



WORLD HEALTH ORGANIZATION

70th SESSION ISSUES BOOK

STRENGTHENING FOOD SECURITY AND FOOD PRODUCTION SYSTEMS
IN RELATION TO NUTRITION

STRENGTHENING MATERNAL HEALTH CARE SYSTEMS
IN DEVELOPING COUNTRIES

STRENGTHENING EFFORTS TO ACHIEVE UNIVERSAL AND EQUITABLE
ACCESS TO SAFE AND AFFORDABLE DRINKING WATER FOR ALL

MODEL UNITED NATIONS OF THE FAR WEST



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70TH ANNUAL SESSION

THE SUSTAINABLE DEVELOPMENT GOALS: LEAVE NO ONE BEHIND

The World Health Organization (WHO) is one of fifteen specialized agencies of the United Nations. The WHO monitors and responds to issues related to international public health. The WHO was established in 1948, and is headquartered in Geneva, Switzerland. The WHO is a member of the United Nations Development Group. Its predecessor, the Health Organization, was an agency of the League of Nations.

Governance of the WHO takes place through the World Health Assembly, which is the supreme decision-making body; and the Executive Board, which gives effect to the decisions and policies of the Health Assembly.

THE WORLD HEALTH ORGANIZATION ISSUES BOOK WAS PREPARED BY THE STUDENTS OF WHITTIER COLLEGE FOR THE 70TH SESSION OF MODEL UNITED NATIONS OF THE FAR WEST



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WORLD HEALTH ORGANIZATION ISSUES BOOK

1. Strengthening food security and food production systems in relation to nutrition
2. Strengthening maternal health care systems in developing countries
3. Strengthening efforts to achieve universal and equitable access to safe and affordable drinking water for all

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STRENGTHENING FOOD SECURITY AND FOOD PRODUCTION SYSTEMS IN RELATON TO NUTRITION

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Following expiration of the period set for the Millennium Development Goals in 2015, the General Assembly adopted the Sustainable Development Goals (SDGs) designed to improve the standard of life for each person and "leave no one behind." Goal 2 of the SDGs calls for achieving zero hunger across the globe by 2030 and while doing so addressing food insecurity and malnutrition. This Goal has several targets that offer manageable, actionable steps projected to "ensure sustainable food production systems" and "end all forms of malnutrition," while also emphasizing addressing the needs of women, older persons, malnourished infant-aged children, indigenous people, and family farmers.¹ The SDGs are interconnected building blocks for a better future; for instance, SDG 2 is related to or dependent upon other SDGs such as provding clean water and sanitation (Goal 6), reducing inequalities (Goal 10), and promoting good health and well-being (Goal 3). And virtually all the SDGs relate to the primary goal of reducing and eventually eliminating poverty and "fast-track[ing] progress for those furthest behind first" in nations in need of development.²

For decades the United Nations has been working to mitigate the impact of food insecurity while simultaneously aiming to improve access to sustainable, quality food sources. Food security is defined by the United Nations' Committee on World Food Security as the physical, social, and economic accessibility for all people at all times to "sufficient, safe, and nutritious food" necessary for an active and healthy lifestyle in accordance with dietary restrictions and food preferences.³ A Food and Agriculture Organization (FAO) report states that people facing moderate food insecurity lack "consistent access to food, which diminishes dietary quality, disrupts normal eating patterns, and can have negative consequences for nutrition, health and well-being. People facing severe food

¹ SDG Goal 2

² "Sustainable Development Goals." *UNDP*, www.undp.org/content/undp/en/home/sustainable-development-goals.html.

³ *Ifpri.org*, www.ifpri.org/topic/food-security.

insecurity, on the other hand, have likely run out of food, experienced hunger and, at the most extreme, gone for days without eating, putting their health and well-being at grave risk.”⁴

Accessibility to nutritious foods is one of the numerous barriers to achieving the goal of zero hunger. According to the United Nations' Food Security and Nutrition in the World report of July 2019, there are approximately two billion people, over a quarter of the global population, who lack access to "safe, nutritious, and sufficient foods."⁵ This places vulnerable populations, such as those living at or below the poverty level, at high risk of serious health complications, such as malnutrition. Malnutrition appears in numerous forms, such as undernutrition resulting in wasting and stunting of growth, micronutrient deficiencies (lacking the necessary nutrients to sustain life), and overweight and obesity which may lead to death and heart related issues.⁶

The FAO reported in 2019 that

- 821 million people were undernourished in 2017;
- The majority of the world's hungry people live in developing countries where 12.9 percent of the population is undernourished;
- The rate in Sub-Saharan Africa was 23.2 percent in 2017;
- Poor nutrition casues nearly half (45 percent) of deaths in children under five – 3.5 million each year
- 149 million children under 5 (22 percent of the global under-5 population) were undernourished in 2018.⁷

Those areas above the average rate of undernourishment world wide in 2018 included Sub-Saharan Africa (22.8), Eastern Africa (30.8), Middle Africa (26.5), Western Africa and Southern Asia (both 14.7), and the Caribbean (18.4).⁸ One of the regions most affected at this time is the Sahel, a region south of the Sahara that stretches from the Atlantic Ocean to the Red Sea. It includes ten countries: Burkina Faso, Chad, Eritrea, The Gambia, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, and Sudan. Not only does the region suffer from conflict and terrorist activities, but it is affected by desertification and these problems combine with other factors to produce a high level of malnutrition. Currently the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA), established by

⁴ FAO Report, State of the World 2019

⁵ "The State of Food Security and Nutrition in the World 2019. : Sustainable Development Knowledge Platform." *United Nations*, United Nations, sustainabledevelopment.un.org/index.php?page-view&type=20000&nr=5678&menu=2993.

