

XXXIX

TECMUN

World Health Organization

XXXIX TECMUN
Session schedule

Wednesday, November 12th

Registration	8:00 – 9:00 h.
Opening Ceremony	9:00 – 10:00 h.
Break	10:00 – 10:30 h.
First Session	10:30 – 12:30 h.
Break	12:30 – 13:00 h.
Second Session	13:00 – 15:00 h.
Lunch	15:00 – 16:00 h.
Third Session	16:00 – 18:00 h.

Thursday, November 13th

Masterly Conference	8:30 – 9:30 h
Break	9:30 – 10:00 h..
Fourth Session	10:00 – 12:30 h.
Break	12:30 – 13:00 h.
Fifth Session	13:00 – 15:00 h.
Lunch	15:00 – 16:00 h.
Sixth Session	16:00 – 18:00 h.

Friday, November 14th

Seventh Session	8:00 – 9:30 h
Break	9:30 – 10:00 h
Eighth Session	10:00 – 12:00 h
Break	12:00 – 12:30 h
Ninth Session	12:30 – 13:45 h
Lunch	13:45 – 14:30 h
Closing Ceremony	15:00 – 17:30 h

XXXIX TECMUN

General Agenda

Secretary General: Abril Valdés Calva

GENERAL COORDINATION

Undersecretary of General Coordination: Mauro Carillo Gálvez

General Coordination Supervisor for Secretary Co.: Ana Sofía Castañeda Hornedo

GENERAL ASSEMBLY

General Subsecretary: Andrea Abigail Salazar López

Coordination Supervisor: Alexa Esmeralda Rivera Jiménez

Reunión de Alto Nivel Para la Asamblea General

Presidente: Claudia Guadalupe Pfeiffer Benítez

Tópico A) Medidas para frenar el reclutamiento y la utilización de niños y adolescentes por actores armados no estatales del G9 Fanmi e Alye en la República de Haití.

Tópico B) Acciones para frenar la producción, distribución y monetización transnacional de pornografía infantil en el Sudeste Asiático.

Cuarta Comisión Política Especial y de Descolonización

Presidente: Valentina Reyes Pardo

Topic A) Mecanismos para prevenir el traslado de la población Israelí al territorio sirio de los Altos del Golán debido a la ocupación militar del Estado de Israel.

Topic B) Estrategias para frenar la fragmentación territorial de la República del Yemen debido al control del territorio por parte del movimiento hutí Ansar Allah

Sixth Legal Committee

President: Miguel Ángel Pérez Rodríguez

Tópico A) Mechanisms to regulate the application of immunity of State officials in Sub-Saharan Africa, with emphasis on international criminal jurisdiction.

Tópico B) Measures to control and address the transboundary environmental crimes in the Amazon with emphasis on international State responsibility and due diligence obligations.

World Health Organization

President: María Fernanda Domínguez Heredia

Topic A) Confronting the maternal and neonatal mortality emergency in Sub-Saharan Africa, driven by fragile healthcare systems, limited medical infrastructure, and deep social and economic inequalities.

Topic B) Responding to the health consequences of environmental disasters, resource scarcity, and climate-driven displacement with emphasis on the Pacific Ring of Fire.

League of Arab States

President: David Trujillo Loza

Tópico A) Strategies to mitigate the conflict between the Syrian Democratic Forces (SDF) and the Extremist group Hayat Tahrir al-Sham (HTS) in the region of the Levant.

Tópico B) Strategies to eradicate the attacks by the Houthies held on the Red Sea, keeping an aim on shipments from the United States of America and the European Union.

Comité des Disparitions Forcées

Président: Marian Robles Ortiz

Subjet A) Mesures pour cesser les disparitions forcées et promouvoir la recherche des personnes concernées aux États-Unis Mexicains provoquées par le Cártel del Noreste dans la région nord-est du territoire.

Subjet B) Stratégies pour arrêter la disparition forcée dans la République d'Albanie en raison de la détention arbitraire et de l'emprisonnement sans processus judiciaire sous le régime du premier ministre Edi Rama.

Organización Marítima Internacional

Presidente: José Guillermo Ramírez Fulgencio

Tópico A) Estrategias para contrarrestar la introducción y propagación de especies marinas invasoras a través de la bioincrustación y el agua de lastre en Asia Oriental y el Sudeste Asiático.

Tópico B) Medidas para el fortalecimiento de la seguridad marítima y de las operaciones de búsqueda y rescate en el Mar Mediterráneo ante el aumento de embarcaciones irregulares

Oficina de las Naciones Unidas Contra la Droga y el Delito

Presidente: Diego Alejandro Salazar Náfate

Tópico A) Mecanismos para frenar el desvío de precursores químicos hacia redes de drogas sintéticas operadas por la 'Ndrangheta italiana entre Asia Oriental, América Latina y la Unión Europea.

Tópico B) Estrategias para combatir la impunidad de la violencia sexual vinculada a redes de tráfico ilícito de armas con participación de organizaciones criminales de Europa del Este, en el contexto del conflicto entre Ucrania y la Federación de Rusia.

ECONOMIC AND SOCIAL COUNCIL

General Subsecretary: Samantha Salgado Nájjar

Coordination Supervisor: Arantza Estrada Rios

Comisión en Justicia y Prevención del Crimen

Presidente: Valentina Ramírez Galindo

A) Estrategias para combatir la trata de personas mediante plataformas digitales en América Latina, con énfasis en la captación de menores

B) Estrategias para fortalecer programas de justicia restaurativa juvenil en América Latina, con énfasis en contextos de violencia comunitaria y debilidad institucional en Honduras y El Salvador

Historical United Nations Program on AIDS/HIV

President: Emiliano Bautista Sosa

Topic A) Strategies to Address the Ongoing Public Health and Social Crisis Related to HIV/AIDS in Haiti, with Emphasis on Reducing Stigmatization and Strengthening Health Infrastructure beginning in 1981.

Topic B) Strategies to Strengthen Early-Epidemic Detection and Community Protection Mechanisms, with Emphasis on the New York HIV/AIDS Outbreak of 1981–1984.

Convención de las Naciones Unidas en Contra de la Corrupción

Presidente: Javier Gil Rodríguez

Tópico Único) Estrategias para regular la transparencia financiera y control electoral en América Latina con énfasis en el flujo de recursos económicos de origen ilícito en la República Bolivariana de Venezuela.

