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Conference A

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Documentation of the Work of the
World Health Organization

World Health Organization

Committee Staff

Director	Molly M. Deacon
Chair/Rapporteur	Hannes F. Grosch

Agenda

- 1. Improving Access to Mental Health Resources in Industrializing Countries*
- 2. Improving Women's Health by Integrating Gender, Equity, and Human Rights*
- 3. Strengthening Partnerships, Research, and Response Preparedness to Combat Pandemic and Resistant Diseases*

Delegate Awards

- *Panama*

Resolutions adopted by the committee

Document Code	Topic
WHO/1/1	<i>Improving Access to Mental Health Resources in Industrializing Countries</i>
WHO/1/2	<i>Improving Access to Mental Health Resources in Industrializing Countries</i>
WHO/1/3	<i>Improving Access to Mental Health Resources in Industrializing Countries</i>
WHO/1/4	<i>Improving Access to Mental Health Resources in Industrializing Countries</i>
WHO/2/1	<i>Improving Women's Health by Integrating Gender, Equity, and Human Rights</i>
WHO/2/2	<i>Improving Women's Health by Integrating Gender, Equity, and Human Rights</i>
WHO/2/3	<i>Improving Women's Health by Integrating Gender, Equity, and Human Rights</i>

World Health Organization Summary Report

The World Health Organization (WHO) held its annual session to consider the following three agenda items: *I. Improving Access to Mental Health Resources in Industrializing Countries, II. Strengthening Partnerships, Research, and Response Preparedness to Combat Pandemic and Resistant Diseases* and *III. Improving Women's Health by Integrating Gender, Equity and Human Rights*.

WHO started with motions to set the agenda, but all failed due to lack of consensus within the committee. After a brief suspension of the meeting and some formal debate, the committee voted to set the agenda at 1-3-2, electing to address Access to Mental Health Resources first. In their formal speeches, delegates noted several different means of addressing the issue, from solutions such as community-based care and decentralization to methods intended to extend mental health care to isolated rural populations. Collaborative working groups were set up quickly, and each working group set out to address a distinct sub-issue.

After opening the second day of session with a few more formal speeches, delegates moved for a suspension of the meeting to continue efforts on their working papers. They once again divided into several working groups, but the groups coordinated their efforts, with some delegates facilitating communication between them. Formal speeches were then again used to present the various approaches to the body as a whole. While community-based reform continued to be a focus, funding was a major concern among developing Member States. In order to ensure resource efficiency during the implementation process of proposed ideas, many working groups gave special attention to the implementation of best practice mechanisms. By the end of the afternoon session, many working papers were finalized and submitted to the dais. The working papers mirrored the delegates' excellent knowledge of political, technical, and even medical aspects of the issues at hand.

On the third day, the working papers were available to the committee members, and some substantial disagreements arose between industrialized and industrializing Member States. Cultural sensitivity and high medical standards had to be reconciled through agreeable language, which was developed through extensive negotiations. Suspensions as well as formal speeches delivered by many delegations served this purpose well.

The first agenda item was tabled by a motion to adjourn debate after five working papers resulted in four draft resolutions. Thus, Tuesday's night session ended with formal speeches introducing the second agenda item.

Session seven opened the fourth day of deliberations in WHO. After six speeches, most delegates broke out into several working groups to prepare working papers on the next agenda item. By the beginning of the last session, three draft resolutions on Improving Women's Health were approved by the dais. These resolutions addressed sensitive questions such as contraception and abortion, as well as the complex relationship between women's reproductive health and closely-held religious beliefs. Although delegates faced time constraints, they once again managed to agree on common language on many of the sub-issues during the course of their negotiations.

Eventually, the highly-disciplined Member States present in WHO moved into voting procedure on each topic and passed all seven resolutions, most by vast majorities, leaving one hour before the adjournment of the session. This time was used by many delegations to deliver formal speeches on the third agenda item and to express their satisfaction with the work of the body.

Code: WHO/1/1

Committee: World Health Organization

Topic: Improving Access to Mental Health Resources in Industrializing Countries

1 *The World Health Organization,*

2
3 *Affirming* the resolution adopted by the Economic and Social Council's Commission on the Status of Women at the
4 Fifty-Sixth Session, which encourages the training of local women peer-coaches as mental health resources for the
5 community while utilizing available technology, such as online communication, as well as new mental health
6 reforms as alternative forms of therapy,

7
8 *Acknowledging* A/RES/65/95, which states that progress on global health relies on national policies and actions of
9 Member States, as well as, international cooperation and partnerships,

10
11 *Approving* of the World Health Assembly Resolution 55/2, which affirms the importance of an international
12 conference and brings together 700 public health specialists from 41 countries in order to achieve and implement
13 helpful tactics and sustain development within one country,

14
15 *Reaffirming* World Health Assembly Regional Committee Resolution 53/11, which emphasizes the importance of
16 the network between local agencies, private sectors, as well as community and civic organizations,

17
18 *Emphasizing* the Movement of the Global Health Summit, which brings together policymakers, professionals,
19 service providers, civil society organizations, as well as consumers that provide opportunities and share information
20 to foster new international collaborations,

