NMUN•NY 2019

24-28 March 2019

Documentation of the Work of the Commission on Population and Development

Conference A
Commission on Population and Development (CPD)

Committee Staff

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<tr>
<td>Director</td>
<td>Ruitong Zhou</td>
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Agenda

I. Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education
II. Fulfilling the Nutritional Needs of the Ageing Population
III. Addressing the Effects of International Migration on Cities

Resolutions adopted by the Committee

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<tr>
<td>CPD/1/1</td>
<td>Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education</td>
<td>Adopted without a vote</td>
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<td>CPD/1/2</td>
<td>Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education</td>
<td>Adopted without a vote</td>
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<tr>
<td>CPD/1/3</td>
<td>Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education</td>
<td>32 votes in favor, 1 vote against, 0 abstentions</td>
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<td>Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education</td>
<td>26 votes in favor, 3 votes against, 4 abstentions</td>
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<tr>
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<td>Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education</td>
<td>32 votes in favor, 1 vote against, 0 abstentions</td>
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<tr>
<td>CPD/1/6</td>
<td>Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education</td>
<td>30 votes in favor, 2 votes against, 1 abstention</td>
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The Commission on Population and Development held its annual session to consider the following agenda items:

I. Fulfilling the Nutritional Needs of the Ageing Population  
II. Addressing the Effects of International Migration on Cities  
III. Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education

The session was attended by representatives of 33 Member States; on Sunday, the committee adopted the agenda of III, I, and II began discussion on the topic of “Realizing SDG 3 by Ensuring Access to Essential Health-Care Services and Education”.

By Tuesday, the Dais received a total of seven proposals covering a wide range of sub-topics including providing health-care in rural areas and improving data collection, among others. The committee held productive discussions on Monday and Tuesday, working collaboratively on reproductive health and encouraging technological innovations. Delegates worked cooperatively and organized a moderated caucus during the informal session to discuss concrete solutions for a fruitful session.

On Wednesday, six draft resolutions had been approved by the Dais, one of which had an amendment. The committee adopted six resolutions following voting procedure, two of which received unanimous support by the body. The resolutions represented a wide range of issues, including mental health, ageing population, and improved health-care mechanisms. Intriguing discussions, innovative solutions, and clever rhetoric made the committee thrive and resulted in a successful closure of the conference.
The Commission on Population and Development,

Recognizing that a sufficient standard of health and living is a human right outlined in article 25 of the Universal Declaration of Human Rights (1948),

Fully aware that the World Health Organization (WHO) reported that around 400 million people lack access to health-care services and approximately 100 million people are pushed into poverty due to health-care costs,

Recalling Sustainable Development Goal (SDG) 3, which highlights good health and well-being, and places a focus on public health goals and unrestricted access to health coverage, described as, “ensure healthy lives and promote well-being for all at all ages,”

Cognizant of the fact that one half of the world’s population lives in rural and remote areas, but this half is served by only one quarter of the world’s doctors according to the WHO,

Appreciating the United Nations Foundation’s report, The Opportunity of Mobile Technology for Healthcare in the Developing World, which encompasses 50 individual projects conducted in pursuit of gathering further information for the effects of mobile technology on healthcare in developing countries,

Applauding the efforts of Rwanda and Nigeria for their usage of unmanned aerial vehicles (UAVs) into civil and medical purposes to reach a wider spread and more efficient delivery of medical aids, foodstuffs, and drinkable water into rural areas,

Acknowledging the work carried by medical personnel in Technical Cooperation among Countries (TCC) programs in countries such as Egypt and Morocco,

Noting General Assembly resolution 67/81 on “Global Health and Foreign Policy”, which urges governments to move towards providing all people with access to affordable, quality health-care services,