Permanent Forum on Indigenous Issues

President: Axl Paris Ortega Rodríguez

Topic A) Strategies to Stop the Femal Genital Mutilation as a Mechanism of Social Control over Indigenous Girls and Women in Rural Communities of Eastern Africa with Limited State Presence.

Tópico B) Measures to mitigate the use of indigenous territories as sacrifice zones, focusing on extreme violence and structural failures in the protection of rights in the Darién Gap.

Departamento de las Operaciones de la Paz

Presidente: Galia Sofía López Chacón

A) Medidas para la protección de civiles y el establecimiento de mecanismos operativos seguros para el acceso humanitario con énfasis en la atención a víctimas de acoso sexual, derivados del conflicto armado interno en la República de Sudán.

B) Medidas para la protección de la población civil y la reducción de la violencia interétnica en Etiopía del Norte, mediante el fortalecimiento de la seguridad comunitaria y la presencia operativa de las misiones de paz de la Organización de las Naciones Unidas.

Comisión Económica y Social para Asia Occidental

Presidente: Yaretzi Benítez Mendoza

A) Estrategias para fortalecer la seguridad alimentaria y nutricional infantil debido al uso de alimentos inadecuados y la sedación farmacológica como respuesta al hambre aguda en contextos de conflicto, con énfasis en la República de Yemen

B) Acciones para erradicar y prevenir la explotación infantil laboral en Asia Occidental, con énfasis en la República Islámica de Irán

Caribbean Community

President: Valeria Oropeza Pérez

A) Measures to reduce youth unemployment in Barbados, Guyana, and Saint Lucia through regional access to education and technical training programs, addressing economic inequality and limited workforce opportunities.

B) Regional cooperation to address the activities of organized criminal networks involved in the trafficking of illegal firearms affecting Jamaica, Trinidad and Tobago, and Haiti, with emphasis on cross-border coordination and information sharing.

Comitte of Experts on the Transport of Dangerous Goods and on the Globally Harmonized System of Classification and Labeling of Chemicals

President: Sofía Paola Jiménez de la Cruz

A) Mechanisms to regulate the reception of hazardous waste in Latin America and the Caribbean, with the aim of ensuring its correct disposal and preventing damage.

B) Strategies to reinforce safety standards and operational practices in the storage and distribution of refined petroleum products in the Federal Republic of Nigeria, with an emphasis on reducing spills, fires, and damage caused by gasoline and diesel fuel.

SPECIALIZED AGENCIES AND REGIONAL ORGANISMS

General Subsecretary: Patrick Eduardo Cunillé Paniagua

Coordination Supervisor: Hannia Nieves José

Oficina De Las Naciones Unidas Para La Prevención Del Genocidio Y La Responsabilidad De Proteger

Presidente: María Fernanda López Islas

A) Acciones para detener la segregación forzada y la limpieza étnica en la República de la Unión de Myanmar, con énfasis en la comunidad Rohingya.

B) Medidas para frenar el aumento de la violencia sistemática y el abuso generalizado contra la población civil por parte de bandas armadas en la República de Haití.

Consejo de Europa

Presidente: Diego López Peralta

A) Estrategias para la protección de los derechos humanos de los refugiados ucranianos desplazados por el conflicto bélico con la Federación Rusa en los Estados miembros receptores.

B) Mecanismos para limitar la trata de personas mediante el abordaje del contexto económico en la región de Schengen.

North Atlantic Treaty Organization

President: Ingrid Carrilo García

A) Actions to prevent emerging security and economic threats through multinational cooperation between NATO member and non-member allies, focusing on the Indo-Pacific region.

B) Actions to enhance maritime and undersea capabilities in order to protect critical infrastructure and mitigate security risks in the Baltic Sea region.

International Criminal Police Organization

Presidente: Melany Fayed Cervantes Espinoza

A) Measures to decrease the environmental crimes in the Amazon due to the illegal exploitation of the natural resources in order to protect vulnerable communities and preserve environmental security.

B) Measures to combat the trafficking of young women for sexual exploitation in the Thailand–Cambodia border region in order to protect vulnerable migrant women and dismantle trafficking networks.

Banco Mundial

President: Miguel Ander Hernández Aguilar

A) Financiamiento de la infraestructura de transporte sostenible en la región Subsahariana de África.

B) Intervención financiera internacional en economías en crisis: el caso de la República de Cuba.

Security Council

Presidente: Mariana Méndez Cruz

A) Strategies to prevent an armed invasion between the People's Republic of China and the Republic of China limiting the military posturing and international involvement arising from the unresolved tension across the Taiwan Strait.

B) Measures to halt the emergent Kashmir dispute involving the Republic of India and the Islamic Republic of Pakistan centralizing on the nuclear threats, attacks and humanitarian violations.

Comité de Estado Mayor

President: Leonardo Senties Carmona

A) Mecanismos de prevención de conflictos y cooperación internacional para mitigar las tensiones entre la República de Serbia y el Estado de Kosovo, con el objetivo de evitar un conflicto armado.

B) Acciones de contención del conflicto armado en la región de Chechenia y la Federación de Rusia

Corte Internacional de Justicia

Presidente: Mariana Dueñas Salgado

A) Aplicación de la Convención de la Prevención y la Sanción del Delito de Genocidio en relación a la población Palestina en la Franja de Gaza (República de Sudáfrica vs Estado de Israel).

B) Incumplimiento de la Convención de Viena sobre relaciones diplomáticas con respecto al asalto a la embajada de los Estados Unidos Mexicanos en Quito (Estados Unidos Mexicanos vs República del Ecuador).

“The future belongs to those who believe in the beauty of their dreams.” — Eleanor Roosevelt

Dear reader,

Today, after six years at TECMUN, my story here comes to an end. What once began as a moment filled with uncertainty has transformed into one of the most defining journeys of my life. This path has demanded more from me than I ever imagined — countless hours of work, unwavering commitment, silent sacrifices, and yes, even moments where tears spoke louder than words. But within every challenge, I discovered something far greater: the strength to rise, the courage to be heard, and the realization that my voice is not only valid — it is powerful enough to create change. TECMUN did not just shape the way I speak, it shaped the way I believe in myself.

My journey in TECMUN has never been easy, but it has been deeply meaningful. Along the way, I was never alone. I was surrounded by people who believed in me when I struggled to believe in myself — people who guided me, supported me, and reminded me why I started, just like Zu did for me. For them, for you, for every advisor who trusted me, and above all, for my Secretariat, I gave my absolute best in everything I did. This last year, especially, challenged me in ways I never thought I would face. It pushed me beyond my limits, forced me to confront my fears, and taught me that growth is never comfortable — but always worth it.