21
22 *Recalling* the mhGAP Intervention Guide which supplies non-specialized mental health workers with guidelines for
23 the treatment of those with mental illnesses,

24
25 1. *Recommends* the implementation of Counseling Care Centers (CCC) based on existing rehabilitation centers
26 that would:

27
28 a. Help patients with mental illnesses, including, but not limited to:

- 29
30 i. Schizophrenia,
31 ii. Alzheimer's,
32 iii. Borderline Personality Disorder,
33 iv. Major Post-Traumatic Stress Disorder,

34
35 b. Promote the reintegration of patients into general society through skills education;

36
37 2. *Encourages* Member States to facilitate the fluid transaction of pharmaceuticals for mental health treatment;

38
39 3. *Calls upon* Member States to educate psychologists and therapists through diverse techniques by:

40
41 a. Utilizing the Movement of Global Mental Health Summit which would allow psychologists and
42 therapists to become certified in various therapeutic services through international agencies such
43 as:

- 44
45 i. Equine Assisted Psychotherapy and Equine Assisted Learning (EAGALA),
46 ii. International Society for Sandplay Therapy (ISST),

47
48 b. Exchanging mental health professionals between countries to enhance their knowledge in specific
49 types of mental health techniques based on models from organizations such as:

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51 i. Philan Therapy (PT), which is committed to connecting professional therapists with reputable
52 organizations and programs serving communities in need,

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- ii. Village Volunteers (VV), who work to support the impact on the health and welfare of the communities they serve;
 - 4. *Endorses* new means of access to mental health care for rural areas such as:
 - a. Multidisciplinary mobile clinics, supported by NGOs, such as Alabaster Mobile Clinics, or governments, consisting of psychologically and medically trained professionals that would:
 - i. Provide comprehensive mental health care services to communities on a frequent basis,
 - ii. Collect and upload data to the Global Mental Health Database,
 - iii. Refer those needing in-patient care to the proper facilities,
 - iv. Train locals caring for mentally ill patients,
 - b. The use of cellphones to connect patients with urban doctors;
 - 5. *Urges* Member States to establish the opportunity for new mental health services to allow member states the availability of specialized mental health services such as:
 - a. Group therapy,
 - b. Refugee therapy,
 - c. Religious therapy for cultures where religion plays a central role;
 - 6. *Authorizes* the World Health Organization to create a Global Mental Health Database that would:
 - a. Collate demographic data such as:
 - i. Age,
 - ii. Sex,
 - iii. Location, including:
 - 1. Birth location,
 - 2. Treatment location,
 - iv. Ethnicity,
 - v. Religion,
 - vi. Race,
 - vii. Occupation,
 - viii. Income,
 - ix. Education,
 - x. Family history of mental disorders,
 - xi. Diagnosis based on the International Statistical Classification of Diseases and Related Health Problems (ICD-10),
 - xii. Treatment,
 - b. With Member State approval, gather data from sources such as:
 - i. Mobile clinics and other services mentioned above,
 - ii. Non-Governmental Organizations (NGOs),
 - iii. Current Member State government surveys,
 - iv. Universities,
 - c. Use methods to collect data such as:
 - i. Having the above sources fill out forms with the requested information and then sending the forms to the nearest World Health Organization (WHO) office or affiliated partner, such as a collaborating center, where the information would then be uploaded to the database,
 - ii. Asking research assistants to find and upload previously collected data,

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- d. Hold Member States accountable for ensuring the proper conduct of researchers as they analyze trends to determine, for instance:
 - i. Where mental health care is most needed,
 - ii. Possible causes of mental illnesses,
 - iii. Problem areas and regions with high prevalence of mental illness,
 - iv. At-risk groups for any given Member State or region,
 - e. Protect and promote doctor-patient confidentiality through means such as:
 - i. Reminding patients that all information is voluntarily disclosed,
 - ii. Never recording or otherwise mentioning names of patients or any other persons mentioned, including the submitting doctor as to not violate professional secrecy,
 - iii. Preserving professional secrecy and protocol,
 - iv. Recording information only for patients,
 - v. Using 2048 bit RSA encryption for uploading and the database,
 - vi. Urging countries to pass patient-doctor confidentiality and medical ethics laws,
 - f. Restrict access of sensitive data to researchers at:
 - i. WHO collaborating centers,
 - ii. Publically-funded research hospitals,
 - iii. Government agencies dealing with health issues,
 - iv. NGOs approved by WHO for said research,
 - v. United Nations analysts;
7. *Recommends* that the WHO write a report to the General Assembly to establish mental health care as a primary development goal, which would allow for more funding for these sorts of projects from Organization for Economic Co-operation and Development and other developed countries.

