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# EKIN SNY MUN BACKGROUND GUIDE

**Committee:** WHO

**Topic:** Child Mortality in Developing Countries



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# WELCOME SPEECH

Hello delegates, we welcome you to the 2025 EKin Junior MUN. It brings us great pleasure to be serving as your chairpersons at this conference. The World Health Organization committee presents an opportunity for you to address one of the key issues and challenges that we face in the world. We are also excited for you to unleash your diplomacy, communication, and leadership skills as you engage in impactful discussions and collaborate with fellow delegates.

A quick introduction to this year's staff: Rawan Haidar, who will serve as your chair, is from Lebanon and holds a master's degree in International Affairs. He is currently working in a local non-governmental organization in Lebanon that focuses on gender and reproductive justice. Gozde Umit, who will serve as your Co-Chair, is a high school student from Antalya, Turkey. She is highly interested in International Affairs and Political Science.

We want you to remember that we will provide you with diligent support and guidance to ensure you have a positive and enriching experience while maintaining the formal standards and professionalism that define the conference. Best of luck, delegates.

## The World Health Organization

Founded on April 7, 1948, the World Health Organization is a specialized agency of the United Nations (UN) that aims to promote global health, combat diseases, and improve healthcare access. It is headquartered in Geneva, Switzerland, with 6 regional offices and 150 country offices, and is administered through a rigorous governance structure.

The executive board consists of 34 qualified technical experts. It is elected by the World Health Assembly (WHA) for 3 years and meets every January to set the agenda of the WHA. The executive board determines what topics should be discussed and what resolutions should be passed.





Ultimately, the WHA, which is the main decision-making body representing all 194 members, then convenes to set the organization's policy by passing resolutions based on the board's recommendations. The WHA is also responsible for electing the Director-General and overseeing the WHO's budget and finances. Finally, the Director-General, elected for 7 years, is responsible for overseeing and directing the WHO's operations and functions. The current Director-General is Dr. Tedros Adhanom Ghebreyesus, who was reelected for his second and final term in 2022.

The WHO's work is monumental for international public health, acting as a self-proclaimed "global guardian of health". Among its many responsibilities are setting international standards and guidelines, advocating for universal health coverage by focusing on primary healthcare, improving access to essential medicines, training health workers, and supporting sustainable financing. It also provides Member States with technical assistance, advocates for inclusive national policies, and addresses health emergencies, including global emergencies, with the recent COVID-19 pandemic highlighting the need for an international platform to coordinate international efforts amidst health crises.

During the pandemic, the WHO played an important role in monitoring, preventing, and responding to the spread of the virus through providing technical training, delivering needed medical supplies, and developing research. It is also important to highlight the role that the WHO played in combating misinformation through campaigns and partnerships, as the entire world witnessed an unprecedented spread of false information and fake news.

Needless to say, many have criticized the WHO's role and effectiveness, but the COVID-19 pandemic stands as a stark reminder to the international community of the necessity of an international platform that transcends political divisions and focuses solely on global health through international cooperation and sharing of expertise.



# Child Mortality in Developing Countries

## Introduction

Child (infant) mortality, also known as the under-5 death mortality rate, refers to the probability of death of children younger than 5 years of age. According to the United Nations Children's Fund (UNICEF) metrics, this rate measures the number of deaths of children per 1,000 live births in a given year. In 2022, the total number of children under the age of 5 who died was 4.9 million, translating to approximately 13,400 deaths every day. While the total number has significantly decreased over the decades (from 93 deaths per 1,000 live births in 1990 to 37 deaths per 1,000 live births in 2022), this phenomenon continues to be a pressing challenge facing many communities across the world, particularly in developing countries. In fact, studies show that income is an important factor that impacts child survival, with a clear inverse relationship between national income and child mortality rates. Simply put, higher national income is associated with lower child mortality, while lower income often means higher child mortality. According to a [2022 Save the Children report](#), children in Sub-Saharan Africa are 18 times more likely to die before age five compared to those in high-income regions.

