

NMUN•NY 2016



20 – 24 MARCH 2016

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

Courage
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Compassion
in **action**

CONFERENCE A

World Health Organization (WHO)

Committee Staff

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Assistant Director	Ismail Dogar
Chair	Elijah Peeters
Rapporteur	Tiffany Dao

Agenda

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

Resolutions adopted by the Committee

Code	Topic	Vote
WHO/1/1	Ensuring Universal Health Coverage	14 votes in favor, 2 votes against, 5 abstentions
WHO/1/2	Ensuring Universal Health Coverage	Adopted without a vote
WHO/1/3	Ensuring Universal Health Coverage	13 votes in favor, 3 votes against, 5 abstentions

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 23 Member States and one non-governmental organization.

On Sunday, the committee adopted the agenda of I, II, III, beginning discussions on the topic of “Ensuring Universal Health Care for All.” On Monday, Member States cited various positions regarding Universal Health Coverage (UHC), many of which included anecdotes about successful domestic UHC models adopted by some Member States. The need to protect pharmaceutical patents, reducing healthcare waste, private-public partnerships, and the importance of gender equality were additional themes debated. By Tuesday, several working groups had formed and were actively tackling specific aspects of UHC that had been discussed. Five working papers were submitted to the Dais. Member States committed themselves to try and reach a consensus. As a result, three separate working papers merged and served as the body’s comprehensive UHC draft resolution with the other two draft resolutions addressing more specific aspects of policies designed to achieve UHC.

On Wednesday, one friendly amendment was introduced to the merged draft resolution, which further solidified language regarding women and children’s healthcare. The committee adopted all three resolutions following voting procedure, with the merged draft resolution 1/2 receiving unanimous support by the body having been passed by acclamation. The resolutions represented a wide range of issues, including incentivizing research for medical cures through the protection of patents, comprehensive UHC policy recommendations in areas such as community health workers, accessibility, and the use of information and communication technologies to further UHC. The committee as a whole successfully collaborated and created several diverse resolutions and were committed to reaching a high level of consensus on the topic.



Code: WHO/1/1

Committee: World Health Organization

Topic: Ensuring Universal Health Coverage for All

1 *The World Health Organization,*

2
3 *Reaffirming* World Health Assembly resolution WHA58.33 on sustainable health financing, universal coverage, and
4 social health insurance as well as the Sustainable Development Goals (SDGs), in particular Goal 3,

5
6 *Reaffirming* that universal health coverage for all is essential to achieve the SDGs,

7
8 *Recognizing* that medical research is a key pillar in achieving Universal Health Coverage (UHC) for all as it is only
9 this way that we can find much needed cures,

10
11 *Recognizing* that health awareness of one's own medical state, health education, and investments into medical
12 research by states as well by private companies are all key elements in the achievement of UHC,

13
14 *Fully aware* that because of financial constraints imposed upon them by the state of their economy, achieving UHC
15 for all is inaccessible to certain states,

16
17 *Gravely concerned* that the most vulnerable members of society do not always have access to quality healthcare and
18 that certain parts of the population are not efficiently covered by existing universal health care systems,

19
20 *Underlining* with concern that medical intellectual property violations pose a direct threat to the advancement of
21 UHC due to the widespread abuse of intellectual property by both private and state actors as such infringements
22 directly prevent new cures from being developed and also prevent access to health care for the whole international
23 community,

24
25 *Highly appreciating* the efforts made towards strengthening intellectual property under international law with the
26 *Patent Cooperation Treaty* (PCT) of 1970, even though not all states in the international community signed it, as
27 well as the accomplishments of the Medicines Patent Pool (MPP) with regards to HIV research and the partnerships
28 forged with the pharmaceutical industry,

29
30 *Aware of* the outdated character of the PCT, especially because new Member States joined the United Nations (UN),
31 and new ways of research and possibilities to violate the PCT have been developed since its creation in 1970,

32
33 1. *Emphasizes* the need for cures, research, and therefore investment into medical research to ensure UHC for all
34 as an important step towards global peace and prosperity as sicknesses and diseases threaten the very basis of
35 modern societies;

36
37 2. *Encourages* the international community to establish an ad hoc committee entrusted with the task of drafting a
38 new treaty to include all states in the international patent framework that builds upon and amends the PCT
39 especially in the field of medical intellectual property by:

40
41 a. Recognizing medical patents under international law;

42
43 b. Legally guaranteeing the protection of medical patents on the international level verified by existing
44 World Trade Organization (WTO) structures and;