1. Suggests that participating non-governmental organizations (NGOs) and UN Agencies, such as WHO and the United Nations Population Fund (UNFPA), allocate resources that improve the use of mobile technology in healthcare to rural areas of developing nations by using the framework of:
   a. The WHO Humanitarian Health Action plan in distributing mobile health services to selected nations by following the example of the:
      i. Contribution of ambulances and mobile medical clinics to Iraq;
      ii. Provision of Mobile Emergency Primary Health Units (MEPUs) of Ukraine to six regions which improved the lives of over 200,000 residents;
   b. UNFPA’s Strategic Plan designed to personalize guidelines for countries with varying demographics and populations;

2. Encourages technological cooperation among countries (TCC) specifically targeting rural populations in order to advance their medical expertise and capabilities by:
a. Following the framework of the TCC program between Morocco, Egypt, and the United States of America;

b. Prioritizing rural medical personnel in these cross-country projects to ensure research is developed on innovation for rural medical procedures;

c. Inviting Member States to enhance South-South and Triangular Cooperation by forming regional partnerships for the importation of doctors into rural areas that suffer from a lack of medical personnel following the framework of Cuba and Brazil;

3. **Recommends** Member States to increase accessibility for healthcare services to rural and marginalized populations by advising Member States to:

   a. Engage in partnerships with the UN bodies such as Human Rights Council in order to identify rural populations that are systematically and physically barred from access to healthcare;

   b. Adopt smart chip cards that will store medical information and records of residents in a personalized cloud-based service or equivalent in order to provide unrestricted access to medical records to all medical practitioners;

   c. Follow the model of Nepal mobile hospital in order to offer healthcare services to rural populations with security or environmental issues to prevent and work towards curing preventable diseases, which will increase access to vaccination following the goal of the Global Vaccine Action Plan 2011-2020;

   d. Include community leaders and influential figures within regions in order to promote medical education;

4. **Further suggests** the usage of any type of instrument in order to make possible the spreading of adequate medical aid, vaccinations, medications, together with foodstuffs and drinkable water, to prevent and guarantee better treating of diseases by:

   a. Introducing technological innovations, such as UAVs;

   b. Utilizing regionally catered instruments such as camels, that could also make possible the delivering of goods;

5. **Suggests** the Economic and Social Council promote the WHO’s Medical Device Donations program to rural areas, by enhancing:

   a. Donations of equipment from Member States and NGOs;

   b. Public-private partnerships to sustain the additional costs involved in the donations of medical equipment such as transportation and insurance;

   c. Technical recommendations from specialists within the WHO in regards to the effective maintenance of the equipment provided;

6. **Emphasizes** the importance of an equitable allocation of funds and effective anti-corruption methods in order to:

   a. Reduce the WHO’s estimation that 20-40% of funds given to Member States for healthcare initiatives are misallocated;

   b. Increase allocated healthcare funds towards rural populations given that these communities are often ignored;
7. Supports the collaboration with the United Nations Office for South-South Cooperation (UNOSSC) in furthering the application of comprehensive compilations of studies and exchange of resources, following the structure of:

   a. South-South Triangular Cooperation (SSTC) projects which provide financial or technical support from developed countries aiming to facilitate development activities between two (2) developing countries;

   b. The United Nations Fund’s *The Opportunity of Mobile Technology for Healthcare in the Developing World*, which provides as a reference of guidelines for pursuing successful unrestricted access to healthcare for developing countries; better inform developing states on the guidelines and framework of pursuing successful universal access to healthcare;

8. Emphasizes the expansion of the WHO’s Global School Health Initiative efforts in promoting primary health education in rural schools and communities on the following topics:

   a. Healthy nutrition;

   b. Sanitation and hygiene;

   c. Mental health;

   d. Symptoms and impact of common health conditions and how to address them when needed;

9. Suggests the upscale of WHO’s Community Health Worker Programmes (CHWP) in rural and vulnerable populations in order to address the lack of CHWP resources in such communities and will do so by:

   a. Addressing health workforce shortages, maldistribution, and performance challenges by supporting community-based support structures, consultations with community leaders, and working in tandem with government officials;

   b. Creating recommendations of this guideline are of relevance to health systems of countries at all levels of socioeconomic development.
The Commission on Population and Development,

