

NMUN•NY 2016



27 – 31 MARCH 2016

Documentation of the Work of the World Health Organization (WHO)

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CONFERENCE B

# World Health Organization (WHO)

## Committee Staff

<b>Director</b>	Maya Kazamel
<b>Chair/ Rapporteur</b>	Menna Amer

## Agenda

- I. Ensuring Universal Health Coverage for All
- II. Combating Non-Communicable Diseases
- III. Improving Health Care Services for Ageing Populations

## Resolutions adopted by the Committee

Code	Topic	Vote
WHO/RES/1/1	Ensuring Universal Health Coverage for All	Adopted without a vote
WHO//RES/1/2	Ensuring Universal Health Coverage for All	Adopted without a vote
WHO//RES/1/3	Ensuring Universal Health Coverage for All	Adopted without a vote
WHO/RES/1/4	Ensuring Universal Health Coverage for All	20 votes in favor, 3 votes against, 1 abstention

## Summary Report

The World Health Organization held its annual session to consider the following agenda items:

- I. Ensuring Universal Health Coverage for All
- II. Combating Non-Communicable Diseases
- III. Improving Health Care Services for Ageing Populations

The session was attended by representatives of 28 Member States.

On Sunday, the committee adopted the agenda of I, II, III, beginning discussion on the topic of “Ensuring Universal Health Coverage for All.” By Tuesday, the Dais received a total of four proposals covering a wide range of sub-topics, including health financing, educational campaigns, the role of technology, and access to quality healthcare services for women, children, and other vulnerable groups. Delegates collaborated well with each other. Working papers each addressed a unique theme, aimed at improving the quality of healthcare globally, and ensuring continued progress towards achieving universal health coverage.

On Wednesday, four draft resolutions were approved by the Dais, two of which had amendments. The committee adopted four resolutions following voting procedure, three of which received unanimous support by the body. The resolutions represented a wide range of issues, including empowering community-based health workers, encouraging healthy lifestyles and utilizing the media to educate the public about non-communicable diseases. The Committee also proposed public-private partnerships to develop healthcare and water infrastructure, provide funding, and improve access to medication. Through excellent research, debate and compromise, delegates framed their proposals within the existing international context to produce realistic resolutions that thoroughly addressed the topic at hand. The spirit of collaboration was evident during voting procedure when most of the draft resolutions were adopted unanimously.



**Code:** WHO/RES/1/1

**Committee:** World Health Organization

**Topic:** Ensuring Universal Health Coverage for All

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1 *The World Health Organization,*

2  
3 *Guided by* Sustainable Development Goal (SDG) 9 and its focus for infrastructure and development,

4  
5 *Recognizing* the collaborative goal of universal health coverage (UHC) by 2030, as a joint effort by the World Bank  
6 and the World Health Organization (WHO), which will guarantee universal access to low-cost medications, basic  
7 treatment services, and emergency care,

8  
9 *Emphasizing* that it is the responsibility of the international community to ensure basic human rights for all  
10 individuals by working with international organizations, civil society organizations (CSOs), and non-governmental  
11 organizations (NGOS) as supported by General Assembly resolutions 69/132 on “Global Health and Foreign  
12 Policy,” and resolution 69/177 on the “Right to Food,”

13  
14 *Bearing in mind* General Assembly resolution 60/215 on “Towards Global Partnerships,” in its call to promote safe,  
15 affordable public-private-partnerships (PPPs) in order to facilitate access to universal healthcare systems by  
16 providing financial and technical support,

17  
18 *Highlighting* World Health Assembly resolution 58/33 on “Sustainable Health Financing, Universal Coverage, and  
19 Social Health Insurance” and its focus on secure health financing, external funds, and infrastructure,

20  
21 *Supporting* World Health Assembly resolution 64/24 on “Drinking Water, Sanitation and Health,” and the need for  
22 cooperation to implement the rights of all people to quality sanitation and safe water to prevent water-borne diseases  
23 caused by poor sanitation,

24  
25 *Cognizant* of the framework provided by the WHO MPOWER guidelines for tobacco consumption,

26  
27 *Observing* the partnership of WHO with Novartis, which has been successful in providing nearly 100% of multidrug  
28 leprosy therapy,

29  
30 *Approving* of the “Sin Tax” initiative in the Philippines under the guidance of the WHO Best Buy Program, which  
31 has been successful in reducing consumption of harmful substances such as tobacco,