Code: WHO/1/2

Committee: World Health Organization

Topic: Improving Access to Mental Health Resources in Industrializing Countries

1 *The World Health Organization,*

2
3 *Guided by* the WHO Constitution and Article 25 of the United Nations Universal Declaration of Human Rights
4 which emphasize the right to adequate and equitable health care resources for all person including marginalized
5 persons,

6
7 *Recognizing* the importance of resolution A/RES/61/106 titled the Convention on the Rights of Persons with
8 Disabilities for persons with mental health disorders,

9
10 *Supporting* resolution A/HRC/RES/15/22 by the Human Rights Council on The Right of Everyone to the Enjoyment
11 of Highest Attainable Standard of Physical and Mental Health,

12
13 *Recalling* Resolutions WHA55.10 on Mental Health: responding to the call for action, WHA39.25 on Prevention of
14 mental, neurological and psychosocial disorders, EB109.R8 on Strengthening mental health, and EB61.R28 on
15 Review of the medium-term programme for mental health,

16
17 *Emphasizing* implementation of resolutions WHA66.8 on Comprehensive mental health action plan 2013-2020 and
18 WHA65.4 on the global burden of mental disorders and the need for a comprehensive, coordinated response from
19 health and social sectors at the country level,

20
21 *Guided by* the Principles for the Protection of Persons with Mental Illness proposed in resolution A/RES/46/119,

22
23 *Fully alarmed* that mental health issues have been absent from the Millennium Development Goals (MDGs),

24
25 *Further recognizing* the need to maintain collaboration on mental health to increase public awareness and education
26 on early prevention and treatment through implementation of policies and best practice guidelines mention in the
27 WHO mental health action plan 2013-2020 and the WHO's Mental Health Gap Action Programme (mhGAP),

28
29 *Noting* with satisfaction WHO's mhGAP focus on low and middle-income countries to fight and prevent mental
30 health disorders such as suicide, depression, and schizophrenia,

31
32 *Deeply concerned* that only 36% of persons in industrializing countries have access to mental health care resources,

33
34 *Noting* that member states have in the past collaborated multilaterally and triangularly between global, national and
35 non-for-profit stake holders to develop national strategies on addressing mental health issues,

36
37 1. *Encourages* Member States to update the 2011 Mental Health Atlas study to:

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39 a. Conduct a needs assessment on the mental health status of industrializing countries through:

- 40
41 i. Proposing measurement goals and targets similar to MDGs, that member states can use as a
42 guideline in measuring the incidences and gaps associated with mental health disorders;
43 ii. Proposing a focused section for mental health disorders in the post 2015 agenda;

44
45 b. Assign the responsibility of regularly updating the Atlas to the WHO regional offices by
46 promoting collaboration between various regional multipliers and stakeholders;

47
48 2. *Urges* Member States to focus on enhancing the Health Evidence Network in incorporating initiatives for
49 Mental Health policies that encourage community-based approaches through:

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51 a. Recommending Member States to encourage NGOs with health and humanitarian initiatives to
52 address social stigma in mental health programs through:

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54 i. Community discussion groups that target women, working youth and other marginalized
55 persons,

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- ii. Raising awareness on prevalence of mental health disorders by posters with visual aids to accurately address and effectively combat social stigma;
 - b. Inviting available NGOs to work alongside regional offices in order to efficiently implement compatible educational programs that emphasize the importance of increased access to mental health resources in industrializing countries by promoting locally based programs;
 - 3. *Requests* that the Director-General organize regional conferences allowing industrializing countries to:
 - a. Exchange experiences on how to successfully gain political support from national stakeholders and monetary donations from international entities for mental health system reforms,
 - b. Share and build ideas and experiences between industrializing countries,
 - c. Harmonize medical practices while respecting national sovereignty to ensure universal standardization of prescriptive and treatment procedures ;
 - 4. *Calls upon* Member States to use the Global Health Workforce Alliance (GHWA) as an advocacy initiative to promote:
 - a. Utilization of continuous-periodic training for existing human resources comprising of:
 - i. Specialized mental health professionals including but not limited to psychiatrists, clinical psychologists, medical therapists, and psychiatric nurses,
 - ii. General medical health care professionals including but not limited to general practitioners, nurses, social workers, and others;
 - b. Identification of both under-utilized and new human resources such as traditional community support workers including leaders of social, cultural and community groups ;
 - 5. *Recommends* implementation of a Mental Health Education System that focuses on identification of short- and long-term treatments through:
 - a. Education initiatives supported by both national governments and international stakeholders such as:
 - i. Government agencies that recognize regional differences,
 - ii. Local Non-Governmental Organizations (NGOs) that promote the need to prevent and combat mental health issues,
 - b. Public education supported by national governments in all levels of society such as:
 - i. Public media through marketing campaigns in all available mediums, along with the sponsorship of public and private individuals within the region,
 - ii. Public school education, starting at least with the secondary level of schooling, as a way to ensure all parts of a targeted region are properly educated,
 - iii. Adult education via seminars, existing business infrastructures, and various other alternative education opportunities,
 - c. Referencing the Gate Keeper System that relates back to the education measures proposed above, which provide communities with the ability to:
 - i. Identify signs of mental health issues in their friends, family, and peers,
 - ii. Locate health care resources such as facilities and mentors;

112 6. *Requests* Member States to direct their public monetary funds towards the implementation of the proposed
113 community based approach.