Guided by Article 25 of the Universal Declaration of Human Rights (1948) under which all peoples are ensured an adequate standard of living and health,

Reaffirming the vital importance of Sustainable Development Goal (SDG) 3 to achieve access to quality health-care services for all,

Taking into account that Chapter 8 of the 1994 Programme of Action (PoA) highlights the need for sustainability and affordability of health-care,

Acknowledging that Chapter 13 of the PoA encourages governments and non-governmental organizations (NGOs) to mobilize resources when called upon by those in need,

Alarmed that the World Health Organization (WHO) found in 2015 that 400 million people lack access to health-care services,

Motivated by the increasing need for health-care in rural and isolated areas resulting in nearly half the world being without health-care,

Recognizing that health-care needs vary greatly between different subnational regions,

Bearing in mind the Global Vaccination Action Plan 2011-2020 which seeks to provide equitable access to vaccines to achieve the goals of vaccination coverage by 2020,

Affirming the efficiency of cooperation between NGOs and state-run entities,

Noting with deep concern the lack of basic public health infrastructure in the developing world,

Mindful that in 2015 the WHO found that 2 billion people are at risk of contracting diseases due to drinking water contaminated by sewage,

Recognizing the problem of brain drain as expatriated doctors constitute more than 20% of medical doctors in members of the Organisation of Economic Co-operation and Development,

Emphasizing the need for health-care professionals in certain regions, as 80 countries worldwide fell short of the minimum ratio of health-care workers needed to maintain a health-care system, as reported by the WHO in 2013,

Bearing in mind that dispatching medical camps in regions in need of health-care services can greatly improve the health status of people living in those areas,

1. Affirms the PoA of the International Conference on Population and Development and the key actions for its further implementation;

2. Recommends that Member States implement decentralization policies in order to reinforce health infrastructure efficiency by creating a Regional Medical Plan which would collect regional data and report to the national government pertinent information summarizing health-care needs for each
3. Requests the United Nations Population Division to build up capacity and to encourage Member States to highlight the benefits of preventive health-care measures and the target of full universal vaccination coverage by:
   a. Collecting and extending existing data, research, and scientific studies from national agencies and non-governmental organizations (NGOs) regarding the measurable financial pressure relief on national health-care systems achieved through:
      i. Increased preventative health-care through, inter alia, doctor visits, patient screenings, and immunization;
      ii. Achieving national vaccination coverage of at least 80% in every district or equivalent administrative unit for all vaccines in national immunization programs;
   b. Creating reports regarding the potential for implementations in each Member State, when requested by Member States;

4. Endorses collaboration between NGOs and Member States to contribute to the elaboration of the Regional Medical Plan by providing data and health-care services in regions to answer the health-care needs that are to be identified in the Regional Medical Plan;

5. Encourages using data from the Regional Medical Plan to plan investment in public health infrastructure to improve access to basic services in underserved areas by:
   a. Prioritizing long-term health-care investment instead of relying solely on NGO aid;
   b. Increasing the number of health-care professionals to combat the shortage of doctors in developing countries by providing higher quality medical training for local doctors and nurses with the assistance of NGOs;
   c. Deploying doctors to rural and underserved areas to build trust with underserved communities by providing locals with regular primary care and screenings for chronic and infectious diseases;
   d. Emphasizing the importance of community health initiatives by educating community members in basic hygienic practices to combat the spread of common local diseases;
   e. Ensuring that poor sanitation is eliminated by purifying unclean drinking water and bettering sewage systems;
   f. Developing and implementing state level vaccination and inoculation programs to ensure a continued herd immunity of the population;

6. Suggests that Member States use data from the Regional Medical Plan legislate on measures to retain workers occupied in the health sector in rural regions to prevent further shortage of health-care professionals through means such as, but not limited to:
   a. Creating a comprehensive database exhibiting the number of physicians in each region to grasp the idea of how many physicians are lacking in corresponding districts;
   b. Involving rural components such as rural rotations in medical school and residency training;
   c. Helping physicians to adapt to rural practices and prepare socially for rural lifestyle;
d. Encouraging establishment of rural medical colleges;

e. Providing greater non-monetary compensation for physicians working in rural regions including more flexible working time for a better work and life balance;

