8ejv-yc74>.

¹⁰ UNICEF, “Maternal and newborn health” August 12, 2009. Found at: http://www.unicef.org/health/index_maternalhealth.html

¹¹ UNICEF, “Maternal and newborn health” August 12, 2009.

¹² Jill McGivering, “Mosquito nets cut birth problems” *BBC News* April 25, 2007.

¹³ WHO Partnership for Maternal, Newborn and Child Health (PMNCH), “Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health: A Global Review of Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (PMNCH), 2012 p. 6. Found at: http://www.who.int/pmnch/topics/part_publications/essential_interventions_18_01_2012.pdf

result in life-long pain and social and economic exclusion.”¹⁴ While some of the complications that develop during and immediately following pregnancy cannot be easily predicted or prevented, critical and relatively inexpensive interventions can dramatically lessen the occurrence of these complications. Governments must, with UNICEF’s assistance, make providing antenatal, natal, neonatal, and postnatal health services an immediate priority as these services will benefit mothers, their children, and their entire societies.

In early 2012, the PMNCH released a critical report entitled “A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health.”¹⁵ Throughout this vital report, the PMNCH emphasizes that all mothers need regular access to certain interventions and services that will save thousands of mothers and babies each year. WHO, UNICEF, national health ministries, and public health experts around the world emphasize ensuring that all mothers are screened for sexually transmitted infections (STI),¹⁶ including HIV/AIDS, have access to an array of family planning services including contraception, antihypertensive drugs to combat high blood pressure, insecticide-treated nets to combat malaria, and tetanus vaccinations. Most critically, these institutions and public health experts consistently argue that the most important intervention for improving maternal and child health (MCH) is to ensure that there is a qualified caregiver present at every birth. While the primary forms of caregivers in the highly developed countries would be doctors and nurses, with midwives assisting and/or supervising in some cases, it is unrealistic to assume that all births in developing countries, particularly in rural areas and in the Least Developed Countries (LDC) of the world, will occur in well-funded hospitals, clinics, or doctors’ offices. In 2022 the WHO noted that “Children who die within the first 28 days of birth suffer from conditions and diseases associated with the lack of quality care at or immediately after birth and in the first days of life. According to this same report, Planned home births have roughly twice the rate of infant deaths compared to hospital births. The majority of neonatal deaths occur in low- and middle-income nations. Reaching high coverage of excellent antenatal care, skilled care at birth, postnatal care for mother and baby, and treatment of small and sick infants will increase survival and health of newborns and put a stop to avoidable stillbirths. The provision of midwife-led continuity of care (MLCC) can prevent preterm births by up to 24% in settings with well-functioning midwife programs. In the MLCC model of care, the same woman is cared for throughout her pregnancy, delivery, and postpartum period by a midwife or team of midwives, with the assistance of doctors as needed.”¹⁷ Many countries undoubtedly need significant numbers of doctors and nurses and it is critical that governments, educational

¹⁴ UNICEF, “Maternal and newborn health” August 12, 2009

¹⁵ WHO Partnership for Maternal, Newborn and Child Health (PMNCH), “Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health: A Global Review of Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (PMNCH), 2012. Found at: http://www.who.int/pmnch/topics/part_publications/essential_interventions_18_01_2012.pdf

¹⁶ James Gallagher, “Congenital syphilis screening ‘cuts baby deaths’” *BBC News* June 15, 2011

¹⁷ “Newborn Mortality.” *Www.Who.Int*, January 28, 2022.

<https://www.who.int/news-room/fact-sheets/detail/levels-and-trends-in-child-mortality-report-2021>.

and religious institutions, hospitals, both public and private, and related civil society partners continue to devote vital resources to achieving these goals but these same governments, educational and religious institutions, and hospitals must simultaneously consider increase the number of community health workers (CHWs) that may assist at millions of births worldwide. In previous years, the UN has called upon various NGOs such as the Women's Health Foundation (WHF) whose main goal is to Promote Women's wellbeing through a Comprehensive Community Based Health Care Approach that ensures Positive Social Change¹⁸. These community health workers and NGO volunteers are also absolutely essential to ensuring that newborns and infants receive needed care and nutrition in the first months and years of life; in Bangladesh, community mobilizers (CMs), working through a partnership between UNICEF and the Bangladeshi government, "track down newly married couples and register pregnant women and children under five years old. CMs also provide couples with counseling to build awareness, help identify danger signs during pregnancy, and emphasize the need for proper nutrition."¹⁹