Never stay silent in the face of injustice. Speak up, act, and make choices — because the power to create change lies both in the decisions you take and in the ones you choose not to. Educate yourself, because nurturing your mind will help you understand yourself and others. Help those who need it most, because you hold privileges that many people around the world do not — and using them to serve others is one of the noblest forms of leadership. Do everything with passion, with love, and with purpose — every single day, for yourself and for others. Inspire and be inspired, because you never know if your words or your actions might be the push someone needs to believe in themselves.

Everything I have lived through here has taught me that leadership is not about titles, recognition, or standing at the front of a room — it is about impact. It is about choosing to show up, even when it is hard. It is about lifting others as you grow, and understanding that the greatest legacy you can leave behind is not what you achieve, but who you inspire along the way. And that is what I hope to leave with you, dear reader: the certainty that your voice matters, that your actions carry weight, and that you are far more capable than you think.

Abril Valdés Calva
Secretary General for the
XXXIX TECMUN

“Your origin does not define your destiny.”

-Marcus Rashford.

Dear Participant:

Today I say goodbye to the project of my life called TECMUN. From the bottom of my heart, I can say thank you infinitely. Perhaps today you are entering your first Model UN without knowing exactly what to expect, or maybe you come with some doubts, nerves, or even without much enthusiasm. But let me tell you something: you are about to live one of the most incredible experiences of your life. TECMUN, which is not just a Model United Nations, is a place where we always grow, where you challenge yourself, and where you discover what you are truly capable of.

This project was built with effort and dedication from all of us, but above all, with and for people like you. Because without each delegate, minister, judge, without each idea, without each voice, this simply wouldn't exist. Thank you for daring to be a part of this thing that I have loved for so many years. Thank you for being interested in topics that many ignore and for always seeking solutions to problems that, at our age, we don't consider so relevant.

Along this journey, you'll learn not only about politics and debates, but also about life itself. You'll meet people who will leave a mark on you, encounter ideas that will change you, and experience moments you'll never forget. You'll step outside your comfort zone and begin to see the world with new eyes.

Today, I have to close this chapter, but it's your turn to write yours. Seize every second, make mistakes, get back up, enjoy life, laugh, learn, and leave your mark. Don't be afraid to be different, to express your opinion, to try new things. Always remember: it doesn't matter where you come from, but how far you want to go.

Thank you for continuing this dream.

Mauro Carillo Gálvez
Head of Coordination for the
XXXIX TECMUN

“Life can only be understood backwards, but it must be lived forwards.”

- *Søren Kierkegaard*

Dear reader,

At this XXXIX TECMUN, I say goodbye to a very important part of my life. This model has seen me grow; I was a delegate and a minister, President in IPCC and ICC, and now I have become Under-Secretary for the General Assembly. Over the past five years, TECMUN has been an inherent part of me, a journey that culminates in these three days. And I can assure you, it is one of the most enriching and transformative experiences for anyone who dares to live it. Here, you will make friends, colleagues, perhaps even enemies, and if you look closely, you will meet people you can call family.

TECMUN was my safe place, the reason why the energy and passion I had for swimming could be redirected into another field. I will always be grateful to Zu for showing me the beauty of this model. But above all, to the people who were always there, who taught me that this is more than just a simulation; it is challenges, laughter, and memories (which I wish could last forever). From my first committee until today, alongside my family and friends, I met incredible people who continue to have a meaningful impact on my life. Even if we do not see each other often in every case, I consider them more than friends.

Finally, all I have left is to ask you to always be genuine. Fight for what you believe is right, be that “crazy” person with bold ideas, live and enjoy every second of your life; because for people like us, there is still hope. Love without asking for love in return, laugh without thinking about your sorrows, and never—never—follow the crowd just to fit in. Keep encouraging yourself to speak your mind; listen, evaluate, and reflect on every piece of information you hear before sharing your perspective. Never lose your light, treasure your experiences, and do not fall into the nostalgia of memories, which, although beautiful in their own way, may prevent you from loving the present.

Enjoy this model.

Andrea Abigail Salazar López
Subsecretary for the General Assembly for the
XXXIX TECMUN

*“We do not fight for glory or honors, we fight for ideas that we consider fair”
-Fidel Castro*

We live in a world where it is increasingly difficult to find justice and where divisions seem to grow day by day. However, throughout all my time in TECMUN I have learned something fundamental: it is always worth fighting for what matters to us. Raising your voice is not just an act of bravery, it is a responsibility. When something doesn't seem right to us, staying silent should never be an option. History has shown us that the most important changes begin with people who dare to question, make people uncomfortable, and act. And today, more than ever, that responsibility falls on us.

You should feel deeply proud of yourselves and everything you have achieved to be here. Participating in a Model United Nations is not just anything; It requires preparation, discipline, and the courage to confront different ideas. There are few who decide to get involved in the discussion of global problems, and even fewer who do so with the passion and commitment that you represent. Never forget that the true revolution is in young people: in their ability to think differently, to challenge what is established and to build new solutions for a world that urgently needs it. You are not only participants, you are the change, and from this moment you are winners.

As a former delegate I have only one piece of advice for you: never give up and never doubt yourself. Trust your voice, even when it trembles; trust your ideas, even when they are different; and trust in your ability to make a real impact, even when it seems small. Always maintain that curiosity that distinguishes you, that desire to learn, question and transform your environment. But, above all, enjoy every moment of this experience, because these days will not only be a memory, but the beginning of everything you are capable of achieving.

Maria Fernanda Dominguez Heredia
President of the World Health Organization for the
XXXIII TECMUN Jr.

Background

The United Nations agency in charge of connecting nations, partners and people to promote health, keep the world safe and serve the vulnerable is the World Health Organization (WHO) that was founded in 1948. To improve national health systems and coordinate the global response to health threats, WHO operates from its headquarters in Geneva, Switzerland, through 194 Member States, six regional offices, 150 country offices, and additional offices worldwide. WHO's work remains rooted in the basic principles of the right to health and well-being for all people, as outlined in their 1948 Constitution. In recent years, WHO has undertaken a significant institutional transformation, strengthening its global leadership and operational capacity to respond more effectively to the evolving challenges of international public health, now guiding its work under the Fourteenth General Programme of Work.