⁶ "Malnutrition." *World Health Organization*, World Health Organization, www.who.int/news-room/fact-sheets/detail/malnutrition.

⁷ FAO Report, 2019

⁸ Ibid.

Security Council resolution 2100 (2013), is tasked with providing security, protection of civilians, promotion of human rights, and supporting a national political dialogue and reconciliation, but progress has been very limited thus far.⁹

The Food and Agriculture Organization (FAO), which was established in 1945 and works closely with other bodies such as the World Health Organization (WHO), the World Food Programme (WFP), the International Fund for Agricultural Development (IFAD), the United Nations Environment Programme (UNEP), and the World Bank, has addressed the topics of hunger and food insecurity for many years. The first World Food Conference was held in 1974 in which global consumption and production of food was analyzed. This resulted in the adoption of the Universal Declaration on the Eradication of Hunger and Malnutrition, which notes the responsibility of the international community to address food needs in the preparation and implementation of national planning and programming of economic and social development.¹⁰ In recent years, international meetings have been instrumental in addressing specific concerns of various countries, such as the 2015 Milan Declaration on Enhancing Food Security and Climate Adaptation in Small Island Developing States. The Declaration outlined the necessity for research and capacity development in these regions, specifically in "areas of nutrition, promotion of locally produced foods, marketing and branding, climate resilient agricultural technology and practices, and marine science and technology."¹¹

At the World Summit on Food Security held in Rome in November of 2009, the heads of state and other representatives adopted five Principles under the heading of "Commitments and Actions":

- Principle 1: Invest in country-owned plans, aimed at channeling resources to well-designed and results-based programmes and partnerships;
- Principle 2: Foster strategic coordination at national, regional and global level to improve governance, promote better allocation of resources, avoid duplication of efforts and identify response-gaps;
- Principle 3: Strive for a comprehensive twin-track approach to food security that consists of: (1) direct action to immediately tackle hunger for the most vulnerable and (2) medium- and long-term sustainable agricultural, food security, nutrition and rural

⁹ <https://peacekeeping.un.org/en/mission/minusma>

¹⁰ "Declaration on the Eradication of Hunger and Malnutrition." *OHCHR*, www.ohchr.org/EN/ProfessionalInterest/Pages/EradicationOfHungerAndMalnutrition.aspx.

¹¹ "Milan Declaration on Enhancing Food Security and Climate Adaptation in Small Island Developing States." *United Nations*, <https://sustainabledevelopment.un.org/content/documents/8537MilanDeclaration.pdf>.

development programmes to eliminate the root causes of hunger and poverty, including through the progressive realization of the right to adequate food:

- Principle 4: Ensure a strong role for the multilateral system by sustained improvements in efficiency, responsiveness, coordination and effectiveness of multilateral institutions;
- Principle 5: Ensure sustained and substantial commitment by all partners to investment in agriculture and food security and nutrition, with provision of necessary resources in a timely and reliable fashion, aimed at multi-year plans and programmes.¹²

Since the formulation of the SDGs, the General Assembly has adopted resolutions directly related to SDG 2, most recently General Assembly resolutions A/RES/73/171 and A/RES/73/253.

Resolution 73/171 on "The right to food," reaffirms that right and recognized

the complex character of food insecurity and its likely recurrence owing to a combination of several major factors, such as the effects of the global financial and economic crisis, environmental degradation, desertification and the impacts of global climate change, as well as poverty, natural disasters, armed conflicts, drought, volatility in commodity prices and the lack in many countries of the appropriate technology, investment and capacity-building to confront its impact, particularly in developing countries, the least developed countries and small island developing States, and the need for coherence and collaboration between international institutions at the global level.¹³

This resolution also addresses a number of other issues such as famine, the use of starvation of civilians in combat situations, the importance of traditional sustainable agricultural practices, the impact on and role of indigenous people, the Sendai Framework for Disaster Risk Reduction, the need to mainstream a gender perspective in food security programmes, malnutrition and combating undernutrition in mothers, in particular during pregnancy, and in children, and concerns about the situation in rural areas, where 70 percent of people who are hungry reside. The resolution also notes the responsibility of States in providing food and the importance of international cooperation and development assistance.¹⁴

Resolution 73/253, on "Agriculture development, food security and nutrition," reiterates many of the points or concerns raised in resolution 73/171. The resolution notes that the goal of zero hunger is not attainable at the rate we are progressing currently due to "unsustainably managed natural resources and with insecure and uneven tenure rights for smallholders" that disproportionately impacts rural areas, especially those facing climate related disasters. Similarly, those in urban areas also have a difficult time finding access to nutritious, affordable food options known as "food

¹² Declaration of the World Summit on Food Security, held 16-18 November 2009; FAO document WSFS 2009/2.

¹³ A/RES/73/171, preambular paragraph 16.

¹⁴ A/RES/73/171, passim.

deserts."¹⁵ The document further calls attention to the New Urban Agenda that was adopted in October of 2016 at the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) to address the needs of "urban poor" residents. This emphasized including nutritional needs as well as food security into urban and territorial planning in areas that are lacking sustainable agricultural policies and nutritional food sources. Keeping in mind the diverse settings in which food insecurity and malnutrition takes place, this allows for the international community to create solutions reflective of their current status.