7. Further suggests that Member States use data from the Regional Medical Plan to consider building more clinics or dispatching temporary medical camps in regions that lack sufficient health experts or physicians as a means of short-term solution for the purpose of providing provisional remedy to create a synergistic effect along with long-term solutions by:

a. Suggesting that the Economic and Social Council (ECOSOC) recommends that organizations such as Doctors Without Borders to expand their capacity to dispatch medical camps not only in extreme settings but also in rural regions lacking medical facilities;

b. Providing monetary or non-monetary incentives for physicians and medical interns to join medical camps;

8. Invites ECOSOC to discuss implementing a global program for the exchange of health innovations, research and health education for better care, diagnosis of disease and optimal information exchange through the use of online resource sharing networks between health specialists and researchers.
The Commission on Population and Development,

Bearing in mind the right of everyone to an adequate standard of living including access to health care services as articulated in Article 25 of the Universal Declaration of Human Rights adopted in (1948),

Appreciating highly the 2030 Agenda for Sustainable Development (2015), including Sustainable Development Goal (SDG) 3 on ensuring healthy lives and promoting well-being for all at all ages,

Reaffirming the ECOSOC resolution 1987/41 on “Implementation of the International Plan of Action on Aging” stressing the importance of its approaches towards health-care,


Noting with concern the high incidence of poverty caused by health costs among the aging population as proven by the Organisation for Economic Cooperation and Development (OECD),

Being aware of the national and international efforts already undertaken to realize SDG 3, which promotes adequate healthcare service to every individual,

Keeping in mind the WHO Active Aging framework’s three pillars: health, participation and security,

Recalling the Keep fit for life: Meeting the nutritional needs of older people report published by the WHO in 2002 which stresses the health changes associated with aging,

Conscious also that the world’s population is aging, in the respect that virtually all Member States is experiencing growth in the number of older persons as postulated by the WHO,

Fully believing that the older-age health problems are deeply rooted in early life experiences and childhood,

Recognizing that aging is a life-long process and that preparation for old age must begin in childhood and continue throughout the life cycle in order to understand that health status is an important milestone at every stage in life,

Having considered that promoting healthy and active aging of the population is one of the pillars of global health policy and convinced that the inclusion of the elderly in the workplace is essential to pursue economic growth,

Recognizing the lack of resources and care for the specific health-care needs of elderly migrants residing within refugee camps,

1. Recognizes elderly people as a vulnerable group with specific health needs and in order to put emphasis on this specific condition, Member States should work towards:
   a. The formation of advocacy groups for elderly people which promotes the awareness of the older persons as vulnerable,
b. The elaboration of state policy which would highlight the aging population as a vulnerable
group whose needs should be fulfilled,

2. **Suggests** ECOSOC to provide research on awareness of nutritional needs of the elderly for private
and public caregivers:
   a. Providing data on the nutritional statistics within the elderly population;
   b. Preparing for the necessary changes in infrastructure and institutional capacities in order to
   face demographic shifts on a mid- and long-term basis;

3. **Encourages** Member States to promote the improvement of regular health supply to the elderly
   through:
   a. Research on the country-specific development of the three key elements of aging: mortality,
fertility and migration;
   b. Financial support from national governments to facilitate ease of transportation of health
   supplies;
   c. Distributing and advertising “golden rules” of a healthy and therefore disease-preventing
   lifestyle which is to be identified according to the country’s circumstances and traditions and
   have to be updated every year to follow the current dietary recommendations of the WHO;

4. **Further invites** Member States to involve aged sectors of the population to be active in the workplace
   in order to cater for their health costs sufficiently by:
   a. Promoting late retirement especially in the more developed Member States by increasing the
   standard retirement age;
   b. Advertising special job positions which fit the working abilities of the elderly;