Code: WHO/1/3

Committee: World Health Organization

Topic: Improving Access to Mental Health Resources in Industrializing Countries

1 *The World Health Organization,*

2
3 *Affirming* WHO resolution WHA55/10, which urged Member States to increase investments into mental health care
4 as an integral component of the well-being of populations,

5
6 *Recalling* the United Nations General Assembly Resolution 65/95, which recognized that mental health problems
7 are of crucial importance to all societies,

8
9 *Alarmed* that suicide is among the top 20 leading global causes of death across all ages,

10
11 *Recognizing* that many individuals suffering from mental afflictions are unable to access mental health care,
12 especially in low- and middle-income countries,

13
14 *Bearing in mind* the alarming evidence that maternal depression in the prenatal and postnatal period is linked with
15 poorer brain development and that childhood maltreatment is associated with altered brain development during
16 adolescence,

17
18 *Deeply concerned* that individuals with mental disorders often experience social stigmatization and legal
19 discrimination,

20
21 *Taking into consideration* the work already carried out by WHO on mental health, particularly through its adoption
22 of the Mental Health Gap Action Program in 2002,

- 23
24 1. *Commends* the World Health Organization for its role in implementing mental health services worldwide as part
25 of primary care in synergy with specialized community-based service and de-institutionalized care, providing
26 equitable access to affordable, quality and comprehensive health services that integrate mental health into all
27 levels of the health-care system with a mandate conferred upon it by the General Assembly;
- 28
29 2. *Encourages* Member States to mitigate mental health stigmas by analyzing trends of social views on mental
30 disorders, conducting public awareness campaigns, utilizing the resources of individuals who have successfully
31 overcome mental disorders, and reforming national curriculums to include mental health;
- 32
33 3. *Supports* strengthening culturally-tailored and situation-sensitive policies of community-based work and
34 strategies in primary health care which addresses promotion of mental health, prevention of mental disorders,
35 and early detection, care, support, treatment and recovery of persons with mental disorders according to national
36 priority and needs of each country, as well as different needs of urban and rural settings by:
- 37
38 a. Urging Member States and international agencies to implement a top-down, bottom-up approach
39 to mental healthcare access and overcome the treatment gap between rural and urban regions
40 through community-based programs, multidisciplinary international mobile mental health units,
- 41
42 b. Requesting Member States to take cultural, racial, religious and socioeconomic differences into
43 account and fully respect individuals' needs while formulating and implementing national policies
44 and programs,
- 45
46 c. Encouraging Member States to employ and disseminate traditional care methods for those with
47 moderate and mild mental disorders,
- 48
49 d. Calling for countries to share in responsibility for refugees and displaced persons, and to establish
50 international cooperation so that citizens of overburdened states may seek assistance with
51 treatment from other countries;
- 52

- 53 4. *Recommends* that the following actions be undertaken:
54
55 a. Reaffirming the unachieved MDGs goals and targets that should be done by 2015,
56
57 b. Prioritizing and streamlining mental health care by Member States needs to be a fully inclusive
58 process,
59
60 c. Assisting to promote prevention of mental disorders by providing counseling in many places,
61
62 d. Encouraging Member States to educate about mental health and mental diseases, especially women in
63 rural areas by means of community-based program,
64
65 e. Allocating resources appropriately that are needed to implement the projects that relates to health and
66 development in this regard,
67
68 f. Decentralizing mental health care systems through programs such as mobile health clinics;
69
- 70 5. *Suggests* that due to the lack of physical and human capital available for mental health in developing nations,
71 the WHO take the following actions:
72
73 a. Assist Member States in establishing and funding training programs for mental health professionals,
74
75 b. Strengthen and facilitate partnerships between WHO, Member States, and regional non-governmental
76 organizations, including but not limited to religious organizations, to provide alternatives to rigorously-
77 trained professional caregivers,
78
79 c. Establish an international mental health professional exchange program that allows existing
80 professionals and medical students to train future caregivers in developing countries.



Code: WHO/1/4

Committee: The World Health Organization

Topic: Increasing Access to Mental Health Care in Industrializing Nations

1 *The World Health Organization,*

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3 *Expressing satisfaction* that the United Nations has made an effort to combat mental health by creating both the
4 Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychological Support in Emergency
5 Settings and that the WHO organized the Global Forum for Community Mental Health,

6

7 *Noting with regret* that mental health is not addressed by the Millennium Development Goals and therefore is an
8 under-addressed issue for persons with mental illnesses around the world,

9

10 *Recalling* the World Health Assembly Resolution 55.10 in its call for funding towards mental health and support for
11 increased awareness and promotion of mental health,

12

13 *Bearing in mind* WHO's document on Prevention and Promotion in Mental Health which discusses cost, research,
14 and evidence for effectiveness when promoting mental health, and the importance of lifelong learning on this
15 subject,

16

17 *Affirming* the WHO report The Prevention of Mental Disorders, which highlights the need for prevention to be a
18 multi-sectoral effort including community organizations, such as primary and secondary schools,

19

20 *Reaffirming* WHO's Regional Committee for Southeast Asia Resolution 66-R4 and the report by Secretariat of the
21 WHO on eHealth, stating the importance of improved national capacity on health intervention and technology, and
22 regional networking for evidence-based health policies,