In addition to the underlying causes of food insecurity and malnutrition cited above, geographic location has a significant impact on accessibility to nutritious foods. In rural areas reliable food sources may be scarce and studies show this situation is directly linked to socio-economic level. According to the World Bank, more than "80% of the extreme poor live in rural areas."¹⁶

One mechanism that has been used to track the global scale of food related issues is the Global Food Security Index.¹⁷ This assesses 113 developed and developing nations based on the quality, accessibility, and affordability of food, and maintains a database with all of these components measured. Member States have also taken action on other initiatives to accomplish SDG 2, working in coalitions and transnational bodies. For instance, the United Nations has publicly commended the Comprehensive Africa Agriculture Development Programme that "provides guidance on planning and implementing investment programmes" specifically done through a comprehensive framework.¹⁸ Drafted and implemented by the African Union, 41 African Union member states have signed on to participate in this programme and of these, 33 instituted "formal national agriculture and food security investment plans" to improve the quality of agricultural planning.¹⁹ The initiative, Scaling Up Nutrition (SUN), has been developed by a coalition of 61 nations to specifically target malnutrition and improve the health of mothers and infants.²⁰

¹⁵ A/RES/73/253, passim.

¹⁶ World Bank Group. "THE RURAL NONFARM ECONOMY." *THE RURAL NONFARM ECONOMY*, ieg.worldbankgroup.org/sites/default/files/Data/RNFEbrochureweb.pdf.

¹⁷ "The Global Food Security Index." *Global Food Security Index*, foodsecurityindex.eiu.com/.

¹⁸ "OSAA, Africa, UN and Africa, United Nations and Africa, Special Adviser, UN, United Nations, NEPAD, African Union." *United Nations*, United Nations, www.un.org/en/africa/osaa/peace/caadp.shtml.

¹⁹ Ibid.

²⁰ "Global Nutrition Targets." *SUN*, scalingupnutrition.org/progress-impact/global-nutrition-targets/.

Yet, as indicated by the concerns raised in the two resolutions discussed above, these initiatives are not enough. Resolution 73/171 "Calls upon Member States, the United Nations system, and development organizations and other relevant actors to urgently and effectively respond to, prevent and prepare for rising global food insecurity affecting millions of people, especially those who are facing famine or the immediate risk of famine including by enhancing humanitarian and development cooperation and providing urgent funding to respond to the needs of the affected population, and calls upon Member States and parties to armed conflicts to respect international humanitarian law and ensure safe and unhindered humanitarian access."

The FAO report cited earlier also provides suggestions for addressing food insecurity and hunger. These include:

- Investing in smallholder women and men;
- Make better use of agricultural biodiversity, which can provide more nutritious diets and enhance livelihoods for farming communities;
- Provide women farmers with the same access to resources as men;
- Provide better energy resources to rural areas.

Delegates to the MUN conference may wish to follow some of these recommendations, but should feel free to think outside the box and develop other initiatives to address the problems of food insecurity and malnutrition with special emphasis on promoting gender equality, reaching a level of "zero hunger," and "leaving no one behind."

QUESTIONS TO CONSIDER

1. How can we, as an international community, collectively address the issue of malnutrition and food insecurity within our nations and beyond?
2. What needs must be met for each nation in order to achieve Sustainable Development Goal 2?
3. What initiatives has your country implemented internally that can be adapted to fit a broader, international scale?
4. How can the international community more effectively address situations such as the political and humanitarian crises in the Sahel region?

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STRENGTHENING MATERNAL HEALTH CARE SYSTEMS IN DEVELOPING COUNTRIES

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The backbone of life, growth, and creation lies within the wellbeing of female populations across the globe. Without their vigor, willingness to provide and create, and the wide range of support they bring to their communities, humanity would cease to exist. To maintain peace and foster equality, concerted efforts and resources must strengthen the support and life force that maternal figures never waver from providing. In many developing countries there are deeply set obstacles preventing women from using their voices to obtain what they need to survive. Women of developing countries face many issues affecting maternal mortality: disease; environmental problems; lack of appropriate care, especially related to pregnancy, birth, and post-natal care; and a lack of necessary infrastructure. Forced pregnancies through arranged marriages, assault, or poor monitoring of pregnancies are other common problems experienced by women in developing countries. There needs to be an end to the trauma and poor health women of developing countries are subject to. To sustain the welfare of a country and to further promote economic growth, health care is vital. A country burdened by weak bodies and minds cannot resist the consequences of injustice.

According to Secretary-General Ban Ki Moon, the "Sustainable Development Goals seek to end all preventable deaths of women, children and adolescents and create an environment in which these groups not only survive, but thrive, and see their environments, health and wellbeing transformed."¹ Healthcare is imperative for a country trying to overcome poverty. As was stated in the United Nations General Assembly of 2015, the environment thrives when the people do.² Furthermore, sustainability and healthcare are not mutually exclusive.

The World Health Organization is the most prominent body that tries to address many of these issues, in particular maternal and newborn mortality, which are also affected by poverty, distance from facilities, cultural practices, inadequate services, and lack of information. These efforts are an important

¹ Secretary General Ban Ki-Moon in the World Health Organization/United Nations General Assembly 2015, in New York.

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

aspect of Sustainable Development Goal 3: "Ensure Healthy Lives and Promote Wellbeing at all Ages." Maternal well-being is in many ways the foundation of sustainable and healthy communities.

OBSTACLES FACING MATERNAL WELLBEING

Death due to pregnancy and reproductive-related issues is not only an ordeal of the past, it is an issue women are still facing today. This phenomenon is most prevalent in third world countries, but occurs worldwide. The United Nations reports that "99% of deaths from childbirth occur in developing countries."³ Many of these deaths can be prevented through improved health care and proper health care services that ensure the fulfillment of the human right to good health. The United Nations Sustainable Development Goals projected for 2016-2030 include a target for Maternal Health Care that aims to reduce the mortality rate to 70 per 100,000 live births. There has been significant progress when it comes to lowering the rate of maternal mortality and how it relates to sustainability, but there is still a long way to go with many obstacles to overcome.