Faculties

Leading global effort to expand universal health coverage so everyone, everywhere can attain the highest level of health; the World Health Organization is enabled to:

- Declare international public health emergencies and activate mandatory response protocols, including risk levels, global alerts, and required actions for Member States;
- Coordinate international medical operations, including field hospitals, emergency personnel, and rapid-response teams in affected areas;
- Control the allocation and redistribution of critical medical resources, such as vaccines, treatments, equipment, and emergency funding;

- Issue binding public health directives, including quarantine measures, border health controls, surveillance systems, and movement restrictions;
- Authorize emergency medical research and fast-track approvals for treatments, data sharing, and scientific cooperation;
- Administer and mobilize international emergency funding, establishing financial assistance mechanisms to support national and regional response efforts.

Topic A

Confronting the maternal and neonatal mortality emergency in Sub-Saharan Africa, driven by fragile healthcare systems, limited medical infrastructure, and deep social and economic inequalities

Introduction

Sub-Saharan Africa is predominantly a warm region characterized by tropical and subtropical climates, and it faces one of the most severe maternal and neonatal health crises in the world. Every year, hundreds of thousands of women and newborns die from complications related to pregnancy and childbirth, many of which are entirely preventable with timely and adequate medical care. Hemorrhage, infections, *preeclampsia*¹, birth complications, and premature delivery remain among the leading causes of losses. However, across much of the region, health systems struggle with chronic shortages of doctors, nurses, and midwives, poorly equipped hospitals, and long distances between communities and healthcare facilities. These medical challenges are further intensified by poverty, gender inequality, low levels of education, weak transportation systems, climate crisis and social barriers that frequently prevent women from seeking early medical care; turning maternal and neonatal mortality into a profound public health and development crisis.

According to the World Health Organization, in 2023, approximately 260,000 women died during or after pregnancy or labor. An estimated 92% of these deaths occurred in low and middle income countries, and nearly 70% were concentrated in Sub-Saharan Africa. Alarmingly, about 80% of these deaths are considered preventable or treatable through basic medical care and timely intervention. Women in low-income areas such as the Federal Republic of Nigeria, Federal Democratic Republic of Ethiopia, Republic of Kenya, the Democratic Republic of the Congo and Republic of Chad are among the least likely to receive adequate medical attention. Within the region, stark disparities also exist between rural and urban communities. Rural areas often suffer from limited access to healthcare

¹**Preeclampsia:** is persistent high blood pressure that develops during pregnancy or the postpartum period and is often associated with high levels of protein in the urine or the new development of decreased blood platelets, trouble with the kidneys or liver, fluid in the lungs, or signs of brain trouble such as seizures and/or visual disturbances. (Preeclampsia Foundation, 2023)

services, lower infrastructure development, and greater dependence on agriculture, while urban centers benefit from higher population density, stronger infrastructure, and broader access to medical services; reinforcing harmful social determinants of health, including income, education, race, and ethnicity, placing certain populations at significantly greater risk.

Beyond the immediate loss of life, high maternal and neonatal mortality produces severe social and economic consequences. Families are pushed deeper into poverty, children face higher risks of malnutrition and poor development, and entire communities experience long-term setbacks in education, productivity, and social stability, reinforcing cycles of inequality and hindering sustainable development. This crisis is unfolding within a region experiencing unprecedented population growth. Following the report of the BBC News, Sub-Saharan Africa is projected to double its population by 2050 to approximately 2.5 billion people, meaning that nearly one quarter of the world's population could reside on the continent within the next three decades. With more than 70% of its population under the age of 30 and fertility rates far above the global average, the demographic future of the world is increasingly centered in this region. As emphasized by the United Nations, Africa will play a central role in shaping the size and distribution of the global population in the coming decades, making maternal and neonatal survival not only a humanitarian priority but a strategic global imperative with profound political, economic, and social implications.

Fragile health systems and critical shortages in medical infrastructure and skilled health professionals

Sub-Saharan Africa is undergoing a rapid *epidemiological transition*² driven by population growth, urbanization, and increased life expectancy, which is placing unprecedented pressure

² **Epidemiological Transition:** The general shift from acute infectious and deficiency diseases characteristic of underdevelopment to chronic noncommunicable diseases characteristic of modernization and advanced levels of development. (M.H, Wahdan, 1996)

on already fragile health systems. According to the demographic projections reported in The Lancet Global Health, the number of adults over 60 years old in the region is expected to rise from 46 million in 2015 to 157 million by 2050, dramatically increasing the demand for long-term and specialized healthcare services. At the same time, the burden of non-communicable diseases and age-related conditions such as *osteoporosis*³ and fragility fractures are rising, often remaining undiagnosed until serious complications occur. Health facilities across the region lack adequate diagnostic tools, essential medicines, orthopedic services, and multidisciplinary care teams, while shortages of trained healthcare professionals severely limit the system's capacity to respond to this growing and complex disease burden.

These structural weaknesses are further intensified by high Human Immunodeficiency Virus (HIV) prevalence, chronic undernutrition, socioeconomic inequality, and limited investment in medical training and infrastructure. Although relatively low-cost treatments exist to prevent conditions such as fragility fractures, they remain largely inaccessible due to insufficient regulation, weak supply chains, and the absence of such medicines from essential drug lists in many countries. In contrast to high-income countries, most rural nations such as, Federal Republic of Somalia, Republic of South Sudan, Republic of Chad, the Central African Republic, Republic of Liberia, Republic of Sierra Leone, and the Republic of Angola, lack the healthcare infrastructure and social support systems required for long-term care; forcing families and communities to absorb the medical, economic, and social costs of illness. This combination of demographic pressure, inadequate infrastructure, and severe shortages of skilled health professionals exposes the vulnerability of health systems across the region and directly contributes to preventable maternal and neonatal deaths.

Socioeconomic inequalities and barriers to maternal care

³ **Osteoporosis:** A medical condition in which the bones become brittle and fragile from loss of tissue, typically as a result of hormonal changes, or deficiency of calcium or vitamin D. (Oxford Languages, n.d)

Women don't die just for medical reasons, but because they live in conditions that prevent them from accessing care. Socioeconomic inequalities represent one of the most powerful obstacles to maternal health care in Sub-Saharan Africa. According to a large systematic review of 160 studies across the region guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist and by systematic research in PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Scopus databases, women's access to obstetric care is shaped by a complex interaction of poverty, low education, geographic isolation, and social norms. The review identifies four major dimensions of, access availability, affordability, acceptability, and geographic accessibility; all of which are strongly influenced by socioeconomic status. On the demand side, limited household income, lack of transportation, indirect costs of care, low levels of education, and women's low decision-making power frequently prevent timely use of maternal health services. Poorer women, especially those living in rural areas, face the highest risk of being unable to reach or afford health facilities, even in countries where maternal services are officially free, due to transport costs and opportunity costs such as loss of income or household labor.