- Child mortality is primarily caused by a combination of neonatal complications, infectious diseases, and broader systemic issues. Nearly half of all under-five deaths occur within the first 28 days of life (neonatal phase), with preterm births, birth asphyxia, and neonatal infections being the leading causes. In fact, the WHO estimates the number of deaths caused by neonatal infections to be around 550,000 deaths annually. Another leading cause of child mortality is preventable diseases such as pneumonia, diarrhea, and malaria. These diseases mainly affect children in developing countries, where challenges like inadequate healthcare infrastructure, poor sanitation, and unsafe drinking water are more common. Additionally, malnutrition further exacerbates the situation by weakening immune systems and increasing the risk of death, especially in poorer and rural areas. This is not only limited to child malnutrition but also maternal malnutrition, which is linked to the death of an estimated 2.4 million children annually. In this case, it is important to make the distinction between social factors and health factors leading to child mortality, while also recognizing the undeniable interconnectedness of the two.
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Socioeconomic conditions such as poverty, education, and inequality influence access to healthcare, the prevalence of disease, and overall child survival outcomes. For instance, poverty is a major cause of malnutrition, limiting families' ability to afford adequate nutrition, safe housing, and medical care. Furthermore, illiteracy, particularly among mothers, reduces awareness of essential health practices such as vaccination, hygiene, and breastfeeding.

As we progress towards 2030, global effort should be focused on fulfilling the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-Being), which specifically targets the reduction of child mortality through committing to end preventable deaths of newborns and children under the age of five. This includes achieving an under-five mortality rate of 25 or fewer deaths per 1,000 live births and a neonatal mortality rate of 12 or fewer deaths per 1,000 live births.



## Definitions:

**Preterm birth:** when birth takes place before the completion of 37 weeks of pregnancy.

**Birth asphyxia:** the decrease of oxygen or blood flow, during or shortly after birth, leading to potential brain damage or death.

**Neonatal infections:** Infections occurring within the first 28 days of life, such as sepsis, pneumonia, or meningitis, which can result from exposure to bacteria or viruses during or after delivery.





# Background

Child mortality has been a major challenge to communities across the world throughout the entirety of human history, with as many as 1 in 2 children dying before the age of 15. While data on how many children died before the exact age of 5 is non-existent, we can safely say that it was considerably much higher than it is now. In fact, for most of history, low life expectancy – the average number of years a person is expected to live – was largely attributed to high infant mortality rates. The reasons behind child mortality in the past persist and are mirrored in many of the challenges faced today. These reasons mainly include inadequate medical knowledge, poor hygiene, and limited access to healthcare. Moreover, infectious diseases remain a major contributor to child mortality, though the types have shifted over time. Diseases like smallpox and measles, although largely controlled today through vaccination, were once leading causes of death.

Nonetheless, advancements in sanitation, vaccination, and public health, particularly after the Industrial Revolution, began to reduce child mortality, mainly in high-income countries, while low and middle-income regions continue to experience relatively high rates. In 2022, Sub-Saharan Africa and South Asia accounted for 57% and 26% of global under-five deaths, respectively. cording 22 deaths per 1,000 live births, compared to 3 deaths per 1,000 in wealthier regions.

## Current Situation

While it is true that we are experiencing a historically low child mortality rate with substantial progress made over the decades, child mortality remains a persistent global challenge.

In 2019, children born within 50 kilometers of an armed conflict in Africa faced a significantly higher risk of death before their first birthday, equivalent to 5.2 deaths per 1,000 live births. Indeed, armed conflicts in Africa have substantially and sustainably increased child mortality rates, with effects comparable to those of malnutrition and several times greater than previous estimates.



During the COVID-19 pandemic, child mortality rates significantly increased, but they have started to return to normal. Nevertheless, other infectious diseases continue to show significant effects. Worldwide conflicts continue and are on the rise. Millions of children live in risky areas close to war zones, making them 11 times more likely to die than children living far from conflict.

While precise data for today's conflict zones, including Gaza, Ukraine, Yemen, and parts of Africa, are limited, estimates reflect the severe impact on children. For instance, the situation in Gaza is particularly dire. By mid-January 2024, an estimated 10,000 children had been killed, with thousands more buried under rubble. Children in Gaza face food and water scarcity, inadequate healthcare, injuries, and diseases.

National and international actions have helped mitigate these challenges, and their positive impacts are beginning to emerge. One example of these is the Child Survival Action Initiative which envisions ending preventable child deaths by 2030. The Child Survival Action Initiative aligns its efforts with maternal, newborn, adolescent, and reproductive health goals. Innovative healthcare models, such as the Home-Based Neonatal Care (HBNC) model, have demonstrated significant success by training community health workers to deliver neonatal care in resource-constrained settings.