23

24 *Taking into account* that in May 2012, the Sixty-Fifth World Health Assembly adopted Resolution WHA65.4 on the
25 global burden of mental disorders and the need for a comprehensive, coordinated response from health and social
26 sectors at the country level,

27

28 *Observing* the importance of traditional healers within various cultures worldwide and understanding that many
29 persons prefer to receive medical attention from aforementioned traditional healers than foreign doctors and medical
30 personnel as demonstrated through the ECOSOC 2009 Annual Ministerial Review Panel Discussion,

31

32 *Acknowledging* Article 19 of the Convention on the Rights of Persons with Disabilities entitled Living
33 Independently and Being Included in the Community, which states that parties to the Convention will "recognize the
34 equal rights of all persons with disabilities" and will fully integrate them into their communities,

35

36 *Defining* mental health as a state of well-being in which every individual realizes his or her own potential, and is
37 able to make a contribution to his or her community as stated by WHO,

38

39 *Recalling* World Health Assembly Resolution 58.3.22 in its efforts to combine organizations and international work
40 for training in health strategies and programs,

41

42 *Recognizing* that each sovereign state is best suited to address its own needs, where present, as stated by Article 2 of
43 the UN charter,

44

45 1. *Calls upon* all Member States to create a mental health plan including the subsequent clauses to address
46 these issues by April 21, 2017, to make mental health a priority, to ensure that their citizens with mental
47 health issues are receiving proper care, and to address the stigma of mental health within each state;

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49 2. *Recommends* that the WHO issues a report advocating the consideration of mental health topics when
50 forming national and international development goals;

51

52 3. *Stresses* the need to increase Official Development Assistance targeted for the purpose of building mental
53 health infrastructure on a domestic level, whose funding may be channeled through international

54 organizations such as the WHO, private actors/organizations, or multilateral state assistance, and whose use
55 will be at the discretion of the State with regards to accomplishing national health legislation;
56

57 4. *Encourages* all Member States to include in their primary and secondary education curriculum:
58

- 59 a. Proactive teaching of cognitive techniques to at-risk school children from the ages of seven to
60 fourteen to reduce symptoms, behavioral problems, and improve academic achievement,
61
- 62 b. Life skills education in schools to enhance self-sufficiency, prevent substance abuse, and
63 behavioral problems,
64
- 65 c. An escalating series of curriculum for elementary and secondary school students on the
66 importance of all-abled and all-gendered individuals to society in order to ingrain respect;
67

68 5. *Further recommends* psychological interventions within the primary and secondary schools, such as, but
69 not limited to, cognitive-behavioral therapy and family-based group intervention for children to prevent
70 development of anxiety disorders amongst those who are anxious but have no existing anxiety disorder;
71

72 6. *Suggests* that each Member State implement a plan to use telemedicine to increase the access to mental
73 health care to people living in rural areas so that:
74

- 75 a. Mental health professionals in developing nations will answer calls from citizens that do not have
76 physical access to a mental health professional and have need to speak with one for the purpose of
77 counseling,
78
- 79 b. Each individual government uses their own resources and discretion to offer incentives, such as
80 monetary rewards and/or tax exemptions, to mental health professionals within their state to
81 participate in the telemedicine program,
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- 83 c. Each Member State's government partners with an appropriate NGO, such as nGOMobile, to
84 ensure that all citizens living in rural areas do have access to cell phones so that they may partake
85 in the program to give all citizens access to a mental health professional,
86
- 87 d. Governments, in partnership with the mental health professionals that take part in this program,
88 use the information that they gather to compile statistics on regional mental health disorders in
89 order to properly disperse the correct mental health training and resources that are needed in the
90 region,
91
- 92 e. This research is shared among regions and nations in order to ensure that the best possible care is
93 used for all mental health patients worldwide,
94
- 95 f. Where resources are available, a community may dedicate space to providing information and
96 personnel resources in order to educate locals and provide first opinion diagnoses;
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98 7. *Urges* Member States to create a national program in keeping with WHO guidelines in order to educate and
99 train community members to become liaisons between medical specialists and the rest of the community as
100 well as to provide neighbor-to-neighbor care in order to decrease social stigma around mental health issues
101 and increase access to mental health care through:
102

- 103 a. Large NGOs that currently send medical professionals to developing nations, such as Doctors
104 Without Borders, International Medical Corps, and the Red Cross, to incorporate mental health
105 training into their already existing medical workshops that are offered to locals in individual
106 communities of developing nations that lack access to mental health care; these workshops train
107 members of the community to recognize mental health problems and to be prepared to react to
108 their fellow community members with mental illnesses,
109