CHWs form a critical component of national and international child survival strategies, but their roles must be supplemented by vital investments in improving water sources,²⁰ providing foundational vaccinations²¹ and access to needed medicines and pharmaceutical drugs, and adequate nutrition. According to British and Pakistani researchers, providing low-cost Vitamin A supplements to young children in developing countries could save the lives of 600,000 young children worldwide each year.²² Premature and low birth weight babies face particularly difficult circumstances and it is absolutely vital that mothers of these especially vulnerable babies receive proper nutritional advice and access to necessary foods and nutrients. Even though considerable progress has been made in many regions of the world, nearly 5 million children die each year before the age of 5 and India alone accounts for approximately one quarter of all child mortality worldwide.²³ One very simple but often overlooked nutritional guideline that can save tens of thousands of babies' lives every year is for women to breastfeed their babies for the first 6 to 12 months. Maternal leave allows new mothers to breastfeed their infants exclusively for the recommended period of six months which again provides essential nutrients and antibodies that help protect infants from illnesses, reducing their vulnerability to diseases and subsequent death. While stories and media reports of breastfeeding mothers being asked to leave public places while nursing their babies capture more headlines and often outrage, government policies promoting and/or requiring

¹⁸ "Vision And Mission – 'Celebrating a Healthy Woman,'" n.d. <https://whfuganda.org/vision-and-mission/>.

¹⁹ Nailmul Haq and Jesse Mawson, "New programme empowers Bangladeshi families to make more informed health choices" August 25, 2010. Found at: http://www.unicef.org/infobycountry/bangladesh_55745.html.

²⁰ Guy Hubbard, "In Chad, clean and sustainable water and sanitation systems keep families safe from disease" February 17, 2012. Found at: http://www.unicef.org/childsurvival/index_61754.html.

²¹ UNICEF, "Central African Republic launches national immunization campaign to eradicate polio" February 24, 2012. Found at: http://www.unicef.org/childsurvival/media_61805.html.

²² *BBC News*, "Vitamin A pills 'could save thousands of children'" August 26, 2011.

²³ "Child Mortality - UNICEF DATA." *January 2023*

breastfeeding are deserving of both greater attention and potentially scrutiny.²⁴

Eliminating fees for critical antenatal, natal, neonatal, postnatal and early childhood health services is another constitutive element of reducing maternal and child mortality but many countries, especially the Least Developed Countries (LDC), may confront stark choices if they choose to eliminate these fees; for instance, will other health services need to be curtailed or fees for health services raised significantly to overcome the losses of these maternal and early childhood health fees and revenues? In 2010, Sierra Leone eliminated fees for pregnant and breastfeeding mothers as well as children under the age of 5, relying on a \$24 million USD grant from the British government to fund this initiative. Unfortunately, though, “drugs go missing, some women still cannot get treatment without paying and an online-procurement system unsurprisingly foundered, because of the general lack of internet access.”²⁵ The aforementioned problems are often a result of a lack of local institutional capacity, corruption, and improper program design, all of which may be more readily remedied than the concomitant donor fatigue or disillusionment that may accompany news of the misused or stolen funds and materials. In an economic and political climate that often seems to emphasize reducing official development assistance (ODA), commonly called “foreign aid,” it is absolutely fundamental to the success of assistance programs that the funds reach the intended recipients. Public health writer Ezekiel J. Emanuel noted in late 2011 that “the United States government’s efforts in this area [combating mother-to-child transmission of HIV/AIDS] are responsible for preventing more than 114,000 mother-to-child infections last year.”²⁶

Maternal Leave & Rights

The fight for maternity leave and women's rights overall falls directly within the UN’s mission to protect human rights, support sustainable development, and to deliver humanitarian aid. In order to fulfill this mission the United Nations has established 17 sustainable development goals which set guidelines and ideas of what we as the United Nations must strive to achieve by 2030 for the betterment of the world.