32  
33 *Expressing its appreciation* for plain packaging and advertisement initiatives in line with WHO’s “Global Action  
34 Plan for the Prevention and Control of Non-Communicable Diseases” in Member States, which have been proven  
35 successful in preventing the consumption of harmful substances in areas such as Australia, the European Union,  
36 New Zealand, and Turkey,

37  
38 1. *Endorses* the use of PPPs to assist in financing pharmaceutical research and vaccination supply under the data  
39 received by centers such as the Expanded Program of Immunization (EPI), in order to ensure proper  
40 implementation of healthcare services to distribution areas regarding vaccination and preventative measures for  
41 women and children in all districts of the world;

42  
43 2. *Promotes* collaborations between WHO and the Global Infrastructure Facility of the World Bank to further  
44 focus their current budget resources towards national infrastructure development of Member States to:

- 45  
46 a. *Improve* hygienic conditions in medical facilities in terms of the framework represented in the WHO  
47 Hospital Hygiene and Infection Control guidelines, undertaken by Member States, through partnering  
48 law enforcement workers and health workers to effectively report unhygienic health situations to the  
49 respective authorities in Member States;

50

- 51           b. Support collaborations between Member States, NGOs, and private corporations to not only provide a  
52           positive outlook to the corporation but also to supply technical assistance to increase Information  
53           Communication Technology availability through proper telecommunications and internet accessibility;  
54
- 55           c. Foster the creation of state-level safe water infrastructure initiatives in accordance with the WHO  
56           Guidelines for Drinking-Water Quality to decrease the prevalence of water-borne diseases and ease the  
57           burden created by the large number of patients effected by these diseases on healthcare infrastructure;  
58
- 59 3. *Encourages* all willing and able Member States to reduce trade tariffs on generic pharmaceutical products listed  
60 on the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children  
61 to be made more accessible for developing states;  
62
- 63 4. *Emphasizes* the need for Member States to limit the power and duration of pharmaceutical patents in order to  
64 increase the availability of generic medication to patients in developing states by reducing the duration of patent  
65 laws and more specifically defining the differences between pharmaceutical products in the patent laws;  
66
- 67 5. *Supports* long-term, prosperous PPPs between developing countries, corporations and NGOs by using the  
68 World Bank’s International Financial Architecture to prevent structural sources of vulnerability from  
69 exploitation by private entities;  
70
- 71 6. *Strongly encourages* all willing and able Member States to work alongside the International Health Partnership  
72 in coordinating with CSOs and the Providing for Health Initiative to encourage healthy behaviors, such as lack  
73 of tobacco use, by reducing the financial risk of the individual during health checkups;  
74
- 75 7. *Urges* the 2016 WHO mHealth Summit, to be held in London, to focus on furthering the distribution of  
76 technological health and substance control advertisements into further developing states by information  
77 communication technology;  
78
- 79 8. *Suggests* WHO, the United Nations Children’s Fund (UNICEF), and the United Nations Educational, Scientific  
80 and Cultural Organization (UNESCO), focus on specified infrastructure building, relative to the differing health  
81 situations involving Member States during the 2016 World Health Summit in Berlin.



**Code:** WHO/RES/1/2

**Committee:** World Health Organization

**Topic:** Ensuring Universal Health Coverage for All

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1 *The World Health Organization,*

2  
3 *Guided by the Universal Declaration of Human Rights (1948) and noting the need to ensure universal health*  
4 *coverage (UHC) for all as a fundamental human right,*

5  
6 *Keeping in mind Goal 3 of the Sustainable Development Goals (SDGs), specifically Target 8, for the achievement of*  
7 *universal health coverage while keeping in mind financial protection and access to effective quality healthcare*  
8 *services,*

9  
10 *Recalling the Declaration of Alma Ata (1978), which emphasizes the need to ensure primary health care as a*  
11 *primary goal for the health of all through national and international collaborative efforts,*

12  
13 *Giving heed to gender norms and stereotypes, socialization and unequal power relations in relation to health care, as*  
14 *discussed in the 57<sup>th</sup> session of the United Nations Commission on the Status of Women (CSW),*

15  
16 *Taking into account the action plan for selection, training, and performance assessment of Community Health*  
17 *Workers (CHWs) within the report “Global Experience of Community Health Workers for Delivery of Health*  
18 *Related Millennium Development Goals,”*