One of the most efficient ways to foster positive changes in the economy and wellbeing of a society is through the establishment of sustainable healthcare systems. Moreover, if specific attention is not paid to improving the infrastructure needed to care for and nurture both mothers and children, the mortality rate will continue to rise. "Universal health coverage will be integral to achieving SDG 3, ending poverty and reducing inequalities in healthcare for all ages."⁴

According to Sustainable Development Goal 3, "All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth."⁵ South Asia and Sub-Saharan Africa are the areas struggling most with the issues of poverty, lack of access to information, and inadequate services. One of the means to relieving the burden women disproportionately carry in society is proper education. Providing funding for education to build a

³ "Sustainable Development Goal 3: Ensure Healthy Lives and Promote Wellbeing at all Ages" <https://sustainabledevelopment.un.org/sdg3>

⁴ "Goal 3: Good Health and Wellbeing": United Nations Development Program <https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-3-good-health-and-well-being.html>

⁵ "Maternal Mortality": World Health Organization <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

community of skilled workers and informed mothers is a paramount concern of the World Health Organization. Providing guidance and setting standards opens the door to the possibility for change.

What seem like insurmountable obstacles to some developing countries are actually very common and treatable. For instance, with regard to pregnancy, severe bleeding can be stopped post-birth with a simple injection; pre-eclampsia can easily be treated with adequate medical practitioner training and access to medicinal resources. Additionally, infection can be prevented and halted through education and proper medical infrastructure to facilitate the necessary amount of appointments, checkups, and medication.

In addition to focusing on the wellbeing of women before, during and after pregnancy, Sustainable Development Goal 3 also calls for focusing on the health, wellbeing, and progression of the child until the age of 5 years old. "Multisectoral, rights-based and gender-sensitive approaches are essential to address inequalities and build good health for all. The complex, multidimensional nature of health care often overwhelms under-developed health networks, thereby leaving specific needs of women unaddressed."⁶

For women in India, Sub-Saharan Africa, and parts of the Middle East, some of the major obstacles to improved health care include traditional cultural practices, lack of access to information, and poverty. Inequalities must be addressed before common health and wellbeing can be achieved. These particular issues can be addressed through education and access to information. It is common that women who suffer most with poor maternal healthcare reside in areas where they have historically not been given access to education or resources that would empower them. Once women and communities are informed and equipped with these resources, societies and countries can thrive.

Several developing countries have made efforts to put a halt to maternal mortality through policy changes. In many countries programs varied from more skilled healthcare workers being present

⁶ "Goal 3: Good Health and Wellbeing": United Nations Development Program
<https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-3-good-health-and-well-being.html>

at birth, to more contraceptive use, to insurance plans and other activities to sustain life. What was central to most of these countrywide efforts was education and the strengthening of family planning. Cultural practices can often get in the way of both family planning and education. To overcome these obstacles, countries like Morocco have put in place programs for the monitoring of pregnancies. This is a step in the right direction for women in developing countries, as regular checkups are a vital part of maintaining a healthy pregnancy and mother.

It is also necessary to gather appropriate data to be able to diagnose the leading causes of maternal mortality in developing countries. Therefore, "each developing country is considered as a unit of analysis," and health metrics-based studies have been conducted to see what affects each country's maternal health situation.⁷ There are certain socioeconomic indicators that allow countries to detect what factors have the greatest impact on their maternal mortality rates. These include family income, the average fertility rate, and the presence of a skilled healthcare professional at the time of birth. If there is enough information to project how many maternal deaths are to be expected, it should also be possible to detect what solutions would be most appropriate. Several African leaders were very committed to Millenium Development Goals, for example MDG 5 where the goal was to reduce maternal mortality 75% by 2015, and this was achieved by many countries.

According to WHO, "the probability that a 15-year-old woman will eventually die from a maternal cause is 1 in 3,700 in developed countries versus 1 in 160 in developing countries."⁸ In many developing countries, teenage women who are pregnant and have little to no access to any sort of aid face the most complications. Additionally, these young women often have no say in the health concerns of their own bodies nor how many children they are going to have. "In Mali, Burkina Faso, and Nigeria, 70% of women surveyed by UNICEF said they had no influence over such decisions"; young women in these areas also report not having a say in whether there would be use of contraceptives.⁹ It has been found

⁷ MHNP Journal: "Correlates of maternal mortality in developing countries: an ecological study of 28 countries" <https://mhnpjournal.biomedcentral.com/articles/10.1186/s40748-017-0059-8>

⁸ World Health Organization: "Maternal Mortality" <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

⁹ The United Nations Africa Renewal: "Improving Maternal Health in Africa" <https://www.un.org/africarenewal/magazine/december-2014/improving-maternal-health-africa>

that countries whose policies have seen the most success in maternal health care have coincidentally seen a rise in contraceptive use.

THE SOLUTIONS TO STRENGTHEN A NATION

"Poverty fuels maternal mortality," as found by the UNFPA, the World Bank, and the United Nations Population Division. They agree that poverty puts both adolescent and adult women in extreme risk of death during pregnancy.¹⁰ Additionally, poverty is one of the leading factors in preventing development. One of the primary things that can help repair a society broken by poverty is education. Not only would educating a community about their circumstances help them overcome them, it would also allow that country to fix several internal problems to help it strengthen its capabilities. Maternal welfare is dependent on what the country can provide for its people.