Sustainable development goal three strives to achieve good health and well being for all. This directly correlates with worldwide efforts to further develop and fund prenatal care. As studies have shown adequate maternal leave enables pregnant women to access regular prenatal check-ups and medical care, leading to early detection and management of potential complications. This contributes to healthier pregnancies and reduces the risk of premature births and associated infant mortality. According to the World Health Organization, it is vital to bring newborns in to receive vaccines as per their nations set guidelines. Without the proper rights and protection of maternity leave, it statistically has shown that mothers forget and or do not have the time to go to various medical appointments. This leaves their immunocompromised new born

²⁴ Karishma Vaswani, “New Indonesia breastfeeding law stokes controversy” *BBC News* November 2, 2010.

²⁵ *The Economist*, “It’s up to you” February 4, 2012.

²⁶ Ezekiel J. Emanuel, “Foreign Aid is Not a Rathole” *The New York Times* November 30, 2011.

child at risk for catching and transmitting preventable diseases which may lead to death. According to the Center for Disease Control and Prevention (CDC) there are more than 4 million deaths worldwide that are prevented by childhood vaccination every single year. This tragic statistic also bleeds into the push for better funding in less developed countries as they struggle to import vaccines to properly vaccinate their newborns. Without proper funding, the number of “zero-dose” children will continue to rise.²⁷

Without stressing the importance and focus for reform in the medical field of these underdeveloped nations, any strides to achieve the other 16 goals will be rendered useless. Without the continuous fight for women's rights, especially in relation to the care of their child, we will not have any children to give a quality education for, poverty will skyrocket due to the mental and economic toll of losing a child, and finally there may not be empty stomachs, but empty homes. The united nations as whole must fight for the rights of mothers and their children worldwide before they merely become a statistic we read about in a news article.

COVID-19 & Its Impacts

The outbreak of the COVID-19 pandemic in late 2019 brought about an unprecedented global crisis that affected virtually every aspect of human life. Among its myriad consequences, one particularly concerning issue emerged: the disproportionate impact of the pandemic on women's rights and the subsequent global ramifications.

COVID-19's economic fallout exacerbated existing gender inequalities, highlighting the vulnerable position of women in the workforce. Many women found themselves concentrated in sectors that were disproportionately affected by lockdowns and restrictions, such as hospitality, retail, and domestic work. These sectors often lacked job security, benefits, and fair wages, leaving women economically exposed and vulnerable to layoffs. Furthermore, the closure of schools and childcare facilities placed an additional burden on women, forcing many to take on caregiving responsibilities, often at the expense of their careers. Lockdowns and quarantine measures led to an alarming surge in cases of gender-based violence. With restricted movement and limited access to support services, many women found themselves trapped in dangerous situations with abusive partners. The pandemic exacerbated the existing gaps in legal frameworks and support systems for survivors of violence, leaving countless women without the help they desperately needed.

The pandemic also revealed disparities in healthcare access and provision, especially affecting reproductive health services. Lockdowns and overwhelmed healthcare systems hindered women's access to family planning, contraceptives, maternal healthcare, and safe abortions. This not only jeopardized women's physical health but also their ability to make informed choices about their bodies and reproductive futures.

The pandemic served as a catalyst for the large increase of maternal deaths according to the Pan American Health Organization (PAHO). Due to lack of maternal rights in certain corners

²⁷ [www.cdc.gov](https://www.cdc.gov/globalhealth/immunization/data/fast-facts.html). “CDC Global Health Immunization Data Facts Fast,” April 20, 2023. <https://www.cdc.gov/globalhealth/immunization/data/fast-facts.html>.

of the world, mothers were forced to continue their role of caregiver for their household which drastically increased the chances that they would be exposed to the disease. Women also make up a large majority of the first line workforce who were in charge of taking care of patients in their hometown as well as their families. According to this same PAHO report “Women were on the front line caring for patients and accounted for 72% of all COVID-19 cases among healthcare professionals in the region. And, according to Dr.Etienne, “If they had been better protected from the start and with reasonable shifts, many infections could have been avoided.” From the start of the pandemic until 2022 365,000 cases of COVID-19 were reported and, due to lack of medical assistance in the region, more than 3,000 of them have died.