19  
20 *Affirming the International Labour Organization’s (ILO) recommendation 101/R202 focusing on social security as*  
21 *an essential tool to increase health of citizens, through the provision of essential primary health care,*

22  
23 *Reemphasizing the findings of the 2008 World Health Organization (WHO) report titled “Scaling Up, Saving*  
24 *Lives,” which states that CHWs represent the quickest way to increase access to health services in rural and urban*  
25 *areas and to ensure that services reach economically vulnerable populations,*

26  
27 *Cognizant of the success of the 2013 Second WHO Global Forum on Medical Devices and the 2013 Third Global*  
28 *Forum on Human Resources for Health in technology and best practice sharing,*

29  
30 *Recognizing the importance of the WHO Country Cooperation Strategy in keeping citizens at the center of UHC*  
31 *planning and of technological cooperation to establish health system strengthening initiatives addressing the health*  
32 *priorities of Member States,*

33  
34 *Commending the success of Pakistan’s Lady Health Worker Programme for the training of individuals in the*  
35 *community to work as CHWs, while keeping in mind cultural sensitivity,*

36  
37 *Keeping in mind General Assembly resolution 67/L.36 on “Global health and foreign policy,” which focuses on*  
38 *strengthening collaboration through technical assistance and sharing of successful practices through partnerships*  
39 *with civil society organizations (CSOs),*

40  
41 *Acknowledging the need for the delivery of equitable health outcomes through the distribution of medicine as noted*  
42 *in the Economic and Social Council’s (ECOSOC) resolution 2010/24,*

43  
44 *Recalling World Health Assembly resolution 58.33 regarding sustainable health financing and policy guiding*  
45 *methodology,*

46  
47 *Reaffirming World Health Assembly resolution 62.13, which highlights the importance of implementing the Beijing*  
48 *Declaration on Traditional Medicines in providing safe, quality, and efficient traditional medicine,*

49

- 50 *Drawing attention to the importance of CHWs in the provision of traditional and culturally-sensitive health care*  
51 *options within Member States, in combination with the delivery of a holistic approach through prevention, access,*  
52 *and education,*  
53
- 54 1. *Encourages* the inclusion of funding for training and placement of CHWs within existing budgets allocated to  
55 attaining UHC in Member States;  
56
  - 57 2. *Recommends* funds to be directed towards the education and development of CHWs within Member States  
58 through partnerships with non-governmental organizations (NGOs) and other bodies in order to attain self-  
59 sufficiency of the CHWs within the Member State after the exit of these training bodies;  
60
  - 61 3. *Urges* the creation of a database containing updated materials and information pertinent to CHWs to ensure  
62 adherence to best practices to solve health problems;  
63
  - 64 4. *Encourages* contributions from Member States aimed towards bringing technology to developing states and  
65 rural areas for the advancement of CHWs;  
66
  - 67 5. *Proposes* a framework on the integration of CHWs within Member States that adheres to international health  
68 policy guidelines such as SDG 3, “Ensure healthy lives and promote well-being for all at all ages,” allowing for  
69 incremental steps towards a long-term plan for customization and tailoring of child health, maternal health, and  
70 communicable diseases;  
71
  - 72 6. *Invites* Member States, and organizations such as CHW Central and Core Group, to undertake continuous  
73 independent performance audits and re-evaluations of CHW programs, helping to move UHC goals forward;  
74
  - 75 7. *Further proposes* the following strategies to achieve increased efficiency and effectiveness in Member States  
76 and minimal fraud and misuse of resources:  
77
    - 78 a. The qualifications of doctors and CHW prior to their practicing;
    - 79
    - 80 b. The institution of laws allowing for medical malpractice litigation and lawsuits in Member States  
81 where this does not exist;
    - 82
    - 83 c. Ensuring that health ministries and officials are subject to internal review by Member States;  
84
  - 85 8. *Implores* Member States to take measures to organize and utilize medicine distribution chains to CHWs as  
86 piloted by the USAID Deliver Project, as well as to continue research on increasing transparency and  
87 effectiveness in these chains;  
88
  - 89 9. *Declares* the need for Member States to not just maintain, but increase efficiency, in their healthcare  
90 infrastructure, utilizing the experience of developed countries and NGOs willing to assist in training additional  
91 staff to increase healthcare centers’ efficiency and capacity and the expansion of basic clinics and the use of  
92 travelling doctors who can deal with primary medical issues;  
93
  - 94 10. *Invites* Member States to use the Lady Health Worker Programme as a model for CHW training and improving  
95 recruitment methods by increasing access of information to local clinics, while offering incentives, such as free  
96 health care services, monetary rewards, or tuition reimbursements, to citizens who become CHWs;  
97
  - 98 11. *Recommends* Member States implement the WHO Country Cooperation Strategy as a vehicle to improve  
99 healthcare systems, working toward the goal of UHC in countries, which have not reached the UHC targets, and  
100 to integrate the role of CHWs in these plans;  
101
  - 102 12. *Encourages* the use of the Global Experience of Community Health Workers for Delivery of Health to ensure  
103 CHWs are appropriately selected, educated, directed, assessed and utilized to their full potential;  
104