5. **Recommends** that Member States to establish more health care survey system to promote the health
   status of the older persons by:
   a. Provision of health and dental services for early detection in older persons;
      i. In collaboration with the WHO, monthly check-up should be organized at both states
      and local levels;
      ii. Supply of experts in the field by WHO to administer the process;
      iii. Studying the nutritional and health status of older persons at the community level;
   b. Giving immediate alarm to the concerned person on the consequence of their poor health
   status;

6. **Invites** Member States to promote the wellbeing of elderly people and to encourage them to pursue a
   healthy lifestyle in order to eradicate non-communicable diseases (NCDs) by:
   a. Conducting research studies about how NCDs such as diabetes, cancer and cardiovascular
   diseases impact the elderly population in collaboration with WHO;
   b. Educating the elderly community on the main causes of NCDs through local, regional or
   municipal initiatives such as lectures, distribution of explanatory pamphlets;

7. **Further recommends** Member States to educate the older persons on the appropriate nutrition
   consisting of fresh fruits and vegetables or, if needed, dietary supplements to improve eating habits
which fulfill the need for prevention and would lower the need for and dependence on health-care services;

a. Establishment of an educative platform in communities where older persons would be enlightened on the consequence of inappropriate diet by;
   i. Collaboration with community heads in organizing an educative forum bi-weekly to enlighten the older persons on the effect of proper diet;
   ii. Publicizing information on the causes of health problems which is often caused by malnutrition and inadequate diet through social media platforms;

b. In conjunction with the Ministry of Health, posting of banners and sharing of fliers which serves as a constant reminder on how better the health status of the older persons is largely determined by their diets;

8. Encourages that ECOSOC assist Member States in strengthening cooperation with private sectors that provide health services for the elderly including grocery retailers and palliative service providers, through:
   a. Carrying out programs jointly with local food delivery companies and retailers to deliver healthy raw materials or meals to the elderly who are incapable of moving or cooking;
   b. Offering favorable policies such as tax reduction for the above-mentioned companies;

9. Further recommends Member States to consider tax exemptions or reduction for elderly patients in medical institutions which help to lower the treatment expenses and thus ensure the access to healthcare services to the elderly population;

10. Highly Recommend non-governmental organizations and governments to provide resources and tools for health-workers in refugee camps and slums which raises awareness of the specific nutritional and medical needs of the elderly.
The Commission on Population and Development,

Recognizing the sovereignty of all Member States as stated in Article II of the Charter of the United Nations (1945),

Recalling Chapters VII, VIII and XI of the 1994 International Conference on Population and Development (ICPD) Program of Action regarding reproductive rights, access to health-care and access to education,

Concerned by the insufficient information allowing individuals to make informed decisions regarding women’s health,

Noting further the enduring stigma, misconceptions and stereotypes surrounding reproductive health and the spread of HIV in many parts of the world,


Acknowledging the continued support of the United Nations Children’s Fund’s (UNICEF) vaccination donation program, which aims to prevent transmission of diseases from mother to child,

Recalling the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 that recognizes cervical cancer as a harmful non-communicable disease and a threat to women’s reproductive health,

Noting with satisfaction that numerous governmental domestic measures concerning health and education have been implemented, to be best of governmental capacities,

Guided by the 2030 Agenda for Sustainable Development (2015) Sustainable Development Goals (SDG) and SDG 3.7 on ensuring universal access to sexual and reproductive health-care services,

1. Recommends all Member States to participate in State and/or non-State programs that continue to strengthen women’s capabilities into taking control of their own health and to enhance the promotion of reproductive health education;