Education and health care are not mutually exclusive: they will allow women a chance to decide their fate and educate themselves about it, thereby saving lives. Women should not have to be seen as will-less, child creating machines that are to be used at their own expense. If a conversation is to be held about women's healthcare, including the process of pregnancy and childbirth, then there is no doubt that women should have a seat at the table for that conversation. Perhaps some cultural practices may view women as incapable of making decisions, but when it comes to their health and wellbeing it is imperative that they have a say. The United Nations recognizes that "it is essential to ensure that women are empowered to effectively and meaningfully participate in leadership and decision-making processes."¹¹

To quiet the maternal voices of a country is to quiet a resilient and capable half of an entire population. With the power that informed women, medical entities, and a government can bring to the table, there could be an environment where maternal mortality and the death of newborn children are in decline. To put a real stop to the dangers women face during pregnancy, especially young women in

¹⁰ The United Nations Africa Renewal: "Improving Maternal Health in Africa"
<https://www.un.org/africarenewal/magazine/december-2014/improving-maternal-health-africa>

¹¹ United Nations ECOSOC resolution 2019/L. 18 "Strengthening of the coordination of emergency humanitarian assistance of the United Nations"

developing countries, "access to good schools, health care, electricity, safe water, and other critical services" is necessary. In addition, hospitals need skilled healthcare professionals to be available for women to make empowered choices. However this is "often determined by socioeconomic status, gender, ethnicity, and geography."¹² The World Health Organization has put forth a consolidated effort to bring aid where it is needed while also implementing programs for education. Education is necessary to sustain and involve women, just as foreign aid is imperative for developing nations.

HUMAN RIGHTS AND REPRODUCTIVE HEALTH SERVICES

Womens' rights now play a prominent role in human rights discourse at the United Nations. The Human Rights Council recently adopted a resolution which addresses pressing issues facing women and girls who are most detrimentally affected by a lack of resources or lack of recognition of their rights across the board. These issues include "trafficking, sexual and gender-based violence, systematic rape, sexual slavery, forced sterilization, forced pregnancy, harmful practices such as child, early and forced marriage, and lack of accessible and appropriate sexual and reproductive health-care services."¹³ The Council called upon the United Nations Population Fund, the United Nations Development Programme, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the World Health Organization to view these issues as very important "in the elimination of preventable maternal mortality and morbidity, including through the utilization of the technical guidance by States and other relevant actors."¹⁴ The resolution also recognizes the need to bring substantial changes to healthcare systems. The empowerment of women and respect for their human rights will go hand in hand with bringing down maternal mortality rates and strengthening the care of newborns and mothers. Giving women a choice and allowing them to make their own decisions is perhaps more life-changing than any policy or infrastructure could be.

¹² The World Bank: "Poverty Overview" <https://www.worldbank.org/en/topic/poverty/overview>

¹³ United Nations General Assembly Human Rights Council resolution: A/HRC/39/L.13/Rev.1 "Preventable maternal mortality and morbidity and human rights in humanitarian settings"

¹⁴ United Nations General Assembly Human Rights Council resolution: A/HRC/39/L.13/Rev.1 "Preventable maternal mortality and morbidity and human rights in humanitarian settings"

Sexual health and maternal health are closely related. It is important to make contraceptives more available and provide treatment for AIDS or other STDs. "The United Nations Economic and Social Council (ECOSOC) has called on countries to urgently scale up evidence-informed programs to end the AIDS epidemic as a public health threat by 2030."¹⁵ This effort is will require significant resources for developing countries suffering from the fatal effects of AIDS and other sexual-health related complications.

The most recent ECOSOC resolution on "Strengthening of the coordination of emergency humanitarian assistance of the United Nations" included two paragraphs on reproductive health care, operative paragraphs 42 and 47, which state the following:

OP42: *Urges* Member States, in cooperation with relevant United Nations and other humanitarian organizations, to ensure reliable and safe access to sexual and reproductive health-care services . . . and recognizes that relevant services are important in order to effectively meet the needs of women and adolescent girls and infants and protect them from preventable mortality and morbidity that occur in humanitarian emergencies; . . ."

OP47: *Encourages* Member States, in cooperation with relevant United Nations humanitarian organizations, to ensure that the basic humanitarian needs of affected populations, including clean water, food, shelter, energy, health, including sexual and reproductive health, nutrition, including school feeding programmes, education and protection, are addressed as components of humanitarian response, including through providing timely and adequate resources, while ensuring that their collaborative efforts fully adhere to humanitarian principles; . . .¹⁶

It should be noted, however, that the United States and a few other States, while joining in the consensus resolution attempted to delete these two paragraphs stating that the phrases "reproductive health" or "reproductive health services" were not clearly defined and should not be interpreted to include a right to abortion.¹⁷

The World Health Organization recognizes that it is essential to address inequalities of healthcare access in developing countries to promote "comprehensive reproductive, maternal, and newborn health care, addressing all causes of maternal mortality, and strengthening health systems,

¹⁵ KFF.org The Henry J Kaiser Family Foundation: "U.N. Economic And Social Council Calls On Countries To Scale Up AIDS Response, U.N. General Assembly To Set High-Level Meeting Date" <https://www.kff.org/news-summary/u-n-economic-and-social-council-calls-on-countries-to-scale-up-aids-response-u-n-general-assembly-to-set-high-level-meeting-date/>

¹⁶ E/2019/L.18 (this resolution number may change upon its official publication.)