45
46 c. Allowing states or private actors who feel that their intellectual property rights guaranteed under the
47 new treaty based upon the PCT are being violated by any third party to via their governments refer the
48 case to the dispute settlement mechanism of WTO if a concerned state or a firm is registered in a
49 country that is both a member of the WTO as well as the World Health Organization (WHO), while if

50 neither is the case that matter should be referred to World Intellectual Property Organization (WIPO)
51 for further handling;
52

53 3. *Invites* states to further invest into health education that promotes healthier lifestyles, including:
54

55 a. Working with UN bodies such as the UN Educational, Scientific and Cultural Organization
56 (UNESCO) and WHO to build education programs for the local concerning early screenings,
57 prevention and long term care in all medical fields;
58

59 b. Media campaigns to raise public awareness including social media;
60

61 c. School programs that educate children on the importance of a healthy diet such as the Nutrition
62 Friendly Schools Initiative;
63

64 4. *Encourages* pharmaceutical companies and WHO Member States to further participate in the MPP in its
65 mission of providing lower prices and more accessible treatments for HIV/AIDS, tuberculosis, malaria and
66 hepatitis C, especially in low to middle-income countries;
67

68 5. *Calls upon* the Economic and Social Council (ECOSOC) to encourage governments on a voluntarily basis to
69 create an environment that incentivizes private companies as well university medical research centers to
70 conduct and invest into medical research to improve the access and availability to new treatments by:
71

72 a. Recommending tax-based incentives for companies conducting vital medical research to lower their
73 expenses resulting in more affordable prices and;
74

75 b. Proposing to enable such companies and universities to access financial means via low interest loans to
76 allow more affordable research resulting in better access to cures;
77

78 6. *Establishes* a panel of experts as a dialogue between scientific experts as well as representatives from the
79 private sector selected by the WHO Executive Board which will be held every six months producing a list of
80 recommendations submitted to WHO:
81

82 a. Highlighting the specific link between intellectual property rights and research as well as the
83 affordability of or access to medical treatments, which are essential elements on the path towards the
84 goal of finally reaching universal health coverage for all;
85

86 b. Recognizing that private actors are of crucial importance for ensuring access to medication and
87 therefore UHC for all;
88

89 7. *Calls upon* Member States for the improvement of the efficiency of managing medication worldwide therefore
90 ensuring proper access to medicine by engaging pharmaceutical companies to deliberate matters of pricing,
91 quality, and distribution and to help countries with inefficient public sector management of medication;
92

93 8. *Expresses its belief* that constructive and long lasting discussions with the private health sector is a key element
94 in the achievement on the highest level of health possible for all people as it funds the biggest portion of
95 medical research.



Code: WHO/1/2

Committee: World Health Organization

Topic: Ensuring Universal Health Coverage for All

1 *The World Health Organization,*
2
3 *Guided by the principles of the Charter of the United Nations and the Constitution of the World Health Organization*
4 *(WHO),*
5
6 *Emphasizing the Sustainable Development Goals (SDGs) adopted in September 2015, with special consideration of*
7 *Goal 3, ensuring healthy lives and promoting well-being for all at all ages,*
8
9 *Recalling resolution 58.33 of the World Health Assembly on sustainable health financing, universal coverage, and*
10 *social health insurance,*
11
12 *Cognizant of World Health Assembly resolution 64.9 on sustainable health financing structures and universal*
13 *coverage,*
14
15 *Reaffirming the Rio Political Declaration on Social Determinants adopted in October 2011, recognizing the need to*
16 *combat unequal access for all to health systems for the achievement of Universal Health Coverage (UHC),*
17
18 *Confident that the international community can more easily achieve UHC by strengthening health systems,*
19
20 *Calling attention to the fundamental importance of health in reducing global inequality and promoting economic*
21 *growth,*
22
23 *Recognizing that achieving UHC is one of the most important components of human security and equitable,*
24 *sustainable, and inclusive economic growth, as discussed in the United Nations (UN) Sustainable Development*
25 *Summit in September 2015 in the segment on the promotion of equitable global health and human security,*
26
27 *Deeply convinced that reducing reliance on out-of-pocket payments by those seeking health services drastically*
28 *lowers financial barriers to accessibility of treatment and medication and reduces impoverished impacts of health*
29 *care payments,*
30
31 *Reaffirming the need for Member States to help in the training of a capable health workforce in countries receiving*
32 *development aid, while respecting cultural diversity and taking into account challenges such as access to rural and*
33 *remote areas in order to reinforce the capacities of their respective health systems,*
34
35 *Bearing in mind that UHC is attained when all citizens, following the principle of equity, receive the quality in*
36 *health services needed, without suffering financial hardship,*
37
38 *Noting further the potential obstacles of health crises affecting the path towards UHC guided by the WHO*
39 *emergency reform,*
40
41 *Declaring that the implementation of UHC must be made, cognizant of leaving the country receiving aid stable;*
42
43 *Recognizing that Community Health Workers (CHWs) are a step towards providing healthcare to the populations of*
44 *member states without proper health coverage and are a step towards distributing knowledge and providing*
45 *universal healthcare to populations,*
46
47 *Further aware that the world will be short 12.9 million health-care workers by 2035 and that 46 percent of the*
48 *world's population lives in rural and out-of-reach areas, many of which lack proximity to proper healthcare,*
49

