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

Courage for peace
Compassion in action

CONFERENCE A
World Health Organization (WHO)

Committee Staff

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<tr>
<td>Director</td>
<td>Philipp Schroeder</td>
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Agenda

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

Resolutions adopted by the Committee

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<tr>
<td>WHO/1/1</td>
<td>Ensuring Universal Health Coverage</td>
<td>14 votes in favor, 2 votes against, 5 abstentions</td>
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<tr>
<td>WHO/1/2</td>
<td>Ensuring Universal Health Coverage</td>
<td>Adopted without a vote</td>
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<tr>
<td>WHO/1/3</td>
<td>Ensuring Universal Health Coverage</td>
<td>13 votes in favor, 3 votes against, 5 abstentions</td>
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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.
The World Health Organization,

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

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

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

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

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

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

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

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

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

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

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

   a. Recognizing medical patents under international law;

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

   c. Allowing states or private actors who feel that their intellectual property rights guaranteed under the new treaty based upon the PCT are being violated by any third party to via their governments refer the case to the dispute settlement mechanism of WTO if a concerned state or a firm is registered in a country that is both a member of the WTO as well as the World Health Organization (WHO), while if
neither is the case that matter should be referred to World Intellectual Property Organization (WIPO) for further handling;

3. *Invites* states to further invest into health education that promotes healthier lifestyles, including:
   a. Working with UN bodies such as the UN Educational, Scientific and Cultural Organization (UNESCO) and WHO to build education programs for the local concerning early screenings, prevention and long term care in all medical fields;
   b. Media campaigns to raise public awareness including social media;
   c. School programs that educate children on the importance of a healthy diet such as the Nutrition Friendly Schools Initiative;

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

5. *Calls upon* the Economic and Social Council (ECOSOC) to encourage governments on a voluntarily basis to create an environment that incentivizes private companies as well university medical research centers to conduct and invest into medical research to improve the access and availability to new treatments by:
   a. Recommending tax-based incentives for companies conducting vital medical research to lower their expenses resulting in more affordable prices and;
   b. Proposing to enable such companies and universities to access financial means via low interest loans to allow more affordable research resulting in better access to cures;

6. *Establishes* a panel of experts as a dialogue between scientific experts as well as representatives from the private sector selected by the WHO Executive Board which will be held every six months producing a list of recommendations submitted to WHO:
   a. Highlighting the specific link between intellectual property rights and research as well as the affordability of or access to medical treatments, which are essential elements on the path towards the goal of finally reaching universal health coverage for all;
   b. Recognizing that private actors are of crucial importance for ensuring access to medication and therefore UHC for all;

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

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

Guided by the principles of the Charter of the United Nations and the Constitution of the World Health Organization (WHO),

Emphasizing the Sustainable Development Goals (SDGs) adopted in September 2015, with special consideration of Goal 3, ensuring healthy lives and promoting well-being for all at all ages,

Recalling resolution 58.33 of the World Health Assembly on sustainable health financing, universal coverage, and social health insurance,

Cognizant of World Health Assembly resolution 64.9 on sustainable health financing structures and universal coverage,

Reaffirming the Rio Political Declaration on Social Determinants adopted in October 2011, recognizing the need to combat unequal access for all to health systems for the achievement of Universal Health Coverage (UHC),

Confident that the international community can more easily achieve UHC by strengthening health systems,

Calling attention to the fundamental importance of health in reducing global inequality and promoting economic growth,

Recognizing that achieving UHC is one of the most important components of human security and equitable, sustainable, and inclusive economic growth, as discussed in the United Nations (UN) Sustainable Development Summit in September 2015 in the segment on the promotion of equitable global health and human security,

Deeply convinced that reducing reliance on out-of-pocket payments by those seeking health services drastically lowers financial barriers to accessibility of treatment and medication and reduces impoverished impacts of health care payments,

Reaffirming the need for Member States to help in the training of a capable health workforce in countries receiving development aid, while respecting cultural diversity and taking into account challenges such as access to rural and remote areas in order to reinforce the capacities of their respective health systems,

Bearing in mind that UHC is attained when all citizens, following the principle of equity, receive the quality in health services needed, without suffering financial hardship,

Noting further the potential obstacles of health crises affecting the path towards UHC guided by the WHO emergency reform,

Declaring that the implementation of UHC must be made, cognizant of leaving the country receiving aid stable;

Recognizing that Community Health Workers (CHWs) are a step towards providing healthcare to the populations of member states without proper health coverage and are a step towards distributing knowledge and providing universal healthcare to populations,

Further aware that the world will be short 12.9 million health-care workers by 2035 and that 46 percent of the world’s population lives in rural and out-of-reach areas, many of which lack proximity to proper healthcare,
Declaring that CHWs are a cost-effective way to provide primary healthcare and aid in increasing “self-reliance and local participation” to those who cannot access it as discussed in the WHO’s paper on CHWs,