- 110 b. Liaisons that will work as messengers between those affected with mental illness and mental
111 health specialists in order for the specialists to direct the community members about how to best
112 approach the mental health disability that is manifested in their community,
113
- 114 c. NGOs that train community members are also responsible for training traditional healers within
115 the communities that they visit to incorporate the latest innovations in medicine with their
116 traditional methods in order to increase the likelihood that the citizens will access the mental
117 health care available to them,
118
- 119 d. The work and research of aforementioned international medical professionals to develop data,
120 produce new scientific results, and establish a Best Practices Guideline per region in the mental
121 sector within their own state such as in the Malaysian Mental Health Gap Action Programme;
122
- 123 8. *Invites* developing Member States to aid with the reintegration of citizens who have been affected by
124 mental illnesses and are ready re-enter society as full, contributing members through the use of career
125 centers that will:
126
- 127 a. Aid members of the community who have been affected with mental illnesses to find careers
128 within the community that they are capable and comfortable working in,
129
- 130 b. Hold workshops in order to train those seeking help to ensure that they are qualified for careers
131 and will also aid them to create resumes, prepare for job interviews, and apply for careers for
132 which they are fully qualified;
133
- 134 9. *Establishes* the Redefining Mental Health summit every five years within each WHO Regional Office, to
135 be attended by mental health specialists appointed by each Member State respectively to discuss practical
136 and ethical strategies, international research, and programs in mental health with rotating themes regarding
137 trending mental health topics;
138
- 139 10. *Further establishes* that the aforementioned summit will be organized as follows:
140
- 141 a. The mandate of this summit will be to reform the negative connotation of mental health and illness
142 as being a disability and to build upon the existing WHO definition of mental health which
143 includes well-being and positive stress-related and coping behaviors;
144
- 145 b. The summit will include standing seminars on Post-Traumatic Stress Disorder (PTSD), which
146 seek to constantly update the definition of mental illness to include the diverse experiences with
147 PTSD and conflict related mental health disorders of all affected Member States,
148
- 149 c. The seminars within the summit will produce reports in the form of guidelines for states in order
150 to facilitate proper rehabilitation services with regards to mental health to address depression, the
151 need for reintegration of affected individuals into education and the work-force for the purpose of
152 improving the state of mental health across the globe,
153
- 154 d. The summit will also be live-streamed and available online for the purposes of maximizing
155 distribution, especially within community-based and rural mental health centers,
156
- 157 e. This summit should be imitated on a domestic level to be held in facilities provided by the state in
158 order to foster regional cooperation between urban and rural areas which will be funded in part by
159 the targeted Official Development Assistance and other relevant donors,
160
- 161 f. Outcome documents from the regional summits are to be addressed in the subsequent session of
162 the World Health Assembly, which will provide the agenda for the future summits held in order to
163 maintain a consistent mandate worldwide.

Code: WHO/2/1

Committee: World Health Organization

Topic: Improving Women's Health by Integrating Gender Equality and Human Rights

1 *The World Health Organization,*

2
3 *Guided by* the Convention on the Elimination of All Forms of Discrimination against Women, which provides a
4 basis for realizing equality between women and men through ensuring women's equal access to education, health,
5 and employment,

6
7 *Alarmed by* the fact that over 350,000 women that die annually from preventable complications related to pregnancy
8 and birth, as stated by the Global Strategy for Women and Children's Health,

9
10 *Bearing in mind* the varying cultural and social norms of all Members States and the importance of respecting these
11 norms while facilitating access to medical resources by all genders,

12
13 1. *Requests that* the Gender Women and Health Network (GWHN) expand its mandate to include a scholarship
14 program for women seeking education in the health sciences and technology fields; this scholarship fund will be
15 organized by:

16
17 a. Utilizing existing WHO funds that are allocated to the GWHN to provide incentives for women to
18 pursue careers in the medical field including, but not limited to, nurses, doctors, midwives,
19 researchers, and medical engineers,

20
21 b. Empowering the WHO Regional Offices (WRO) to award scholarships to the women in their
22 respective Member States who meet specified criteria, determined by the appropriate WRO, and
23 demonstrate financial need,

24
25 c. Providing a scholarship application form, through the appropriate WRO, by June 12, 2015, that
26 suits their respective education system and cultural customs and values,

27
28 d. Recipients of the scholarship will subsequently benefit from their inclusion in the GWHN by
29 being a part of a worldwide network of women in their field, which will:

30
31 i. Facilitate employment and networking opportunities between women and employers in
32 the medical field,

33
34 ii. Showcase the accomplishments of GWHN alumni on an annual online periodical that is
35 made available to employers and students worldwide;

36 2. *Proposes* education and improvement of literacy statistics in Member States, as identified by the Gender,
37 Women and Health Network focal points for gender inequality, through the implementation of the new Program
38 for Appropriating Knowledge and Health by suggesting community-based approaches such as campaigning,
39 promoting university research on women's rights, community events, and opening discussion panels on topics
40 of sexual health based on the model of the International Women's Health Coalition events within communities
41 in the effort to spread awareness against the infringement of women's rights and health;

42
43 3. *Calls upon* the WHO Secretariat to write a report on a global set of standards for midwives by January 23, 2016,
44 in order to ensure a safe and healthy delivery that takes into account both the physical and mental health of the
45 mother and baby throughout all stages of pregnancy and delivery;

46
47 4. *Encourages* Member States to invest in gender-specific medical facilities where resources are available for the
48 purposes of:

49
50 a. Addressing issues that specifically infringe on the health of women such as maternal health and
51 diseases that discriminately affect women and any other health issues that a woman may be
52 diagnosed with throughout her life,

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- b. Ensuring that comfortable and confidential services are provided to women suffering from the effects of sexual and/or domestic violence,
- c. Staffing gender-specific facilities with female medical professionals where cultural and religious norms dictate segregation,
- d. Providing services that can be customized to suit specific needs, interests, and cultural context.