Beyond financial constraints, deep-rooted social and structural barriers, ranging from fragile health systems and geographic isolation to educational gaps, cultural practices, and external pressures such as conflict and climate-related crises, further intensify inequality. Harmful gender norms and entrenched gender inequalities often prevent women's and girls' rights from being properly prioritized, including their right to safe, high-quality, and affordable sexual and reproductive health services. In many communities, women require permission from male relatives to seek medical care, face stigma related to pregnancy and childbirth, or avoid facilities due to fear of mistreatment and discrimination. These challenges are compounded by external factors that contribute to the fragility and instability of health

systems, such as climate-related disasters, armed conflict, displacement, and humanitarian crises; which disrupt service delivery and disproportionately affect vulnerable populations.

Together, these forces create persistent gaps in maternal survival, reinforcing cycles of poverty, exclusion, and poor health outcomes across generations. According to recent global health data, Women in sub-Saharan Africa are about 120 times more likely to die from pregnancy related causes than women in high-income countries, and maternal mortality in rural areas is 2–3 times higher than in urban zones due to limited access to facilities. The region also faces a critical health workforce gap, with 2.3 health workers per 1,000 people, compared to over 24 per 1,000 in Europe, while in several countries less than 60% of births are attended by skilled personnel. These disparities lock families into intergenerational poverty and vulnerability.

Impact on Women, Newborns, and Community Development

The consequences stem from maternal and infant mortality risks that respond beyond individual health issues and have a key impact on community development and prolonged economic stability. According to the World Health Organization, an estimated 260,000 women died from pregnancy related causes in 2023, and global analyses indicate that over 79% of neonatal deaths occur in Sub-Saharan Africa and South Asia, demonstrating the deeply unequal burden of maternal and newborn mortality worldwide. These demises occur every minute; reduce women's involvement in schooling and employment, disturb family stability, and increase the strain on already struggling households. It harmfully damages education derived from deceased mothers who cannot educate their children, and the absence of maternal systems of health affects the attendance and the outcome of young girls, creating cycles of poverty and low education.

Neonatal fatalities cause these problems even more acute giving rise to long-term demographic and developmental constraints, such as a more critical dependency to ratios and a lower development of human capital. Maternal mortality is a manifestation of the gender inequality barriers. Communities that are mainly from the Federal Republic of Nigeria, Republic of Chad, and the Republic of South Sudan are affected from ongoing maternal and neonatal fatalities often find themselves bound to cycles of poverty, as the loss of caregivers and income providers hampers economic productivity and social community. These effects demand more pressure on already vulnerable healthcare and social support systems, obstructing progress towards globally set development goals, “including the Sustainable Development Goals” and pointing out the necessity for collaborative, evidence-based policy actions at national, regional, and international levels. This crisis directly undermines the achievement of the Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality), making maternal and neonatal survival a central pillar of sustainable development worldwide.

Further more structural and socio-economic, geographic disparities intensify maternal and infant mortality in Sub-Saharan Africa. As the medical support is being unavailable or there is low funding for these communities between rural and urban sectors, where populations recurrently face long distances counting with deficient transport networks, with limited availability of emergency obstetric care. The rural health establishments regularly are decadent of the medical equipment or reliable electricity, and life-saving supplies, minimizing their capability to answer efficiently to pregnancy and birth-related complications. These geographic complications lead to delays in seeking, reaching, and receiving appropriate care, commonly referred to as the “*three delays*”,⁴ which significantly increases the risk of maternal and neonatal mortality.

⁴ **Three delays:** identifies three critical stages where delays can become fatal: (1) Delay in deciding to seek care, (2) Delay in reaching an appropriate health facility, and (3) Delay in receiving adequate care once at the facility, all contributing to preventable pregnancy-related deaths. (Maternity worldwide, n.d)

In addition to this phenomenon, the public management challenges and limited data systems continue to challenge efficient policy formulations and implementations. This also affects the factor of the accurate collection of maternal and neonatal health data limiting the capability of the governments talking about the identification of high-risks maternal population and the assignment of resources efficiently. Inconsistent policy enforcement, insufficient medical inventory and the dependence on external funding support constrain a long-term durability of maternal and neonatal health programs. Without the enforcement of the investment strategies the initiatives to reduce the mortality rates remain in a notorious vulnerability.

The role of governments, World Health Organization, and international cooperation

The World Health Organization (WHO) which looks forward to the promotion of health and supply of the vulnerable ones, has developed actions in order to manage the current affair. In 2024, WHO started implementing actions, by collaborating with ministers of health to invest in medical facilities and healthcare and improving the conditions of mothers and neonates. Additionally, WHO has implemented a campaign in 2025 with the name “*Healthy Beginnings, Hopeful Futures*” which appeals to governments and communities to develop strategies to avoid the risk of mortality of birth mothers and neonates by prioritizing the health and well being of the victims. WHO is also aiding countries across Sub-Saharan Africa, particularly in the Federal Republic of Ethiopia, Republic of Ghana, Republic of Malawi, Federal Republic of Nigeria, United Republic of Tanzania, Republic of the Niger, Republic of Uganda and the Republic of Mali. These countries are being supported by elaborating efficient health plans. Mainly focusing on prioritizing a better access to skilled health infrastructure and workforce.

Sub-Saharan Africa governments had also executed actions in the past decades and current years to combat this problem, such as implementing the Emergency Obstetric and

Newborn Care (EmONC), a life-saving medical service for emergency interventions in countries, mainly the United Republic of Tanzania. According to Africa Centres for Disease Control and Prevention in a report from February 2025, it is the only country in the region who has successfully decreased the high-rates of maternal mortality by 80% in a seven-year interval. International cooperation has been involved too, the application of the Evidence for Action (E4A) was funded by the UK Department for International Development, a programme that provides survival in six countries from Sub-Saharan Africa, focused on saving maternal and newborn lives in the Federal Democratic Republic of Ethiopia, Republic of Ghana, Republic of Malawi, Federal Republic of Nigeria, Republic of Sierra Leone and the United Republic of Tanzania. The World Health Organization is also collaborating with both governments and international partners to secure the lives of women and newborns.

Global and regional implications of maternal and neonatal mortality.