Acknowledging that CHWs can provide effective tools for crisis relief by performing primary and emergency care,

Recognizing the unique experience of women and children in relation to their health care needs,

1. Affirms that Member States are strongly encouraged to gradually work towards the realization of UHC for all;

2. Draws attention to the fact that the attainment of UHC is more likely to be achieved when the funds allocated to UHC are enforced within domestic resources rather than used to finance fragmented vertical projects;

3. Calls upon Member States to:
   a. Promote multilateral partnerships in cooperation with civil society, the private sector such as pharmaceutical companies, the Member States, and the non-governmental organizations (NGOs) to gain global understanding, to share expertise on health practices, and to reach the attainment of UHC;
   b. Develop equitable financing arrangements, such as vouchers and public insurance, that take into account the economic determinants and capacities of each Member State as to lift the economic burden associated with seeking healthcare of vulnerable population;
   c. Provide technical assistance to Member States, in order to ensure the good governance of health systems, to make sure that resources are used to maximum effect, and:
      i. Comprising information on administrative strategies, such as efficiently managing health workforces;
      ii. Ensuring that Member States providing this assistance must have themselves universal health coverage;

4. Asks Member States to work with the WHO to improve and strengthen guidelines and frameworks to build a sustainable health program through the WHO Country Cooperation Strategy (CSS) to:
   a. Better consider the social determinants, and culture in Member States receiving developing aid;
   b. Expand the CSS to all Member States, especially developing nations;

5. Encourages the facilitation of international knowledge and idea sharing by all Member States through regional and international discourse on best practices of UHC implementation by:
   a. Discussing UHC programs at the established WHO regional offices;
   b. Supplementing current UN indicators for SDGs with nationally self-set health benchmarks concerning healthcare accessibility, including:
      i. Average travel time for access to primary care;
      ii. Wait times to see a medical professional;
      iii. Patient to physician ratio;
      iv. Health care accessibility for vulnerable populations;
      v. Incidence of non-communicable and communicable diseases;
      vi. Access to preventive care education;
   c. Creating a voluntary international database, operated and maintained by the Regional Directors of the WHO, accessible to all Member States for the purpose of sharing practical strategies regarding the implementation of UHC;
d. Including the assessment and presentation of progress and advancements on self-set national health benchmarks at international WHO meetings;

6. **Encourages** the facilitation of effectual exchange of professionals from Member States, in collaboration with NGOs, to assist Member States to assist Member States in creating regional and international systems to help foster the exchange and recommendations for UHC;

7. **Recommends** Member States to enforce WHO’s emergency reform of the global health emergency workforce with the goals of:
   a. Facilitating increased coordination of resources through the Global Outbreak Alert and Response Network, improving response capabilities and access to emergency medical care;
   b. Improving crisis management and support for local health care organizations ensuring the stability of universal accessibility to health care during emergencies;

8. **Urges** Member States to enter into multilateral international cooperation agreements through recommended partnerships from the WHO, such as Memorandums of Understanding (MoU), whereby countries with highly developed health care systems support the advancement of medical practices in developing countries through the following specific initiatives:
   a. Fostering and training health care professionals, students, or relevant practitioners according to internationally-recognized practice in recipient Member States;
   b. Voluntarily dispatching qualified health professionals to Member States in need in order to facilitate international cooperation and to improve UHC;
   c. Promote voluntary knowledge sharing between leading higher education institutions and medical institutions in countries with underdeveloped medical systems;

9. **Declares** that financial independence from foreign assistance and aid is necessary in order to carry through with a universally accessible health coverage system, and that allocating funds to UHC is necessary but should be used with the intent to leave a Member State financially stable before implementing universal health coverage;

10. **Calls for** strengthened cooperation between Member States, international organizations, and academic institutions through improving existing guidelines that facilitate public-private partnerships (PPP) as a means to build health infrastructures to provide quality health care;

11. **Recognizes** that an effective and financially sustainable implementation of universal health coverage is based on comprehensive primary health care services, ensuring geographical coverage based on different locales including remote and rural areas as well as economic status by encouraging discussion regarding health-related and managing policy conducive to UHC among existing local and regional structures in WHO;
   a. Encouraging discussion regarding health-related and management policies conducive to UHC; among existing local and regional structure in WHO;
   b. Encouraging the inclusion of all citizens in the practices of health care;