- 105 13. *Encourages* Member States to incorporate cost-effective traditional medicines into their individual healthcare  
106 systems to promote the safe and effective use of traditional medicines through regulation of products, practices,  
107 CHWs and traditional practitioners, following the WHO Traditional Medicine Strategy 2014-2023;  
108
- 109 14. *Suggests* Member States employ CHWs as a way to increase coverage to underserved populations, such as  
110 women, children, ageing populations, people with disabilities, and refugees, and expand health provisions in the  
111 quest towards UHC within the state;  
112
- 113 15. *Suggests* convening a forum on technology and best practice sharing for Member States to be utilized by  
114 CHWs;  
115
- 116 16. *Calls for* the cooperation of all Member States to aid in the establishment of CHW programs under WHO as a  
117 stepping stone for all countries, especially developing countries, to establish UHC.





**Code:** WHO/RES/1/3

**Committee:** World Health Organization

**Topic:** Ensuring Universal Health Coverage For All

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1 *The World Health Organization,*

2  
3 *Acknowledging* the global importance of Universal Health Care (UHC) coverage for the prosperity and benefit of all  
4 Member States,

5  
6 *Guided by* the 25<sup>th</sup> article of the *Universal Declaration of Human Rights* (1948), which states that adequate health  
7 coverage is a basic human right,

8  
9 *Fully aware of* General Assembly resolution 66/83 on the “Prevention and Control of Non-Communicable Diseases  
10 (NCDs),” which notes that NCDs represent a new frontier in the fight to improve global health worldwide,

11  
12 *Emphasizing* Economic and Social Council (ECOSOC) resolution 25/1, which clearly establishes the link between  
13 poor health and low socioeconomic status in an effort to promote global sustainable development through practical  
14 financing methods,

15  
16 *Recognizing* the success of educational programs engineering lifestyle changes towards healthy living such as the  
17 Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Kingdom-based program Living Well for  
18 Longer, as has been done with other educational campaigns on infectious disease and has since led to declining  
19 numbers of new infections,

20  
21 *Bearing in mind* the World Health Organization’s (WHO) Non-Communicable Disease Prevention and Control  
22 Programme, which encompasses the prevention and control of NCDs, along with risk factor reduction, which  
23 includes tobacco control, alcohol harm reduction, and obesity,

24  
25 *Taking into consideration* the necessity to keep out-of-pocket healthcare costs low, especially for those living in  
26 developing countries, who often cannot afford current healthcare options, and may suffer from financial stress to pay  
27 for required treatment,

28  
29 *Stressing* that the lack of adequate funding is the primary obstacle Member States must overcome to effectively  
30 implement UHC,

31  
32 *Keeping in mind* that health insurance schemes can be efficient on the short term such as in China, where the  
33 proportion of persons served by rural community health insurance schemes increased from about 10% in 2003 to  
34 98% in 2012 as seen in the WHO bulletin “Progress and Challenges of the Rural Cooperative Medical Scheme in  
35 China,”

36  
37 *Noting* that the primary reason for inefficiency in health care systems is the misuse of health resources, with between  
38 20-40% of all health-related resources being misused according to the 2010 World Health Report,

39  
40 1. *Proposes* that all Member States create a NCD prevention plan, which promotes a healthy lifestyle through  
41 frequent campaigns directed at all age groups organized by both governmental and non-governmental  
42 organizations (NGOs) alike through:

43  
44 a. Introducing obligatory visits by experts to visit schools, businesses, nursing homes, and other such  
45 places to inform the public about the harm of consuming tobacco and alcohol as well as promoting an  
46 active lifestyle and a balanced diet;

47  
48 b. Incorporating health experts as resources for schools, businesses, nursing homes, and other such places  
49 or individuals to recommend exercise and nutrition plans which can help counter incidence of NCDs;