Maternal and neonatal mortality represent one of the most critical global health and development challenges of the 21st century. These indicators are central to Sustainable Development Goal 3, which seeks to ensure healthy lives and promote well-being for all. Yet preventable maternal and newborn deaths persist at alarming levels, exposing profound inequalities in access to quality healthcare. In 2023, the global maternal mortality ratio remained starkly unequal: while countries such as Australia and New Zealand recorded approximately 3 maternal deaths per 100,000 live births, Sub-Saharan Africa reached an estimated 454 deaths per 100,000, accounting for nearly 70% of all maternal deaths worldwide. These disparities reflect not only weaknesses in health systems, but also deeper structural issues including poverty, political instability, armed conflict, and limited access to education and essential services.

Beyond health, the consequences of maternal and neonatal mortality extend into economic stability, social cohesion, and long-term development. In Sub-Saharan Africa

alone, preventable maternal and child deaths are associated with the loss of nearly 630 million years of healthy life annually, translating into an estimated economic loss exceeding \$2.4 trillion. At the household level, the death of a mother or newborn often triggers cycles of poverty, forcing families into financial insecurity, reducing children's educational opportunities, and increasing vulnerability to exploitation and malnutrition. According to the Lancet Commission on Investing in Health in 2024, further shows that every dollar invested in maternal and child health yields between \$7 and \$20 in economic returns, underscoring that maternal survival is not only a moral imperative but also a strategic investment in global prosperity.

Adolescent sexual and reproductive health has an important impact in maternal and neonatal mortality and mental health, which remain critically under-addressed in many regions of Sub-Saharan Africa. According to experts of the BMJ Global Health Journal, the adolescent fertility rate has fallen from 126 per 1000 live births during 2000–2005 to 103 during 2015–2020, while *child marriage*⁵ is also declining. Contraceptive prevalence among single women 15–24 years has risen from 23% in 1996–2000 to 33% in 2011–2015. These pressures contribute to widespread maternal depression, psychological trauma, and long-term emotional distress, which directly affect both maternal well-being and child development. Gender inequalities further intensify these risks: young women and girls in the region are disproportionately exposed to early pregnancy, Human Immunodeficiency Virus (HIV) transmission, and restricted autonomy over reproductive choices, deepening cycles of vulnerability that extend across generations.

Given the scale of this crisis, maternal and neonatal mortality demands coordinated global and regional action. Organizations such as the World Health Organization, United Nations Children's Fund, United Nations Population Fund, and the World Bank play a central

⁵ **Child marriage:** defined as a marriage or a union before the age of 18 years. (BMJ Global Health, 2020)

role in financing health systems, strengthening medical workforces, expanding reproductive health services, and supporting national strategies for maternal and child survival. However, progress remains uneven, particularly in fragile and conflict-affected settings such as rural Ethiopia or the Democratic Republic of the Congo. Without sustained international cooperation and targeted investment, maternal and neonatal mortality will continue to undermine social stability, economic development, and global health security.

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Topic B

Responding to the health consequences of environmental disasters, resource scarcity, and climate-driven displacement with emphasis on the Pacific Ring of Fire

The growing climate and disaster health crisis

This public health crisis caused by global warming has been worsening in recent years. Since the 19th century, human activities have been the primary driver of climate change, mainly due to the burning of fossil fuels such as coal, oil, and gas. According to the Intergovernmental Panel on Climate Change (IPCC) most recent report on climate adaptation, disasters stemming from climate change are already worse than scientists originally predicted. And now, scientists have presented evidence that further warming is locked in. This means that the risk of disasters will increase, even if the world succeeds in limiting the greenhouse gas emissions⁶ that drives the changing climate. Floods, wildfires, hurricanes, and tornadoes are just some of the natural hazards that perpetuate the threat to the world and public health.

The impacts of natural disasters are not evenly distributed, as Indigenous peoples, African American communities, and low-income communities experience greater vulnerability and harm. Phenomena such as wildfires exacerbate existing structural disparities; like poor air quality, exposure to chemicals, heat-related illnesses, and unsafe working conditions. Similarly, floods tend to affect African American communities more frequently and severely, as well as other vulnerable populations living in high-risk urban areas. In countries along the Pacific Ring of Fire, including Indonesia, Japan, the Philippines, Chile, Peru, and Mexico, major cities such as Manila, Mexico City, Lima, and Tokyo face a high risk of flooding and climate-driven displacement. A Columbia University study in 2006 showed that African American communities have been particularly hard hit, as seen after Hurricane Katrina, where the most severe damage was concentrated in those neighborhoods. Furthermore, people with lower incomes often live in homes that are less resistant to

⁶ **Green gas emissions:** the release of heat-trapping gases. Primarily carbon dioxide (CO₂), methane (CH₄), and nitrous oxide (N₂O) into the atmosphere, mainly from burning fossil fuels, deforestation, and agriculture. (Overview Of Greenhouse Gases | US EPA, 2025)

tornadoes, because they lack the transport and communication infrastructure to facilitate an adequate response to disasters, which increases damage and hinders recovery.

Human health and the climate of the planet are deeply interconnected. Humans cannot escape the consequences of climate change disasters. Communities less equipped to handle such emergencies often bear the brunt of these impacts, which can perpetuate particularly social and health inequality in many countries. The most specific and common ways in which climate change affect health include mental health issues, infectious diseases, air pollution, malnutrition, extreme heat, and *severe weather*⁷. As the world grapples with rising temperatures and unpredictable weather, integrating health into climate policy is essential. By applying the principles of sustainability, equity, and precaution, vulnerable populations are better protected, and resilience for the future is strengthened.

A high-risk region for health emergencies

The Pacific Ring of Fire, a region of high volcanic and seismic activity encircling the Pacific Ocean, is home to millions of people whose health and well-being are increasingly threatened by environmental disasters. Earthquakes, tsunamis, volcanic eruptions, and climate-related extreme weather events like tropical cyclones regularly disrupt infrastructure, displace communities, and undermine basic services. These events weaken food and water security, exacerbate infectious disease transmission, and damage healthcare facilities, leaving populations vulnerable to physical injuries and long-term health consequences. The combined burden of communicable and non-communicable diseases in the region is further worsened by these hazards, driving a complex public health emergency that demands coordinated global response and resilience building.

