



GROUP OF FIFTEEN

Women's Health in the Developing World

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Introduction and Summary of the Problem

The status of women's health at a global level is a topic of great importance and one that requires intensified local and international action. During our upcoming simulation of the G15 it will be your role to carefully consider, examine, and discuss the disparities in women's health that exist between the developing and developed world. Specifically, your discussion should lend a focus on "maternal health", defined here once again as: the health concerns and risks that pregnant women, mothers, and their children encounter in the increasingly complex challenges of the 21st century.

As you may already know, there has been a great amount of international interest and action on this subject in recent years. Specifically, the United Nations set forth the Millennium Development Goals (MDGs) in 2000. Maternal health holds a prominent role in these international directives both specifically in Goal #5 and by its many impacts on economic development, nutrition, children's welfare, and education. While much work is being done in this field, the urgency of this issue for millions of women annually cannot be emphasized strongly enough.

Guide to Further Research and Questions to Consider

For the purposes of our debate there is no real need to once again provide data and statistics for the dire, urgent need for action to improve the status of maternal health in the developing world. On a global scale perhaps the only important "fact", so to speak, to keep in mind is the following simple statistic: "Globally an estimated 596,000 women die every year of causes related to pregnancy and childbirth [...] or every woman that dies in a developing country, another 20 women—an estimated 8-20 million women annually suffer debilitating illness rendering them incapable to care and provide for their children".

In face of these facts and your independent research, you may be tempted to advocate during committee for broadly stated solutions: increased global awareness, more funding, perhaps even a new recasting of the MDGs. These are all valuable suggestions. In their generality, however, they represent a line of thinking which is more congruent with a past era—specifically, a time during which such a universal declaration such as the MDGs was not a given but rather a momentous struggle to find common ground between sovereign and vastly different nation states. The very fact that you have probably discussed globalization and the Declaration of Human Rights in your high school World History class stands testament to the degree to which these issues have been made a universal concern.

This is not to say that there is not work to be done regarding the broad solutions: raising awareness, funding, and the like. It is simply no longer acceptable to debate the elementary; i.e. *whether* to address maternal health and *if* it a problem. We can take this as a given. Instead, push yourself to consider the specifics; for example, *how* can we monitor our progress better, *who* has the right to decide how the problem is solved, *who* will decide the nature of any external assistance, and *how* would such assistance be administered.

Conclusion

It is fair to say that any international directive from a collective such as the UN will be ineffective if the developing countries themselves haven't developed a common agenda. As the G15 was comprised with the goal of fostering cooperation among developing countries, you are in a unique and vital position to address how the problem of maternal health is framed as well as how potential solutions are constructed. It is the G15 nations, whose citizens personally experience the impacts of maternal health on a daily basis who have the most to say about this topic. But as you innovate, discuss, and debate your unique takes on maternal health during HMCE 2010, do not forget the progress made and lessons learned from past efforts.