50 *Declaring* that CHWs are a cost-effective way to provide primary healthcare and aid in increasing “self-reliance and
51 local participation” to those who cannot access it as discussed in the WHO’s paper on CHWs,
52
53 *Acknowledging* that CHWs can provide effective tools for crisis relief by performing primary and emergency care,
54
55 *Recognizing* the unique experience of women and children in relation to their health care needs,
56
57 1. *Affirms* that Member States are strongly encouraged to gradually work towards the realization of UHC for all;
58
59 2. *Draws attention to* the fact that the attainment of UHC is more likely to be achieved when the funds allocated to
60 UHC are enforced within domestic resources rather than used to finance fragmented vertical projects;
61
62 3. *Calls upon* Member States to:
63
64 a. Promote multilateral partnerships in cooperation with civil society, the private sector such as
65 pharmaceutical companies, the Member States, and the non-governmental organizations (NGOs) to
66 gain global understanding, to share expertise on health practices, and to reach the attainment of UHC;
67
68 b. Develop equitable financing arrangements, such as vouchers and public insurance, that take into
69 account the economic determinants and capacities of each Member State as to lift the economic burden
70 associated with seeking healthcare of vulnerable population;
71
72 c. Provide technical assistance to Member States, in order to ensure the good governance of health
73 systems, to make sure that resources are used to maximum effect, and:
74
75 i. Comprising information on administrative strategies, such as efficiently managing health
76 workforces;
77 ii. Ensuring that Member States providing this assistance must have themselves universal health
78 coverage;
79
80 4. *Asks* Member States to work with the WHO to improve and strengthen guidelines and frameworks to build a
81 sustainable health program through the WHO Country Cooperation Strategy (CSS) to:
82
83 a. Better consider the social determinants, and culture in Member States receiving developing aid;
84
85 b. Expand the CSS to all Member States, especially developing nations;
86
87 5. *Encourages* the facilitation of international knowledge and idea sharing by all Member States through regional
88 and international discourse on best practices of UHC implementation by:
89
90 a. Discussing UHC programs at the established WHO regional offices;
91
92 b. Supplementing current UN indicators for SDGs with nationally self-set health benchmarks concerning
93 healthcare accessibility, including:
94
95 i. Average travel time for access to primary care;
96 ii. Wait times to see a medical professional;
97 iii. Patient to physician ratio;
98 iv. Health care accessibility for vulnerable populations;
99 v. Incidence of non-communicable and communicable diseases;
100 vi. Access to preventive care education;
101
102 c. Creating a voluntary international database, operated and maintained by the Regional Directors of the
103 WHO, accessible to all Member States for the purpose of sharing practical strategies regarding the
104 implementation of UHC;
105