The reverberations of these gendered consequences extended far beyond individual households and communities, shaping the broader global landscape. The setbacks in women's rights reversed years of progress towards gender equality. The pandemic laid bare the critical importance of prioritizing gender-inclusive policies and support systems, especially in times of crisis. Moreover, the unequal burden of the pandemic on women has implications for economies and societies at large. Research has consistently shown that gender equality is not only a matter of human rights but also a driver of economic growth and social stability. Failing to address the pandemic's impact on women's rights could hamper the global recovery, hinder sustainable development, and perpetuate cycles of poverty and inequality.²⁸

Conclusion

Caring for mothers and their rights also means caring for their babies and infants. Addressing the needs of mothers as well as stressing the need for reform of women's rights is a cornerstone of achieving the Sustainable development goals by the year 2030. Even with recent setbacks due to the COVID-19 pandemic, women's rights advocates must never lose sight of the moral and social imperatives in order to provide a better quality of life for women and children worldwide. Despite the need for reform we must remain cognizant of the economic logics of cost-benefit analysis that ultimately seem to influence policy-makers most decisively. Without continuous efforts to support and reform these broken systems, the likelihood that more mother and infant lives will be lost will only continue to increase and diminish the hope of women who wish to not become a statistic in an annual report.

²⁸ “COVID-19 Pandemic Disproportionately Affected Women in the Americas.”

Guiding Questions for Debate:

What is the situation regarding maternal and child health (MCH) in your country? Has this situation improved in recent years? Does your country report data for the Gender Inequality Index for the Human Development Index (HDI)? If so, where does your country rank on the Gender Inequality Index?

What interventions would be most effective in reducing maternal and child mortality (MCH) in your country? What policies and initiatives have your government undertaken to reduce maternal and child mortality rates? How much access and input have medical professionals, community health workers (CHWs), and local residents had in designing and promoting these policies and initiatives?

What interventions would be most effective in reducing maternal and child mortality rates in developed countries? What would be most effective in developing and Least Developed Countries (LDCs)?

Does your country contribute or receive Official Development Assistance (ODA) targeted for maternal and child health (MCH) interventions?

What recent actions has your nation taken in revamping and reforming the medical system in your nation and what have the impacts been within the last decade?

Guiding Questions for Position Papers

1. How does your nation define maternity leave?
2. What is the duration of maternity leave provided to mothers and are there any specific conditions or eligibility criteria for mothers to qualify for maternity leave benefits?
3. How is the financial support structured during the maternity leave period in your nation, and is it a percentage of the mother's salary, a fixed amount, or a combination?
4. Are there any programs aimed at promoting maternal and child health during and after the pregnancy period within your nation?
5. Are there any disparities in access to maternity leave benefits in your nation based on factors such as employment type, sector, or geographic location?
6. How can your nation collaborate with other nations to promote better maternal and child welfare globally?

RESOURCE REVIEW

United Nations Documents

(ILO) Maternity Protection Convention (C183) https://bit.ly/FHSMUN_C183

While not a UN resolution per se, this convention is closely related to the topic of maternity leave and rights. Delegates can use this convention's summary to understand the rights that were set by the body for pregnant and breastfeeding women in the workplace, including the right to maternity leave, protection against dismissal during maternity leave, and adequate health and safety measures.

UN General Assembly Resolution 69/148 (2014): https://bit.ly/FHSMUN_69_148

This resolution focuses on "Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development." Delegates can use this resource to get an idea of efforts that were made when the MDGs were established and apply them to their own resolutions.

UN General Assembly Resolution 73/3 (2018): https://bit.ly/FHSMUN_73_3

Titled "Towards a Global Pact for the Environment," Delegates can use this resolution to understand the importance of integrating gender perspectives into environmental policies. While not exclusively about maternity leave, it recognizes the potential impacts of environmental issues on women's health and well-being, including during pregnancy and motherhood.

UN General Assembly Resolution 2011/1 (2011): https://bit.ly/FHSMUN_2011_1

UN General Assembly Resolution 2011/1, adopted in 2011, addresses the interconnectedness of fertility, reproductive health, and development within the framework of global sustainable development goals. This resolution will help delegates recognize the critical role of these factors in shaping social and economic progress. The resolution emphasizes the importance of comprehensive reproductive health care, gender equality, and informed decision-making for individuals and societies.

UN Human Rights Council Resolution A/HRC/47/L.19 https://bit.ly/FHSMUN_HRC-47

This resolution emphasizes the importance of addressing maternal mortality and morbidity from a human rights perspective. It urges all countries to work towards eliminating preventable maternal deaths and health issues while respecting, protecting, and fulfilling sexual and reproductive health and rights. This resolution will allow delegates to consider the impact of the COVID-19 pandemic, and the ways in which states are urged to maintain the provision of sexual and reproductive health services.