Code: WHO/2/2

Committee: World Health Organization

Topic: Improving Women's Health by Integrating Gender Equity and Human Rights

1 *The World Health Organization,*

2
3 *Guided by Millennium Development Goal 5, Target 5.A., to reduce by three quarters, between 1990 and 2015, the*
4 *maternal mortality ratio and Target 5.B. to achieve, by 2015, universal access to reproductive health,*

5
6 *Recalling the success of UN Women, which promotes empowerment through education,*

7
8 *Noting with satisfaction the historic Beijing Platform for Action, which calls for a solution to the prevalence of*
9 *substandard health care available to women,*

10
11 *Recognizing that the rate of abortions increase when the procedure is outlawed,*

12
13 *Noting with regret that unequal power relationships between genders still remain to be eliminated, although*
14 *women's health has significantly improved,*

15
16 *Deeply concerned that 350,000 women die each year from pregnancy and child birth, mostly from preventable*
17 *causes,*

18
19 *Alarmed that 92.5 million girls and women in Africa are living with consequences from female genital mutilation*
20 *(FGM),*

21
22 *Observing that 50 million births take place without skilled birth attendants,*

23
24 *Endorses Resolution WHA 61.16 on FGM in recalling the World Health Organization's (WHO) Global Strategy to*
25 *Stop Healthcare Providers From Performing FGM,*

- 26
27 1. *Promotes* community-based programs on gender equity that focus on sexual and reproductive health
28 education for:
29
30 a. Communities, families, and couples during maternity,
31
32 b. Raising awareness on the health and well-being consequences of female genital mutilation;
33
34 2. *Recommends* that Member States extend WHO's Global School Health Initiative to promote early
35 education on preventing unintended pregnancies;
36
37 3. *Calls upon* Member States to use the Global Health Workforce Alliance (GHWA) advocacy initiative to
38 promote the use of traditional medical workers such as midwives in creating a healthier life for expecting
39 women;
40
41 4. *Urges* Member States to promote women's empowerment by encouraging women to undertake a
42 participatory role in decision-making by:
43
44 a. Giving them a platform to speak about women's health needs to policy makers and NGOs,
45
46 b. Providing leadership opportunities for women in local communities that address a wide range of
47 women's health issues;
48
49 5. *Endorses* an effort to reduce the rate of both excessive abortions and unintended pregnancies by:
50
51 a. Increasing contraceptive distribution and usage to protect against unintended pregnancies as well
as human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and

52 sexually transmitted diseases (STD) by appealing to the similar sentiment against abortions and
53 pregnancy outside of wedlock in traditional and religious social structures,
54

55 b. Increasing sexual education to promote the universal acceptance of contraceptives as a means of
56 preventing a far more physically detrimental abortion in ways such as:
57

- 58 i. Step-by-step curriculum which progresses from primary level to higher education for
59 children to adolescence,
- 60 ii. Universal guideline accessible to all nations willing to adopt, yet remaining as a suggestion
61 to respect each country's sovereignty,
- 62 iii. Incorporating education on STDs into general health curriculum at an age appropriate level
63 as decided by each country,
64

65 c. Noting the exclusions of incest, rape, and life-threatening health situations for the mother, verified
66 by at least two doctors with one being a gynecologist;
67

68 6. *Encourages* the opening of high quality, government-subsidized, women-only clinics in rural areas:
69

70 a. To encourage women to seek medical care by:
71

- 72 i. Preserving women's right to modesty and privacy,
- 73 ii. Providing a nearby and adequate place for care,
74

75 b. To increase the rate of women in conservative cultures participating in medically assisted births,
76 decreasing maternal mortality by:
77

- 78 i. Providing a sterile environment with clean basic instruments,
- 79 ii. Having highly trained midwives to attend the births,
- 80 iii. Caring for women in emergency obstetric situations,
- 81 iv. Providing basic medicine and other resources to prevent common causes of maternal mortality,
82

83 c. To ensure women have access to essential health services such as:
84

- 85 i. Screening for common illnesses, such as:
86 1. Breast cancer,
87 2. Female reproductive system cancers, especially cervical cancer,
88 3. Tuberculosis, which currently is not commonly screened for in women,
89 4. HIV/AIDS,
- 90 ii. Feminine hygiene products and care,
- 91 iii. General counseling for physical and mental issues,
92

93 d. To provide a safe place for women in situations such as:
94

- 95 i. Domestic abuse in all forms, including:
96 1. Physical abuse involving beating and other forms of physical abuse,
97 2. Emotional abuse, especially neglect,
- 98 ii. Motherhood difficulties such as:
99 1. Maternal death related to childbirth,
100 2. Pregnancy jeopardizing women's health due to their age,
101 3. Ectopic pregnancies and miscarriages,
- 102 iii. Mental health emergencies such as:
103 1. Extreme depression and suicidal intentions,
104 2. Psychotic troubles such as psychosis and schizophrenia,
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106 e. To aid in family planning and reducing abortion by:

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- i. Distributing contraceptives,
 - ii. Educating women on effective practices,
 - f. To encourage women's education and empowerment, allowing them to enter the medical field by preferentially hiring women as:
 - i. Primary care and specialist doctors,
 - ii. Midwives, obstetricians, and other reproductive health workers,
 - iii. Nurses, technicians and other medical support positions,
 - iv. Administrative assistants and other non-medical support roles within the clinic;
 - 7. *Urges* Member States to support the efforts of the WHO logistically and monetarily by:
 - a. Integrating the aforementioned ideas into existing framework,
 - b. Ensuring needed funds are obtained through:
 - i. Diverting existing funds promoting women's health to do work at the global level,
 - ii. Encouraging other groups to help fund the measures taken;
 - 8. *Encourages* active transportation of pharmaceuticals among Member States for the purpose of:
 - a. Improvement and maintenance of health through appropriate treatment for those who suffer from diseases such as HIV/AIDS,
 - b. Vaccination for potential viruses to which local women are exposed.

Code: WHO/2/3

Committee: World Health Organization

Topic: Improving Women's Health by Integrating Gender Equality and Human Rights

1 *The World Health Organization,*

2
3 *Recalling* the goals of the 1995 Beijing Declaration and Platform for Action, which emphasized the need to alleviate
4 poverty among women, to improve women's access to reproductive health services, to decrease HIV/AIDS infection
5 rates, and to secure women against domestic violence,

6
7 *Reaffirming* the importance of the 1979 Convention on the Elimination of All Forms of Discrimination against
8 Women in its aims to end discrimination and inequality between men and women,

9
10 *Guided by* the Millennium Development Goals, especially goals which aim to reduce the maternal mortality ratio
11 and to achieve universal access to reproductive health,

12
13 *Noting with alarm* that HIV/AIDS is the leading cause of death for women of reproductive age globally and a
14 pressing issue for all global citizens,

15
16 *Recognizing* that over 35% of women worldwide have experienced sexual violence in their lifetimes,

17
18 *Calling attention* to gender-based health and human rights disparities which are still evident worldwide, especially
19 in countries at war or recovering from conflict,

20
21 *Alarmed* that the world's women suffer from the use of rape and sexual assault as a weapon in armed conflict,

22
23 *Deeply conscious* that female genital mutilation, despite its severe risks and negative health impacts, is a widespread
24 practice that has still yet to be eradicated,

25
26 *Concerned* that 50,000 to 100,000 women worldwide are affected by obstetric fistula, a major cause of maternal
27 mortality,

28
29 *Viewing with appreciation* that there is no better investment in a nation's future than to empower its women by
30 assuring their full human rights, thereby lifting families out of poverty through providing accessible education,
31 appropriate health care, and family planning tools,

32
33 *Observing* that many developing Member States lack the infrastructure and resources to effectively provide
34 women's health resources,

35
36 1. *Encourages* Member States to improve their ability to enforce policies and distribute resources by
37 constructing women's health centers which are able to provide:

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39 a. Legal assistance to women in crisis,
40
41 b. Contraceptives and other health resources,
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43 c. Information regarding birth control, health practices, and legal rights,
44
45 d. Counseling to women who have experienced violence, especially in armed conflict;

46
47 2. *Recommends* that Member States conduct a Women's World Health Conference in 2015 in order to
48 ensure collaboration and secure each Member State the funding, supplies, and personnel necessary to
49 effectively enforce legal policies and distribute health resources;

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51 3. *Suggests* that in order to combat threats to women's health, Member States

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- a. Promote the role of local NGO's and other groups active in local communities in promoting obstetric fistula awareness,
 - b. Conduct public awareness campaigns on the topics of domestic violence, reproductive health, birth control, and other women's health issues,
 - c. Enact policies that result in the cessation of harmful practices such as Female Genital Mutilation;
4. *Appeals* to all Member States to provide access to humanitarian, educational, financial, and judicial assistance to women who have been sexually violated, tortured, or mutilated in armed conflict by:
- a. Enforcing equal protection under the law for both genders,
 - b. Adopting policies that stress the importance of ending impunity for sexual violence as an integral component in seeking sustained global peace and justice,
 - c. Prosecuting rape and other acts of sexual violence against women that are conducted in armed conflicts,
 - d. Providing psychological and physical aid to traumatized women and girls;
5. *Calls upon* all Member States to implement the Convention on Elimination of All Forms of Discrimination against Women, to fully implement the Universal Declaration of Human Rights, and to confirm that women's rights are indeed human rights;
6. *Urges* Member States to reform curricula in schools to include information regarding women's health and gender equality, as well as provide avenues for support of women in crisis;
7. *Appeals* to the General Assembly to foster, fund, and extend equal opportunity and credit for women's programs and healthcare as well as special programs for girls and women, paying particular attention to the physical wellbeing of women during pregnancy and motherhood in order to ensure safe and assisted birth and decrease maternal mortality rates.