- Moreover, the United Nations Sustainable Development Goal 3 (SDG 3) targets ending preventable deaths of newborns and children under five by 2030; however, progress toward achieving SDG 3 is significantly off-track, with only one-third of health-related targets expected to be met by 2030. Overall, the lingering effects of the COVID-19 pandemic, escalating conflicts, and climate-related challenges have hindered progress toward reaching SDG 3, increased health inequalities, and stalled universal health coverage. Collective efforts like those mentioned above emphasize the importance of sustained global commitment to protect children in conflict-affected and high-risk areas, with a focus on healthcare accessibility, nutrition, and long-term recovery programs.



# International Action

Child mortality remains a serious global challenge that demands international action and strategies to address its underlying factors. Numerous solutions and efforts have been enforced at various levels to reduce the negative impacts of this issue, involving a wide range of collaborators, from Non-Governmental Organizations (NGOs) and special aid agencies to government-led initiatives and agreements with international success.

Prominent NGOs such as UNICEF, Save the Children, and the WHO play crucial roles in advocating for children's health and security, developing actions to ease and improve children's life standards, and providing resources in developing regions. Additionally, private foundations (such as the Bill and Melinda Gates Foundation) invest heavily in innovative healthcare solutions aimed at reducing child mortality around the world.

On the governmental front, international recovery and development policies such as the Sustainable Development Goals (SDGs) set by the United Nations prioritize the reduction of child mortality, (particularly SDG3, which focuses on ensuring healthy lives and promoting well-being for all ages).



Specific initiatives, like the Global Alliance for Vaccines and Immunization (Gavi), have significantly expanded the global extent of vaccination, saving millions of children from preventable diseases and thus preventable death. Furthermore, interstate agreements, including the Paris Declaration on Aid Effectiveness and the Global Strategy for Women's, Children's, and Adolescents' Health, emphasize collaboration, coordination, and global awareness to improve health standards for children worldwide. To conclude, these versatile efforts reflect a drastic global commitment to reducing child mortality rates through enhanced healthcare access, improved nutrition, and preventive measures; however, ongoing challenges such as poverty, inadequate healthcare infrastructure, conflicts, and geopolitical instability require sustained and adaptive strategies to achieve long-term success in safeguarding the lives of vulnerable children and lowering the rates of child mortality in developing countries.





# Recommendations for Creating a Resolution

When drafting a resolution on child mortality, it is essential to address the issue through a comprehensive lens, considering the distinct social, political, and health-related causes, while also recognizing their interconnectedness. The resolution should propose innovative and practical approaches that go beyond surface-level solutions, focusing on tackling structural issues to set long-term and sustainable strategies.

Moreover, it is important to define the roles and responsibilities of key actors, including international organizations, national governments, and civil society, within this larger framework, and how their collaborative effort factors into sustainable strategies. Furthermore, the resolution should draw upon existing legal and international frameworks and leverage collaboration with UN agencies such as UNICEF, WHO, and others, to strengthen implementation and resource mobilization.





# Questions to Consider

1. What are the main social, economic, and political factors contributing to child mortality in your assigned country or region?
2. How has your country addressed child mortality in the past, and what measures have been successful or unsuccessful?
3. What innovative policies or programs can be implemented to address the root causes of child mortality, particularly in low-income and middle-income countries?
4. How can countries ensure that solutions to child mortality are sustainable and address long-term structural issues, such as poverty and education?
5. What role should international organizations, such as UNICEF, WHO, and the World Bank, play in supporting countries to achieve sustainable reductions in child mortality?
6. How can nations ensure equitable access to global health resources, including vaccines, treatments, and funding, to address child mortality?
7. Are the existing international frameworks, such as the Sustainable Development Goals (SDG 3), sufficient to tackle child mortality? If not, how can they be improved?
8. How can countries strengthen their legal and healthcare systems to meet international goals for reducing child mortality?
9. How can the international community address the regional disparities in child mortality, particularly in Sub-Saharan Africa and South Asia, compared to high-income countries?
10. What role does income inequality within countries play in child mortality, and how can this be mitigated?
11. How should countries respond to child mortality in crisis situations, such as armed conflicts, pandemics, or natural disasters?







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