12. **Affirms** the importance of training CHWs to meet the unique demands of their specific Member State by the following measures:
   a. Defining CHWs as community health aides selected, trained, and working in the communities from which they come;
   b. Intends for CHWs to provide contributions to their communities in the following ways:
i. Primary and emergency healthcare, which includes first response and transportation to further care;
ii. Improve access to coverage;
iii. Provide basic health education by being a source of information for the community;
iv. Reinforce hygienic systems and preventative healthcare awareness;
v. Distribution of immunization;
vi. Counseling on side effects;
vii. Provide a trusted source of information;
c. Acknowledges that CHWs provide benefits to these communities as they:
i. Live in the communities in which they serve and are easily accessible;
ii. Provide accessible healthcare to rural and out-of-reach areas;
iii. Understand the culture in which they serve;
iv. Are active members in their community;
d. Supports the research done by the UN Educational, Scientific and Cultural Organization (UNESCO) on eliminating lack of health care and providing health care for all, stating that “primary health care is a highly effective, low cost, culturally appropriate and rapid way of providing quality health care to the largest number of people in any country;”
e. Further recommends the Member States to voluntarily provide experts to train CHWs;

13. Invites Member States to address the divide in accessibility of health care between rural and urban regions by appropriate investment;

14. Further recommends all Member States receiving development aid to adjust their current healthcare provisions in order to reduce the financial burden of health care costs, taking into account Member States’ population, income, and available resources, through:
a. Reducing the reliance on individual out-of-pocket payments by encouraging Member States and their government to increase public spending on healthcare in developing, middle, and low income areas;
b. Increasing the size of financial risk pools, the spreading of financial risks evenly among a large number of contributors to UHC, by spreading financial risks evenly among contributors to UHC and increase public campaigning on the benefits of UHC;
c. Increasing financial protection and equity of access from prepaid funds by reducing fragmentation in pooling;

15. Encourages Member States to equally recognize that women and children and their health needs should be taken into account;

16. Endorses bilateral partnerships between states and the Global Financing Facility for Every Women and Child to generate more funding for developing countries by using:
a. Smart financing that prioritizes investment in evidence-based, high-impact solutions;
b. Financing that mobilizes the additional resources needed to support maternal and child health agendas from both domestic and international, as well as both public and private sources;
c. Sustainable longer-term financing strategies, specific to each Member State, that anticipates the economic transition of countries from low- to middle-income status and secure universal access to essential services for mothers and children;
d. Encourages the continuous growth of UHC health systems as a country develops;
17. *Further welcomes* cooperation within Member States to reach the attainment of UHC.
The World Health Organization,

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

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

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

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

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

1. Calls upon Member States to assess the opportunities offered by ICTs in the achievement of UHC through initiatives such as the mHealth Summit in order to achieve universal healthcare in line with the post-2015 Sustainable Development Goals (SDGs);

2. Solemnly affirms that ICTs can significantly reduce healthcare-related costs to low income populations, improve equitable access to primary and chronic care, services and vaccinations when possible, and efficiently link health systems with social protection programs, as it also can be used to accelerate the attainment of UHC by finding a solution to inefficiencies in different health system domains through:

   a. Managing Member States’ health workforces by ensuring equitable distribution of medical personnel among medical facilities;

   b. Managing of essential medicines to avoid an excessive use and distribution of prescription drugs by utilizing cost-effective and most up-to-date drugs rather than outdated drugs;

   c. Efficiency in health care service delivery;

   d. Community health in remote areas;

   e. Legal health framework in order to reduce corruption and fraud;

   f. Disease surveillance and population health;

3. Further recommends Member States to consider the following use of ICTs to fulfill its mandate and to be a solution for the inefficiencies in health systems domains listed above with:

   a. The use of existing public or private satellite databases that are or will be constituted by the collective results of electronic surveys and that are interconnected and available to all Member States to:

      i. Highlight service delivery weaknesses;
ii. Address drug stocks-out;

iii. Identify households with no nearby access to health providers by encouraging Member States to contact families through the SMS for Life project;

iv. Promote the availability of essential medication, vaccines, and technologies;

v. Map disease spread and measure its health impact;

b. The development of regional, national and international governmental organizations monitoring mechanisms and implementation or reinforcement of intergovernmental based systems for rapid case detection to control epidemics and transparent sharing of techniques and information to palliate the deficit in healthcare providers to ensure that UHC is being implemented and fulfilled;

c. The use of telemedicine to ensure access at all time to remote areas;

d. The use of telecoaching, which is communication by support methods such as telephone or video, to educate health workers worldwide simultaneously and therefore increase the quantity of health professionals in areas prone to geographical isolation;

4. Declares accordingly that this program will be sustainably financed by mechanisms such as:

a. Reallocating existing funds from the universal health coverage fund;

b. Raising new revenue sources through public-private partnerships (PPPs);

5. Further emphasizes that it is crucial to strengthen partnerships between and among ministries and agencies on the development of the use of technology such as a greater access to mobile technology in order to develop an efficient and sustainable health system;

6. Convinced ICTs have the potential to facilitate accountability and sustainability in health service delivery by enabling citizens to express opinions and engage with governments in a transformative and positive way via ICTs;

7. Welcoming the full cooperation between Member States for the attainment of UHC.