- 106 d. Including the assessment and presentation of progress and advancements on self-set national health
107 benchmarks at international WHO meetings;
108
- 109 6. *Encourages* the facilitation of effectual exchange of professionals from Member States, in collaboration with
110 NGOs, to assist Member States to assist Member States in creating regional and international systems to help
111 foster the exchange and recommendations for UHC;
112
- 113 7. *Recommends* Member States to enforce WHO's emergency reform of the global health emergency workforce
114 with the goals of:
115
- 116 a. Facilitating increased coordination of resources through the Global Outbreak Alert and Response
117 Network, improving response capabilities and access to emergency medical care;
118
- 119 b. Improving crisis management and support for local health care organizations ensuring the stability of
120 universal accessibility to health care during emergencies;
121
- 122 8. *Urges* Member States to enter into multilateral international cooperation agreements through recommended
123 partnerships from the WHO, such as Memorandums of Understanding (MoU), whereby countries with highly
124 developed health care systems support the advancement of medical practices in developing countries through
125 the following specific initiatives:
126
- 127 a. Fostering and training health care professionals, students, or relevant practitioners according to
128 internationally-recognized practice in recipient Member States;
129
- 130 b. Voluntarily dispatching qualified health professionals to Member States in need in order to facilitate
131 international cooperation and to improve UHC;
132
- 133 c. Promote voluntary knowledge sharing between leading higher education institutions and medical
134 institutions in countries with underdeveloped medical systems;
135
- 136 9. *Declares* that financial independence from foreign assistance and aid is necessary in order to carry through with
137 a universally accessible health coverage system, and that allocating funds to UHC is necessary but should be
138 used with the intent to leave a Member State financially stable before implementing universal health coverage;
139
- 140 10. *Calls for* strengthened cooperation between Member States, international organizations, and academic
141 institutions through improving existing guidelines that facilitate public-private partnerships (PPP) as a means to
142 build health infrastructures to provide quality health care;
143
- 144 11. *Recognizes* that an effective and financially sustainable implementation of universal health coverage is based on
145 comprehensive primary health care services, ensuring geographical coverage based on different locales
146 including remote and rural areas as well as economic status by encouraging discussion regarding health-related
147 and managing policy conducive to UHC among existing local and regional structures in WHO;
148
- 149 a. Encouraging discussion regarding health-related and management policies conducive to UHC; among
150 existing local and regional structure in WHO;
151
- 152 b. Encouraging the inclusion of all citizens in the practices of health care;
153
- 154 12. *Affirms* the importance of training CHWs to meet the unique demands of their specific Member State by the
155 following measures:
156
- 157 a. Defining CHWs as community health aides selected, trained, and working in the communities from
158 which they come;
159
- 160 b. Intends for CHWs to provide contributions to their communities in the following ways:
161

- 162 i. Primary and emergency healthcare, which includes first response and transportation to further
163 care;
- 164 ii. Improve access to coverage;
- 165 iii. Provide basic health education by being a source of information for the community;
- 166 iv. Reinforce hygienic systems and preventative healthcare awareness;
- 167 v. Distribution of immunization;
- 168 vi. Counseling on side effects;
- 169 vii. Provide a trusted source of information;
- 170
- 171 c. Acknowledges that CHWs provide benefits to these communities as they:
- 172
- 173 i. Live in the communities in which they serve and are easily accessible;
- 174 ii. Provide accessible healthcare to rural and out-of-reach areas;
- 175 iii. Understand the culture in which they serve;
- 176 iv. Are active members in their community;
- 177
- 178 d. Supports the research done by the UN Educational, Scientific and Cultural Organization (UNESCO)
179 on eliminating lack of health care and providing health care for all, stating that “primary health care is
180 a highly effective, low cost, culturally appropriate and rapid way of providing quality health care to the
181 largest number of people in any country;”
- 182
- 183 e. Further recommends the Member States to voluntarily provide experts to train CHWs;
- 184
- 185 13. *Invites* Member States to address the divide in accessibility of health care between rural and urban regions by
186 appropriate investment;
- 187
- 188 14. *Further recommends* all Member States receiving development aid to adjust their current healthcare provisions
189 in order to reduce the financial burden of health care costs, taking into account Member States’ population,
190 income, and available resources, through:
- 191
- 192 a. Reducing the reliance on individual out-of-pocket payments by encouraging Member States and their
193 government to increase public spending on healthcare in developing, middle, and low income areas;
- 194
- 195 b. Increasing the size of financial risk pools, the spreading of financial risks evenly among a large
196 number of contributors to UHC, by spreading financial risks evenly among contributors to UHC and
197 increase public campaigning on the benefits of UHC;
- 198
- 199 c. Increasing financial protection and equity of access from prepaid funds by reducing fragmentation in
200 pooling;
- 201
- 202 15. *Encourages* Member States to equally recognize that women and children and their health needs should be
203 taken into account;
- 204
- 205 16. *Endorses* bilateral partnerships between states and the Global Financing Facility for Every Women and Child to
206 generate more funding for developing countries by using:
- 207
- 208 a. Smart financing that prioritizes investment in evidence-based, high-impact solutions;
- 209
- 210 b. Financing that mobilizes the additional resources needed to support maternal and child health agendas
211 from both domestic and international, as well as both public and private sources;
- 212
- 213 c. Sustainable longer-term financing strategies, specific to each Member State, that anticipates the
214 economic transition of countries from low- to middle-income status and secure universal access to
215 essential services for mothers and children;
- 216
- 217 d. Encourages the continuous growth of UHC health systems as a country develops;

218 17. *Further welcomes* cooperation within Member States to reach the attainment of UHC.