50

- 51 c. Establishing communicable and non-communicable disease monitoring capabilities such as those  
52 mentioned in the China National Plan for NCD Prevention and Treatment (2012-2015) using accurate  
53 medical history as a form of prevention;  
54
- 55 d. Adopting NCD awareness and prevention as a theme for World Health Day, taking place April 7<sup>th</sup>,  
56 calling for abstentions from alcohol, tobacco and an unhealthy diet;  
57
- 58 2. *Acknowledges* the need to have national governmental health insurance for those who are unable to pay for  
59 private medical insurance, as well as further implementing community-based health insurance in rural areas of  
60 the developing world as has already been introduced in Philippines by the WHO, thus:  
61
- 62 a. Eliminating or significantly reducing the use of direct payments and extending advance payments  
63 through different types of taxation, including mandatory contributions to a social health insurance  
64 scheme, depending on the ability of the pay;  
65
- 66 b. Ensuring that enough resources are pooled in the population and, in any case, public resources are  
67 essential to subsidize the cost of services to the poor;  
68
- 69 c. Collaborating with other United Nations agencies like the United Nations Developmental Program  
70 (UNDP) and World Bank for healthcare development assistance in low-income countries;  
71
- 72 d. Tightening health policies to raise the tax on tobacco and alcohol;  
73
- 74 e. Dedicating the thereby gathered revenue to the Member State's health budget;  
75
- 76 3. *Urges* an annual increase in Member States' spending for universal health coverage, working toward an  
77 allocation of funds beginning with at least 3% of a country's gross domestic product (GDP) depending on the  
78 nation's economic situation, with the goal of progressively reaching 5% by 2030, based on statistics from the  
79 World Bank and WHO;  
80
- 81 4. *Advises* to accelerate efforts made by all Member States that further the continued implementation of UHC  
82 worldwide;  
83
- 84 5. *Calls upon* all Member States to acknowledge that prevention and treatment of NCDs is a crucial step in  
85 achieving universal health care;  
86
- 87 6. *Recommends* transnational partnerships between developed country health ministries and those of the  
88 developing world such as New Zealand's "Ala Mo'ui: Pathways to Pacific Health & Well-Being," in which  
89 more developed ministries help establish administrative infrastructure through the sharing of best practices;  
90
- 91 7. *Proposes* measures to educate the public about the harm caused by obesity, the use of tobacco and alcohol by  
92 promoting public awareness and understanding of health coverage through mass media and other  
93 communication media by the use of digital and outdoor media, as well as publications;  
94
- 95 8. *Strongly urges* all Member States enforce Article 12 of WHO's Framework Convention of Tobacco Control,  
96 which discourages the advertisement of tobacco and educates the public on the risk of tobacco consumption;  
97
- 98 9. *Recommends* community-based programs directed towards local residents in order to strengthen preventative  
99 measures against elements that put their well-being at risk by promoting active lifestyles through exercise and  
100 introduction of nutrition plans to improve citizens' health.



**Code:** WHO/RES/1/4

**Committee:** World Health Organization

**Topic:** Ensuring Universal Health Coverage for All

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1 *The World Health Organization,*

2  
3 *Guided by the purposes and principles of article 57 of the Charter of the United Nations in 1945 and Article 2 of the*  
4 *World Health Organization (WHO) Constitution, which considers health a relevant human right in order to ensure*  
5 *Universal Health Coverage (UHC) for women, children and every single person around the world,*

6  
7 *Highlighting the importance of achieving the Sustainable Development Goals (SDGs) for 2030,*

8  
9 *Recognizing the serious health issues that plague both developed and developing countries,*

10  
11 *Stressing the importance of Article 25 of the Universal Declaration of Human Rights (1948), as it encompasses the*  
12 *right to medical care and necessary social services, as well as motherhood and childhood, and the right to special*  
13 *care and assistance in order to achieve an adequate standard of living,*

14  
15 *Calling upon other Member States to take action and implement other ideas and solutions towards a healthier*  
16 *population,*

17  
18 *Alarmed by the fact that 400 million people worldwide die each year due to lack of access to healthcare services,*  
19 *according to the 2015 “Tracking Universal Health Coverage: First Global Monitoring Report” submitted in joint*  
20 *operation by WHO and the World Bank, and WHO estimates as well that an additional 4.3 million health care*  
21 *professionals are needed to sufficiently cover today’s global health demands,*