2. Further recommends a gender-sensitive approach on reproductive health education without posing a front to cultural practices, identities and traditions by:

   a. Encouraging collaboration between governments and civil society organizations through workshops entailing:

      i. Participation of influential local entities to the discussions;
      ii. Further explanation that while access to contraception has increased worldwide, maternal morbidity trends continue to rise due to improper use stemming from the lack of knowledge on how to utilize these methods safely;
      iii. An overview of the health, socio-economic and familial benefits of family planning;
      iv. An explanation about empowerment through informed decision-making as it pertains to reproductive health;
v. Special attention to language use to ensure that minority populations and migrants have equitable access to reproductive health-related information;

b. Encouraging collaboration between governments and the World Health Organization’s (WHO) Partnership for Maternal, Newborn and Child Health for additional guidance regarding the regions and communities in greatest need of reproductive health education;

c. Recommending the Economic and Social Council (ECOSOC) to explore methods of financing through ways such as microfinancing and microlending to fund areas that are at high risk of reproductive and maternal health concerns;

3. **Invites all Member States to reaffirm the necessity to combat inequality through the involvement of both women and men in reproductive health, through:**

   a. Establishing awareness campaigns, organizing forums and quarterly national conferences related to reproductive health with the assistance of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), WHO, and the United Nations Populations Fund (UNFPA);

   b. Education to child-care and promotion of expanded maternity leave;

   c. Advocating parental leave for men;

   d. Conducting workshops and seminars about how to prevent antenatal depression and postpartum psychosis;

4. **Suggests reviewing and updating the Comprehensive Cervical Cancer Prevention and Control Programme Guidance for Countries, published by the UNFPA in 2011, as much progress has been made since underlining the importance of health promotion and education to:**

   a. Underline the nexus between education on illness and health promotion;

   b. Highlight the importance of health information systems as well as advocacy and community mobilization;

5. **Promotes the Human Papillomavirus Infection (HPV) vaccination, which is beneficial to the prevention of gynecological cancers, through:**

   a. Welcoming vaccination donation programs to increase access to safe and secure vaccinations for the entirety of the global population;

   b. Advocating the participation of the private sectors to provide health insurance for women who would like to receive the vaccine;

6. **Stresses greater supranational efforts in ensuring qualified educators for youth through pursuing more exhaustive logistical commitment by Member States to the Universal Healthcare Coverage Partnership, and to precipitate the betterment of public health;**

7. **Advises ECOSOC to adopt a rights-based approach concerning reproductive health-care which includes implementing universal health-care coverage through the collaboration between Member States.**
The Commission on Population and Development,

Guided by Chapter VIII of the 1994 Programme of Action under which all Member States are prompted to adapt to and act upon the changing health-care needs of their citizens,

Alarmed by the data provided by the World Health Organization (WHO) that one in four people will be affected by mental or neurological disorders at some point in their lifetime,

Affirms the agenda of the Mental Health Action Plan 2013-2020 established by the 66th WHO assembly in May 2013,

Deeply conscious of the heightened prevalence of mental illness among the elderly and young adolescents and understanding the mental health implications of professionalism within youth due to workplace and academic stress,

Deeply concerned by the endemic number that as of 2015, around 800,000 people worldwide committed suicide yearly, as reported by the WHO,

Recognizing the rise of addiction and addiction-based mental disorders,

Underlining the criteria of the WHO International Classification of Disabilities that most people with chronic mental illnesses suffer a disability ranging from 60% to 80%,

Profoundly concerned that despite measure of limitations to social action and participation, people having mental health issues are often marginalized and isolated to rest of population,

Taking into consideration that mental health issues must be addressed and highlighted in order to instigate discussions on this matter,

1. **Encourages** the Economic and Social Council (ECOSOC) to promote preventative measures for mental illnesses through the creation of an International Mental Health Initiative aiming to raise the awareness of mental health issues by implementing an initiative through the educational system in order to prevent social exclusion and discrimination of mentally ill individuals;

2. **Suggests** the WHO to expand upon the treatments services and support available for mental health with the intention of:
   a. Fostering technical and financial assistance to regions of less developed health coverage such as less developed countries or rural communities;
   b. Establishing special consultations and support for veterans and their surviving dependents;