Code: WHO/1/3

Committee: World Health Organization

Topic: Ensuring Universal Health Coverage for All

1 *The World Health Organization,*

2
3 *Recalling Article 25 of the Universal Declaration of Human Rights, stating that “everyone has the right to a standard*
4 *of living adequate for the health and well-being of himself and of his family,”*

5
6 *Bearing in mind* the preamble of the World Health Organization (WHO) Constitution, which states that health is a
7 state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,

8
9 *Emphasizing* the fact that information and communications technologies (ICT) solutions will be key elements in
10 developing and implementing well-run and gender-considerate health care systems, defining ICT as any
11 communication device encompassing radio, television, cellular phones, computer, network hardware, and satellite
12 systems,

13
14 *Noting* that 75 percent of the world population have access to a mobile phone, making it an invaluable
15 communication tool between patients, communities, and healthcare professionals by engaging them in the
16 achievement of Universal Health Care (UHC),

17
18 *Further noting* the success of programs such as SMS for Life and other projects involving new technologies such as
19 cellphones, smartphones and to some extent computers,

- 20
21 1. *Calls upon* Member States to assess the opportunities offered by ICTs in the achievement of UHC through
22 initiatives such as the mHealth Summit in order to achieve universal healthcare in line with the post-2015
23 Sustainable Development Goals (SDGs);
24
25 2. *Solemnly affirms* that ICTs can significantly reduce healthcare-related costs to low income populations, improve
26 equitable access to primary and chronic care, services and vaccinations when possible, and efficiently link
27 health systems with social protection programs, as it also can be used to accelerate the attainment of UHC by
28 finding a solution to inefficiencies in different health system domains through:
29
30 a. Managing Member States’ health workforces by ensuring equitable distribution of medical personnel
31 among medical facilities;
32
33 b. Managing of essential medicines to avoid an excessive use and distribution of prescription drugs by
34 utilizing cost-effective and most up-to-date drugs rather than outdated drugs;
35
36 c. Efficiency in health care service delivery;
37
38 d. Community health in remote areas;
39
40 e. Legal health framework in order to reduce corruption and fraud;
41
42 f. Disease surveillance and population health;
43
44 3. *Further recommends* Member States to consider the following use of ICTs to fulfill its mandate and to be a
45 solution for the inefficiencies in health systems domains listed above with:
46
47 a. The use of existing public or private satellite databases that are or will be constituted by the collective
48 results of electronic surveys and that are interconnected and available to all Member States to:
49
50 i. Highlight service delivery weaknesses;

- 51 ii. Address drug stocks-out;
- 52 iii. Identify households with no nearby access to health providers by encouraging Member States
- 53 to contact families through the SMS for Life project;
- 54 iv. Promote the availability of essential medication, vaccines, and technologies;
- 55 v. Map disease spread and measure its health impact;
- 56
- 57 b. The development of regional, national and international governmental organizations monitoring
- 58 mechanisms and implementation or reinforcement of intergovernmental based systems for rapid case
- 59 detection to control epidemics and transparent sharing of techniques and information to palliate the
- 60 deficit in healthcare providers to ensure that UHC is being implemented and fulfilled;
- 61
- 62 c. The use of telemedicine to ensure access at all time to remote areas;
- 63
- 64 d. The use of telecoaching, which is communication by support methods such as telephone or video, to
- 65 educate health workers worldwide simultaneously and therefore increase the quantity of health
- 66 professionals in areas prone to geographical isolation;
- 67
- 68 4. *Declares accordingly* that this program will be sustainably financed by mechanisms such as:
- 69
- 70 a. Reallocating existing funds from the universal health coverage fund;
- 71
- 72 b. Raising new revenue sources through public-private partnerships (PPPs);
- 73
- 74 5. *Further emphasizes* that it is crucial to strengthen partnerships between and among ministries and agencies on
- 75 the development of the use of technology such as a greater access to mobile technology in order to develop an
- 76 efficient and sustainable health system;
- 77
- 78 6. *Convinced* ICTs have the potential to facilitate accountability and sustainability in health service delivery by
- 79 enabling citizens to express opinions and engage with governments in a transformative and positive way via
- 80 ICTs;
- 81
- 82 7. *Welcoming* the full cooperation between Member States for the attainment of UHC.