¹⁷ Report from and interview with Consultant from UNHCR who was in attendance at the adoption.

ensuring accountability in order to improve quality of care and equity."¹⁸ Affordable healthcare, which breaks the boundaries of ethnic, geographical, and income-based discrimination, should be accessible for everyone including women in developing countries and needs to be recognized as a basic human right.

CONCLUSION

Adequate education breeds success and sustainability, and with aid in providing resources from the United Nations, the sustainability of the health and quality of life for future generations will be secured. As stated throughout this report, education is the key to solving the issues, issues that can only be avoided if one know better or has access to better quality resources. The ability of countries to implement strong informational structures will directly project the quality of healthcare. Sustainability, and specifically Sustainable Development Goal 3 aim to better all aspects of healthcare. Women's autonomy over their bodies would invoke a dialogue about the wider definition of women's rights. The United Nations, "*Calls upon the States*, with the participation of (influential entities) to develop and implement holistic, comprehensive and coordinated responses and strategies to prevent and eliminate child, early and forced marriage..."¹⁹(the General Assembly 2018). New programs and implementations in developing countries to empower them with the ability to build their own healthcare will continue to meet the SD3 and MDG5. Past efforts to remedy the Maternal healthcare is essential to the future generations, the sustainability of the current world, and the strength and the gift of life. Protecting women's healthcare is protecting human rights.

Sustainable Development Goal 3 calls for, inter alia, addressing and improving maternal healthcare in developing countries. Improved educational systems, improved health care systems and reproductive health care services, providing more health care workers, programs to overcome cultural barriers, specific programs to address AIDS or providing family planning and access to contraceptives can all contribute to lowering maternal and childhood deaths. But underlying all of these efforts is the need to empower women and show greater respect for womens' human rights. The efforts put forth

¹⁸ World Health Organization: "Maternal Mortality" <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

¹⁹ The United Nations General Assembly resolution 73/153: "Child, Early, and Forced Marriage" 2018

within developing countries to provide quality, standardized services for pregnant women will further remedy issues related to maternal deaths and how well the systems in place are working. Women must be offered a seat at the table when discussing their healthcare and wellbeing; it is imperative that maternal healthcare conversations and resolutions include the voices of those most directly affected by their outcomes.

QUESTIONS TO CONSIDER

1. What are the policies in your country that allow for equal access to maternal healthcare?
2. How can countries combat the cultural practices and commonly held beliefs that keep women out of conversations regarding their own bodies and well being?
3. What can be done to provide more access to education and healthcare with skilled professionals?
4. Sustainable Development Goal 3 calls for stable healthcare at all ages. What can countries do to eradicate gender-based discrimination when it comes to access to healthcare and lack of healthcare education?
5. What kind of assistance can most help developing countries to develop quality healthcare services?
6. What can be done to help developing countries address and help prevent AIDS and other reproductive health concerns?
7. What kind of assistance, if any, has your country offered to others?

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STRENGTHENING EFFORTS TO ACHIEVE UNIVERSAL AND EQUITABLE ACCESS TO SAFE AND AFFORDABLE DRINKING WATER FOR ALL

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MUNFW 70th Session – World Health Organisation

Saving our planet, lifting people out of poverty, advancing economic growth... these are one and the same fight. We must connect the dots between climate change, water scarcity, energy shortages, global health, food security and women's empowerment. Solutions to one problem must be solutions for all.¹

INTRODUCTION

In 2010, the United Nations (UN) General Assembly explicitly recognized the human right to water and sanitation.² Water and sanitation are essential factors for survival, environmental sustainability, political stability and economic prosperity. In 2015, United Nations Member States adopted the 2030 Agenda for Sustainable Development. Among those 17 goals, sustainable development Goal 6 stated that by 2030 we must "ensure availability and sustainable management of water and sanitation for all."³ The World Health Organisation (WHO), created in 1948 by the UN, has since then defined its primary role as directing and coordinating international health within the UN system.⁴ The WHO is responsible for numerous initiatives and programmes designed to address SDG 6. However, we must be aware that at the current rate of progress, the world is not on track to achieve the global SDG 6 targets by 2030.⁵ It is important for us to work together to address this issue, as out of competition for this potentially scarce resource in the future, conflict may arise, posing a threat to international peace and security. This is a problem that requires our continued attention and cooperation.

SUSTAINABLE DEVELOPMENT GOAL 6

The 2030 agenda recognises the symbiotic nature of society, development, sustainable growth and the environment. The sustainable development goals work to complement one another; this

¹ Ban Ki-Moon, 2019

² 'General Assembly, Human Rights Council Texts Declaring Water, Sanitation Human Right 'Breakthrough': Challenge Now to Turn Right 'into a Reality', Third Committee Told | Meetings Coverage and Press Releases', 2019

³ 'Goal 6, Sustainable Development Knowledge Platform', 2019

⁴ 'Who we are', 2019

⁵ 'Executive Summary - SDG 6 Synthesis Report 2018 on Water and Sanitation | UN-Water', 2018

integrated approach recognizes the interdependent success of these goals.⁶ It is imperative to view SDG 6 through a wider lens to get a full view of how it connects to and facilitates the achievement of other sustainable development goals.

Eight individual targets constitute SDG 6: the importance of achieving access to affordable drinking water, access to adequate and equitable sanitation and hygiene, improving water quality, increasing water-use efficiency, implementing integrated water resource management, protecting water-related ecosystems, expanding international cooperation and strengthening the participation of local communities.⁷

Achieving each aspect of SDG 6 by 2030 is essential to improving health, boosting economic growth and facilitating the reduction of poverty. However, despite the progress that has been made by the WHO, we are still not on track to achieve SDG 6 by 2030. It is imperative we reconsider the actions we should be taking to enable us to achieve this goal. This is especially significant because given the possible scarcity of water in the future; conflicts may arise between or within states, posing a threat to international peace and security. Cooperation and responsibility sharing in the management of water resources will be essential to achieving SDG 6.