3. **Endorses** the implementation of patient care networks for addiction as well as substance abuse patients which smoothly reintegrate them into social structures and the workforce by recognizing the existence of a correlation between substance abuse and mental illness and providing the necessary care services to treat addiction;
4. **Promotes** a universal set of guidelines be set by the WHO, to which a mental health-care and rehabilitation network that can be adapted to the needs of a given Member State, which addresses the following:

   a. The care for, and rehabilitation of, suicide risk individuals;
   b. The identification of those who are suffering from mental illness;
   c. The proper treatment of those suffering from mental illness by state institutions such as:
      i. Police forces and officers;
      ii. Legislative bodies concerned with employment and labor legislation;

5. **Recommends** an increase of accessibility to existing mental health treatment networks through the following mediums:

   a. Online through web-based forums to grant access to otherwise inaccessible mental health-care professionals;
   b. Mobile clinics to isolated at-risk areas;
   c. Confidential and independent school, university, and work psychologists;

6. **Suggests** that Member States highlight and address the importance of mental health-care issues specific to the elderly community by:

   a. Providing specific treatment and care services to the elderly population;
   b. Assisting in the transition into old age as this is often the period for spike in depression among people of old age by offering incentives for continued participation within the workforce as well as volunteer work;

7. **Encourages** the continuation of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) training centers, programs and resources within willing Member States in order to provide mental and physical support to women who have undergone sexual, physical and emotional harassment, and abuse through courses similar to those offered by private or public organizations affiliated with UN-Women;

8. **Recommends** Member States to create regionally and culturally tailored courses in order to propose inclusive solutions by:

   a. Establishing special consultations and support through UN-Women for women suffering from mental health issues as a result of physical, sexual, emotional, and other forms of abuse;
   b. The promotion of good and sustained medical health among young professionals and students through:
      i. Offering positivity programs and courses by employment and education institution;
      ii. Continuation and endorsement of Let’s Talk programs targeted towards at-risk youth.
The Commission on Population and Development,

Guided by the Programme of Action (1994) of the International Conference on Population and Development (ICPD) and the main operational items for its further implementation,

Affirming the commitment of the Commission to achieving Sustainable Development Goal (SDG) 3 of the 2030 Agenda for Sustainable Development (2015) to ensure healthy lives and promote well-being for all at all ages,

Considering the importance of achieving Target 3.8 of SDG 3, to achieve universal health coverage and access to quality essential healthcare services for all, as a requisite for achieving other targets under SDG 3,

Appreciating the significant global contributions of the World Health Organization (WHO) and United Nations Population Fund (UNFPA) towards the goal of achieving universally accessible and affordable healthcare, and good health and well-being for all, especially the most marginalized and vulnerable members of society,

Recognizing that operational strategies for the improvement of healthcare accessibility are based on informed and rigorous research methods and that the collection of health and economic data are effective and practical methods for guiding strategies for increasing the capacity of current nations to ensure healthcare for all,

Supporting the increased use of eHealth, defined by the WHO as the use of information and communications technology (ICT) for healthcare, as a tool to address the objectives of SDG 3 by improving accessibility to medical resources and services, as promoted in WHO’s Directing Council resolution 51.5 (2011) on the intent to prioritize the spread of ICT in order to increase the efficiency of public health administration, and the 58th World Health Assembly resolution 58.28 (2005) on the importance of establishing long-term eHealth strategies within health institutions,

Taking note of the fact that 145 Member States have in place infrastructure and systems for the delivery of healthcare services to their populations and 58% of Member States have integrated eHealth into their healthcare systems, and that there is a global push for the remaining Member States to further develop infrastructure and eHealth approaches towards healthcare and research,

Commending the WHO on their report entitled Global Observatory for eHealth (2016) which reviewed the expansions of eHealth on a global scale by supporting the work carried out by mobile and stationary clinics of the WHO and its partners,

Recognizing that Member States can improve the accessibility and reach of their healthcare delivery through informed policy for fund allocation, guided by economic analysis of current healthcare implementations around the world,

Acknowledging the need for further cooperation between Member States in the development and funding of healthcare and eHealth systems through the international bodies of the United Nations Office for South-South Cooperation (UNOSSC) and the Organisation for Economic Co-operation and Development (OECD),
1. **Expresses its hope** that all Member States fully support the use and benefits of eHealth, and promote its use by medical institutions and by patients to the best of their ability;