22  
23 *Reaffirming the gravity of the gender inequality situation that developing countries are facing and realizing that in*  
24 *these circumstances women are the first to suffer from lack of healthcare,*

25  
26 *Affirming the importance of the collaboration of non-governmental organizations (NGOs) in improving healthcare*  
27 *services because of their specialized knowledge on gender inequality, their awareness of cultural challenges facing*  
28 *women worldwide, and their capacity to innovate and improve healthcare systems for the future,*

29  
30 *Recognizing that 80% of maternal deaths are preventable if women have access to basic health-care services*  
31 *according to the 2009 United Nations Children’s Fund (UNICEF) report “The State of the World’s Children,”*

32  
33 *Expressing its appreciation that NGOs’ participation in the World Health Assembly currently ranges from 33% to*  
34 *41% and in 2012 provided a financial contribution of \$79 million to WHO, as shown in the Report Mapping*  
35 *Engagement with Non-State Actors,*

36  
37 *Bearing in mind the 2008 study carried out by the Harvard School of Public Health that suggests that employers may*  
38 *lower health insurance rates given to employees if they engage in a healthy and more active lifestyle,*

39  
40 *Recognizing the 2010 WHO Telemedicine Report, stressing the effectiveness of telemedicine in reaching minorities*  
41 *and those who have limited access to healthcare such as those in remote or developing countries allowing them to*  
42 *recognize sickness, prevent, and solve it,*

43  
44 *Further recognizing that telemedicine can be used as a crucial training and education tool in the effort to create more*  
45 *healthcare professionals demonstrated by already existing programs, such as the American Telemedicine*  
46 *Association and their Accredited Telemedicine Training Programs,*

47  
48 *Stressing the WHO Mental health action plan 2013-2020 for Member States, as the basis for collective action,*

49

- 50 1. *Suggests* the development of a new National Action Plan by WHO in alignment with the goals of ensuring that  
51 women have equal universal access to health by 2030, which will:  
52
- 53 a. Submit reports to WHO with an annual summary of progress to the council until the expiration of the  
54 2030 timeframe;
  - 55
  - 56 b. Provide a customized plan for different regions according to their healthcare status, divided as: Asia,  
57 Europe, Middle East, Africa, Latin America, North America, and Ocean countries;
  - 58
  - 59 c. Coordinate technical assistance and national supply systems through various willing and able donor  
60 countries;
  - 61
  - 62 d. Collect data and research about women's situation, lifestyle, education, access to health, health  
63 conditions, and other factors to further improve the accessibility of women to UHC;
  - 64
- 65 2. *Emphasizes* the need for prevention of mental illness in women by:  
66
- 67 a. Cooperating with NGOs and civil society organizations (CSOs) to provide comprehensive and  
68 responsive mental health, and social care services in communities by partnering with the WHO Mental  
69 Health Gap Action Program;
  - 70
  - 71 b. Encouraging visits from experts and doctors visiting nursing clinics, homes, and communities to  
72 inform the importance of prevention in mental health;
  - 73
- 74 3. *Suggests* that all Member States take action towards a prevention plan in order to enhance maternal health  
75 through:  
76
- 77 a. Implementing international principles for health standards to increase access to modern contraception,  
78 reproductive health services, and better nutrition through external evaluation and standards setting to  
79 assure that their standards meet international best practice requirements;
  - 80
  - 81 b. Forming partnerships with NGOs and local health services to promote interventions focusing on  
82 strategies and policies utilizing community-directed intervention to direct the community itself towards  
83 healthcare initiatives;
  - 84
- 85 4. *Encourages* Member States who do not provide affordable basic drugs to women according to the WHO Model  
86 List of Essential Medicines, to abide by these lists;  
87
- 88 5. *Calls upon* all Member States to actively encourage a healthy lifestyle for women by offering economic  
89 incentives as modeled in a 2008 Harvard School of Public Health study;  
90
- 91 6. *Urges* Member States place an emphasis on educating and training healthcare professionals, and on the  
92 improvement on access to healthcare facilities and maintaining these healthcare professions in these countries  
93 by:  
94
- 95 a. Creating access to healthcare facilities that can properly educate women on reproductive care;
  - 96
  - 97 b. Allowing furthered and more affordable access for impoverished populations and those in rural  
98 communities so that less fortunate groups such as women not overlooked and miss out on life-saving,  
99 modern-day medicine.