In 2017, 2.2 billion people were without safely managed drinking water services.⁸ Some countries have less than 50% basic water coverage, including - Comoros, Ethiopia, Uganda, Congo, Zambia, Senegal and Peru.⁹ Even in Europe and North America, "access to safely managed sanitation services remains a challenge in many countries, especially in rural areas."¹⁰

WHAT ACTIONS HAS THE WHO BEEN TAKING?

As the international authority on public health and water quality, "WHO leads global efforts to prevent transmission of waterborne disease, advising governments on the development of health-based targets and regulations."¹¹ WHO has produced a succession of water quality guidelines and

⁶ 'Executive Summary - SDG 6 Synthesis Report 2018 on Water and Sanitation | UN-Water', 2018, p.9

⁷ 'Goal 6, Sustainable Development Knowledge Platform', 2019

⁸ 'Drinking-water', 2019

⁹ 'WASH in Health Care Facilities: Global Baseline Report 2019 | UN-Water', 2019

¹⁰The United Nations World Water Development Report 2019, p.7

¹¹ 'Drinking-water', 2019

continues to support individual countries to overcome their unique challenges in implementation. WHO works with all "Member States to support their national health development process, whether or not WHO has a physical presence."¹²

WHO also works closely with other UN agencies and non-governmental organisations (NGOs). For example, WHO has worked alongside the United Nations Children's Fund (UNICEF) for the last 20 years to address issues relating to Water, Sanitation and Hygiene (WASH).¹³ In 2015 they released the Water and Sanitation for Health Facility Improvement Tool (WASH FIT). WASH and WASHFIT lay out practical steps that can be taken to improve water, sanitation and hygiene in healthcare facilities.¹⁴ In 2018, "the United Nations (UN) Secretary-General issued a Global Call to Action to elevate the importance of and prioritize action on WASH in all health care facilities"¹⁵. As such, in 2019, WHO and UNICEF worked with the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), and released the SDG baseline report for WASH in health care facilities, which provides the "first national, regional and global baseline estimates for monitoring SDG 6 in health care facilities."¹⁶

In addition, the WHO has also worked alongside United Nations Water. UN Water coordinates the efforts of UN entities and international organisations working on water and sanitation issues, and provides a coherent and reliable data set that can be used to inform policy and create effective and collaborative responses. UN-Water also established the initiative, "The Global Analysis and Assessment of Sanitation and Drinking-Water" (GLAAS), which is now implemented by the WHO. In line with SDG 6, GLAAS continues to "provide information on investments and the enabling environment with a specific focus on monitoring targets 6a and 6b."¹⁷

The WHO has also facilitated the adoption of Water Safety Plans (WSPs) by Member States. These water safety plans are intended to help support and address the needs of diverse and disadvantaged groups.¹⁸ In 2017, WSPs had been implemented in at least "93 countries worldwide, with 69 countries

¹² 'WHO's work with countries', 2019

¹³ 'Impact of WASH', 2019

¹⁴ 'WASH in health care facilities: Practical steps to achieve universal access to quality care', 2019

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Summary of UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2017-2020 Strategy, 2017

¹⁸ A guide to equitable water safety planning: ensuring no one is left behind, 2019, p.1

reporting to have policy instruments either in place or under development that promote or require WSPs or an equivalent."¹⁹

Additionally, the WHO provides guidance on improving the quality of drinking water through the Household Water Treatment and Safe Storage Programme (HWTS).²⁰ Moreover WHO promotes functional and sustainable improvements to the safety of small community water supplies around the world, particularly in rural areas. This work is enacted through the International Small Community Water Supply Network.²¹

Despite the progress that has been made by the WHO, we are still not on track to achieve SDG6 by 2030. It is imperative we reconsider the actions we should be taking to enable us to achieve this goal.

WHO IS AT RISK OF BEING LEFT BEHIND?

At the present rate of progress, some individuals are vulnerable to being left out of our efforts to achieve SDG 6. Inequalities and discrimination continue to persist between and within countries. Those who are at risk of being left behind include women and girls, minority groups, the disabled, those of different ages and health status and the geographically remote, to name only a few.²² The issue is that "the same people who are being left behind are those who could benefit most from improved access to water and sanitation."²³ Better access to water and sanitation, water management and governance could enhance the lives of those who are vulnerable dramatically. For these individuals the benefits have the potential to include "better health, savings in time and money, dignity, improved access to food and energy, and greater opportunities in terms of education, employment and livelihoods."²⁴ While this issue affects everyone, everywhere, we must not forget to consider those individuals whose voices are less prominent in the discussion.

¹⁹ Global status report on water safety plans: A review of proactive risk assessment and risk management practices to ensure the safety of drinking-water, 2017

²⁰ 'Household water treatment and safe storage', 2019

²¹ 'International Small Community Water Supply Network', 2019

²² The United Nations World Water Development Report, 2019, p.2

²³ The United Nations World Water Development Report, 2019, p.1

²⁴ *ibid.*

WHAT NEEDS TO CHANGE TO ALLOW THE ACHIEVEMENT OF SDG 6 BY 2030?

Since the 1980's, water usage has been increasing worldwide by around 1% per year. This has been due to a combination of "population growth, socio-economic development and changing consumption patterns."²⁵ This rate of increase in global water demand is expected to continue at a similar rate until 2050. This would account "for an increase of 20 to 30% above the current level of water use."²⁶ Evidently, action must be taken to ensure we pursue sustainable means of achieving universal and equitable access to safe and affordable drinking water for all by 2030.