According to the Mexican government, this region is home to 90% of the world's earthquakes and 75% of its most active volcanoes. The countries most affected by the Pacific

⁷ **Severe Weather:** Extreme weather events such as storms, floods, and landslides. (UNDP, 2022)

Ring of Fire include Japan, the Republic of Indonesia, the Republic of the Philippines, the Independent State of Papua New Guinea, the Republic of Chile, Republic of Peru, Republic of Ecuador, Republic of Colombia, United Mexican States, the west coast in the United States of America, and New Zealand, among others in the Americas, Asia, and Oceania. This is due to the high concentration of seismic and volcanic activity caused by the subduction of tectonic plates, which generates earthquakes, tsunamis, and eruptions. In addition to the recurrence of geological disasters, the high population density in many of these areas increases the human and health impact of each event. Disasters in the Ring of Fire not only cause immediate deaths but also forced displacement, prolonged disruptions to medical care, and structural damage to hospitals and water and sanitation systems. This combination makes the region a recurring hotspot for public health emergencies, where states face significant challenges in responding without external support.

Health impacts of environmental disasters and resource scarcity

Environmental disasters such as earthquakes, floods, volcanic eruptions, and extreme storms have immediate and severe impacts on physical health, particularly in disaster-prone regions. These events frequently cause injuries, trauma, and loss of life due to collapsing infrastructure and unsafe living conditions. At the same time, damage to water and sanitation systems increases the spread of water-borne and food-borne diseases such as *cholera*⁸, diarrhea, and *typhoid fever*⁹. Health risks are especially acute for children, pregnant women, older adults, and people with disabilities. As disasters become more frequent and intense due to climate change, their cumulative health impacts continue to overwhelm vulnerable populations.

⁸ **Cholera:** an infectious and often fatal bacterial disease of the small intestine, typically contracted from infected water supplies and causing severe vomiting and diarrhea. (Oxford Languages, n.d)

⁹ **Typhoid fever:** a serious, life-threatening bacterial infection caused by *Salmonella Typhi*, spread through contaminated food or water from feces or urine of infected people, leading to high fever, headache, abdominal pain, fatigue, and sometimes a rash. (*Typhoid Fever - Symptoms & Causes - Mayo Clinic*, 2025)

Resource scarcity following environmental disasters significantly worsens disease transmission and nutritional outcomes. Floods, droughts, and soil degradation reduce agricultural productivity and contaminate food and water supplies, leading to food insecurity and malnutrition. Children in affected regions face higher rates of stunting, wasting, and weakened immune systems, increasing susceptibility to infectious diseases. In parallel, overcrowded shelters and displacement camps create ideal conditions for outbreaks of respiratory and vector-borne diseases. These combined pressures contribute to long-term public health challenges that extend well beyond the immediate disaster period.

Environmental disasters also place enormous strain on already fragile healthcare systems, often leading to partial or total service collapse. Damage to hospitals, power grids, and transportation networks disrupts emergency care, maternal services, and routine treatments. Shortages of clean water, electricity, medicines, and healthcare personnel further limit system capacity during crises. In addition to physical illness, affected populations experience high levels of psychological stress, anxiety, and trauma, with limited access to mental health services. Without adequate preparedness and resilience planning, health systems struggle to recover, increasing long-term morbidity and mortality.

Climate-Driven Displacement and Humanitarian Health Emergencies

Due to the geographic location of the Pacific Ring of Fire, a region characterized by frequent earthquakes, volcanic eruptions, and extreme weather events, the livelihoods of millions of people are increasingly threatened. Countries such as Japan, the Philippines, Indonesia, Chile, Mexico, Peru, and Papua New Guinea face high levels of exposure and vulnerability not only in economic and social terms, but also in public health. Recurrent environmental disasters disrupt health infrastructure, limit access to medical services, and force populations to migrate under emergency conditions. As a result, climate-driven displacement has become a persistent humanitarian challenge across the region. These dynamics place sustained pressure

on already fragile health systems. Consequently, displacement in the Ring of Fire is closely linked to recurring health emergencies.

The Pacific Island region is particularly affected by climate change and natural hazards, which intensify patterns of forced displacement. Increasingly severe storms, flooding, and volcanic activity destroy homes, crops, and arable land, disrupting access to food and clean water. These conditions heighten the risk of malnutrition, waterborne diseases, and other preventable health outcomes among displaced populations. Geographic factors such as geology, topography, and rainfall patterns further exacerbate vulnerability to disasters. As many Pacific Island countries are located within the Pacific Ring of Fire, exposure to repeated hazards is inherent. This repeated displacement transforms short-term emergencies into prolonged humanitarian health crises.

While Pacific Island governments have developed policies related to climate adaptation, disaster risk reduction, and sustainable development, displacement-related health considerations remain poorly integrated. In displacement settings, humanitarian health challenges frequently emerge due to weak coordination, limited governance capacity, and restricted access to essential goods and services. Although some policy frameworks recognize the rights of displaced populations, long-term mechanisms addressing mental health, chronic disease management, and human security are often insufficient. Health systems in host communities are frequently overwhelmed by sudden population influxes. These gaps are further intensified as climate-driven displacement becomes more frequent and prolonged. As a result, humanitarian health emergencies in the Pacific Ring of Fire increasingly require sustained international and regional responses rather than short-term interventions.

Mental health and long-term public health consequences.

Environmental disasters and climate-driven displacement in the Pacific Ring of Fire leave survivors with psychological trauma, depression and anxiety that often persist for years. A

short-term crisis refers to the immediate consequences, such as shock, temporary insomnia or stress, which fade once stability is restored. In contrast, long-term consequences including factors such as loss of property, social disruption and limited access to mental health aid, affect recovery, and continue even years after the event. Research made by Pacheco in 2024 shows that between 30% and 40% of direct disaster survivors develop symptoms of post-traumatic stress disorder (PTSD). For example, one year after the 2011 Great East Japan Earthquake and tsunami, surveys registered an increase in 30% of adults who experienced chronic insomnia (Itoh et. al, 2021, par. 2). These data show how trauma is not only a short-term crisis since psychological difficulties strains health systems and weakens communities.

The loss of residential infrastructure aggravates this psychological distress. Displacement following disasters and climate change in the Pacific Ring of Fire often forces families into temporary shelters, where conditions are unsanitary. These circumstances therefore transform immediate stress into lasting mental health problems. According to the International Organization for Migration (IOM) in the Republic of the Philippines around 200,000 people were displaced from their homes as a consequence of Typhoon Rai in 2021. The Office for the Coordination of Humanitarian Affairs (OCHA) described the impact of displacement during environmental disasters in many aspects of communities: education, where schools are disrupted or destroyed; overcrowding accelerates the spread of diseases and food distribution chains break down; furthermore, vulnerable groups face risks such as sexual exploitation. The destruction of land and culturally significant spaces also intensifies grief, as survivors not only lose material possessions, but also heritage and identity. For example, after the 2018 eruption of Mount Mayon in the Republic of the Philippines, families not only lost farmland that sustained their lives, but also sacred sites to local traditions. These

effects prolong trauma, anxiety and depression, extending mental health deterioration as a crisis beyond the disaster.

Communities experience collective trauma that reshape social dynamics. Evidence from earthquake-affected regions in the Republic of Türkiye indicates how repeated exposition to natural disasters intensifies psychiatric trauma among survivors and diminishes workforce capacity. Research followed 87 patients who had lived through the 2020 Aegean Sea earthquake, finding that nearly three quarters required mental health treatment after the 2023 Kahramanmaraş earthquakes, compared to less than half from the previous disaster. Moreover, studies have shown that emergency responders in disaster zones develop PTSD and other symptoms. Soquia in 2023 described that over half of participants in severely affected areas in the Syrian Arab Republic showed signs of depression and anxiety. Addressing this mental health crisis is essential for functional public health systems globally. Psychological trauma is rooted in the weakening of health systems, ensuring that environmental disasters and displacement leave enduring scars, transforming current emergencies into prolonged public health crises.

International Response and the Role of the World Health Organization

In the Pacific Ring of Fire, the World Health Organization (WHO) plays a crucial role in health emergency response at global, regional, and national levels. Through its Health Emergencies Programme, WHO coordinates emergency operations in disaster-prone countries such as Indonesia, Japan, Chile, and the Philippines. The organization works directly with ministries of health to support response efforts and avoid duplication among humanitarian actors. A key priority is the rehabilitation of essential health services during and after disasters. WHO also provides technical guidance to strengthen preparedness and response capacity in vulnerable regions. This coordination is vital in a region characterized by frequent earthquakes, volcanic eruptions, and tsunamis.

From the perspective of emergency funding, WHO manages dedicated financial mechanisms to support rapid health responses during crises. These funds are used to strengthen disease surveillance, case tracking, and the continuity of essential health services. WHO advocates for predictable and efficient financing to ensure timely support for health outcomes in disaster-prone regions such as the Pacific Ring of Fire. This is especially important for small island states with limited resources, including the Solomon Islands, the Mariana Islands, and Fiji. Through the Contingency Fund for Emergencies (CFE), WHO can distribute funds within 24–48 hours after a disaster. These resources prioritize life-saving interventions such as trauma care, maternal and child health services, and water and sanitation in displacement settings.

WHO also coordinates and deploys WHO-certified Emergency Medical Teams (EMTs) to disaster zones following earthquakes, eruptions, and tsunamis. These teams include trauma surgeons, infectious disease specialists, mental health professionals, and logisticians. EMTs support overwhelmed local health systems by operating mobile clinics and reaching hard-to-access areas. They help restore essential services such as emergency surgery, vaccination, maternal care, and psychosocial support. In addition, WHO oversees standardized disease surveillance under the International Health Regulations (IHR). This ensures early detection, reporting, and cross-border communication of potential disease outbreaks.

Beyond direct emergency response, WHO promotes regional collaboration among countries in Asia, the Americas, and Oceania connected by the Pacific Ring of Fire. The organization works with partners such as UNICEF on maternal and child health, UNHCR on displaced populations, and FAO on food and nutrition security. These partnerships enable cross-border data sharing, pooled emergency resources, and harmonized health standards. WHO also supports joint training exercises and the strategic distribution of medical

stockpiles. In parallel, countries such as New Zealand, Australia, and the United States have provided rapid humanitarian assistance to affected Pacific nations. This cooperation highlights that protecting public health in the Ring of Fire depends on sustained international collaboration rather than isolated national actions.

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XXXIX TECMUN
Glossary of Forbidden Words

Forbidden Words

Defined by the United Nations, are non diplomatic terms participants must avoid to mention during their speeches on the debate and in the writing of resolution projects

Forbidden Words	Permitted equivalents
First world countries	Developed countries
Third world countries	Developing countries
Gay ¹⁰	Member of the LGBTIQ+ community
War ¹¹	Armed conflict
Rape	Sexual abuse
Terrorist	Extremist
Kill or murder	Deprive someone of their life
Death	Casualties
Assassination	Homicide
Army	Military forces
Money	Economic resources
Poor	Lack of resources
Okay	Yes or agree
Black ¹²	Afrodescendant

¹⁰ The word *Gay* is replaced by a more inclusive term, recognizing that not all people within the LGBTIQ+ community identify in the same way.

¹¹ The word *War* can be used in order to refer to historical contexts, such as the Cold War, the First World War, etc. It can only be used in the Security Council to refer to armed conflicts.

¹² The word *Black*, in reference to ethnicity, is not prohibited but it is recommended to limit its use and refer to this sector as a dark-skinned person or afrodescendant as the case may be.

XXXIX TECMUN
Glossary for Resolution Projects

Preambulatory Phrases

Preambulatory Phrases are used at the beginning of every Resolution Paper in order to give context about the resolutions made for the topic. Preambulatory Phrases must be written in italics followed by a sentence that gives said context. For each Resolution Paper there must be five sentences beginning with a Preambulatory Phrase.

Affirming	Desiring	Noting with deep concern
Alarmed by	Emphasizing	Noting with satisfaction
Approving	Expecting	Noting further
Bearing in mind	Expressing its appreciation	Observing
Believing	Fulfilling	Reaffirming
Confident	Fully aware	Realizing
Contemplating	Further deploring	Recalling
Convinced	Further recalling	Recognizing
Declaring	Guided by	Referring
Deeply concerned	Having adopted	Seeking
Deeply conscious	Having considered	Taking into consideration
Deeply convinced	Having examined	Taking note
Deeply disturbed	Having received	Viewing with appreciation
Deeply regretting	Keeping in mind	Welcoming

XXXIX TECMUN
Glossary for Resolution Projects

Operative Clauses

Operative Clauses are used at the beginning of every resolution within the Resolution Paper on the debated topic. They must be written in italics and bold.

Accepts	Endorses	Notes
Affirms	Draws the attentions	Proclaims
Approves	Emphasizes	Reaffirms
Authorizes	Encourages	Recommends
Calls	Expresses its appreciation	Regrets
Calls upon	Expresses its hope	Reminds
Condemns	Further invites	Requests
Confirms	Further proclaims	Solemnly
Congratulates	Further reminds	Affirms
Considers	Further recommends	Strongly
Declares accordingly	Further requests	condemns
Deplores	Further resolves	Supports
Designates	Has resolved	Takes note of
		Transmits
		Trusts