A few key factors are essential for achieving SDG 6. Accelerated cooperation, increased funding, research, development, innovation, development of institutional capacity, and the inclusion of women and those at risk of being left behind in the discussion, are at the heart of the future actions we should take.

Cooperation is a fundamental requirement. In 2018, "153 countries shared a total of 286 trans-boundary river and lake basins and 592 trans-boundary aquifers."²⁷ This dependence on trans-boundary waters has created interdependencies between countries. These interdependencies are apparent within political, environmental, economic and security spheres. Cooperation is key to success. While unique interdependent relationships between member states exist globally, a meaningful effort is needed to ensure that, "where appropriate, trans-boundary basins across the world are covered by operational arrangements."²⁸

Ensuring that everyone can access safe drinking water, to which they are entitled as a human right, requires increased financial resources. In 2017, "80 per cent of countries reported insufficient financing to meet national water, sanitation and hygiene targets."²⁹ Additionally, due to a lack of resources and investment in data collection mechanisms, many countries lack the capacity to collect and analyse the data required for full assessment.³⁰ Alongside completed data sets for monitoring,

²⁵ "World Water Development Report 2019 | UN-Water", 2019

²⁶ Ibid.

²⁷ "Executive Summary - SDG 6 Synthesis Report 2018 on Water and Sanitation | UN-Water", 2018

²⁸ Ibid.

²⁹ "Executive Summary - SDG 6 Synthesis Report 2018 on Water and Sanitation | UN-Water", 2018

³⁰ Ibid.

"scientific research, development and innovation are essential to support informed decision-making,"³¹ all of which require increased investment and funding.

Further, it is imperative that we strengthen institutional capacity with experienced and effective professionals who can plan and implement progress towards achieving SDG 6, but this can take a significant amount of time.³² Furthermore, the inclusion of vulnerable populations, especially women, is essential for achievement of equity by 2030. In 2017, a survey of 84 countries revealed that "the number of countries that had policies specifically mentioning women's participation is higher for rural communities than for urban areas."³³ We must continue to listen to these voices, include them in discussions and recognise the distinct challenges they face. These actions are a prerequisite to achieving equitable access to safe drinking water.

CHALLENGES TO ACHIEVING SDG 6 BY 2030

Despite the actions of the WHO and other UN agencies, challenges persist, inhibiting the outcome of our efforts and ability to achieve SDG 6 by 2030. Increasing water scarcity, population growth, climate change, inequalities, conflict, political instability, demographic changes and urbanization pose challenges for water supply systems.³⁴ We must be aware of these factors when planning.

The effects of climate change will result in greater variations in harvested rainwater and can contribute to water scarcity. As natural disasters become more regular and damaging, we must plan ahead and increase resilience to such events.³⁵ Water scarcity is of great concern to the international community, as it is likely to create tensions both between and within countries, as they compete for this limited resource. Most of those countries facing a strong likelihood of future water scarcity are located in Northern Africa and Western, Central and Southern Asia, yet this is an issue that will affect us all. Due to the "intricate interdependencies in ecosystems,"³⁶ cooperation is essential to our success in achieving

³¹ The United Nations World Water Development Report 2019, p.8

³² "Executive Summary - SDG 6 Synthesis Report 2018 on Water and Sanitation | UN-Water", 2018

³³ Ibid.

³⁴ "Drinking-water", 2019

³⁵ The United Nations World Water Development Report 2019, p.6

³⁶ "Environmental peacebuilding: Conditions for success", 2006, p. 10

SDG 6. We must address this issue in both policy and practice; otherwise, "water interventions will continue to fail to reach those most in need and who are likely to benefit most."³⁷

According to the World Bank, in 2015, 484 million people worldwide lived in fragile situations. Of these individuals, "284 million people lacked basic sanitation services and 183 million lacked basic drinking water services."³⁸ While significant differences can be observed across different regions, essentially the findings suggest that those living in fragile states are more likely to lack access to basic drinking water or sanitation services. Resolving these situations often requires political solutions. However, this does not mean we cannot make progress towards ensuring that everyone, including those individuals living in fragile states, has access to affordable and equitable drinking water.

CONCLUSION

Sustainable Development Goal 6 and its achievement continue to require the attention and on-going efforts of member states. Access to clean drinking water is a human right and is essential to preserving the dignity, equality, respect and independence of all individuals everywhere. Strengthening efforts to achieve universal and equitable access to safe and affordable drinking water for all is at the heart of our collective commitment to the 2030 Agenda for Sustainable Development and its theme of 'Leaving no one behind.'³⁹

³⁷ The United Nations World Water Development Report 2019, p.9

³⁸ "Executive Summary - SDG 6 Synthesis Report 2018 on Water and Sanitation | UN-Water", 2018

³⁹ "World Water Development Report 2019 | UN-Water", 2019

QUESTIONS TO CONSIDER

1. What actions, if any, has your country taken to strengthen efforts to achieve universal and equitable access to safe and affordable drinking water for all?
2. Are the current water mechanisms in your country sustainable?
3. What barriers does your country face in achieving SDG 6?
4. How has your country been affected by the efforts of the World Health Organisation?
5. What actions could be taken by the international community to enhance your country's efforts towards achieving SDG 6?
6. Have vulnerable populations and women been included in discussions within your nation?
7. How can we ensure the success of programs promoted and implemented through the World Health Organisation regarding SDG 6?

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