2. **Suggests** to the Economic and Social Council (ECOSOC) to establish, with the aid of the WHO and other relevant UN agencies, the advancement of health information data collection through:
   a. The extension of the Integrated Health Information Platform (IHIP) implemented by India’s Ministry of Health and Family Welfare to an international scale to facilitate data exchange;
   b. Conducting international research surveys about the use of ICTs within the medical institutions of Member States in order to identify strengths, weaknesses, and areas of further implementation;

3. **Recommends** that all Member States, particularly developing states, strengthen their national capacity to collect, analyze, disseminate, and utilize high-quality data in eHealth databases, as this is an essential requisite to the further implementation of IHIP, this can be achieved through:
   a. Maintaining national databases for the monitoring of indicators of health, such as:
      i. Maternal mortality ratio;
      ii. Neonatal and under-five mortality rate;
      iii. Incidence rates of infectious diseases such as HIV, tuberculosis, and malaria;
      iv. Mortality rates of non-communicable diseases such as cancer, diabetes, and cardiovascular disease;
      v. Adolescent birth rate and proportion of women with adequate resources for family planning;
      vi. Proportion of population that are vaccinated;
   b. Monitoring demographic, socioeconomic, and environmental statistics relating to their populations;
   c. Funding research and data collection agencies of relevant government agencies;
   d. Engaging in open and free transmission of knowledge and information between governments and intergovernmental organizations;

4. **Supports** the periodic and regular submission of patient records to IHIP by clinics and healthcare facilities funded by the United Nations Development Programme (UNDP) for the purpose of regional knowledge sharing and the facilitation of global research efforts by the Global Health Observatory (GHO), and further recommends:
   a. The inclusion of key demographic statistics of patients including age, gender, ethnicity, medical concern, treatment received, relevant medical history, success of prescribed treatment, and any necessary comment from the medical staff;
   b. The revision by the ECOSOC of the methods of data collection employed by the GHO in order to ensure the comprehensiveness of the information regarding:
      i. Specific local, regional, national, and international health concerns;
      ii. Vulnerable and marginalized groups;
      iii. Resource allocation and shortages;
      iv. Patterns of disease transmission;
      v. Healthcare education and training;
      vi. Gender equality;
c. The labeling of data contributions with country-identifiers based on the UN Terminology Database (UNTERM), combined with a unique clinic-specifier as determined by each Member State in order to provide greater contextual information and allow for in-depth analysis using big data technology;

d. The removal of patient identifiers, such as names and addresses, from sensitive health and demographic data, in order to protect every individual’s right to privacy:

5. **Affirms** the importance of gender-disaggregation of all health, demographic, and development data, in order to provide an accurate picture of the state of women’s health and to precisely target gender issues with regards to women’s health and their access to health services;

6. **Suggests** to Member States containing developing and rural areas lacking reliable internet access ensure that the health information of these populations is still represented in health databases by:
   
a. Utilizing pre-existing mobile clinics sponsored and administered by the WHO to work closely with healthcare clinics and workers in these areas in order to gather the necessary health and demographic data;
   
b. Regularly training healthcare professionals in these rural and developing areas on effective methods of quality data collection;

7. **Recommends** Member States make efforts to facilitate the frequency of international collaboration between healthcare providers on a regular basis in order to further inter-regional medical innovation and education;

8. **Welcomes** Public-Private Partnerships (PPPs) in order to better implement cutting-edge technology in the area of eHealth and to sustain the additional costs involved in the donations of medical equipment such as transportation and insurance by means of:
   
a. Inviting public institutions to establish partnerships with the private sectors in order to extend access to eHealth technologies while ensuring private sector access to sensitive patient information is regulated;
   
b. Enhancing the cooperation between local governments and private sectors to foster the development and implementation of eHealth technologies;
   
c. Establishing a secure cloud-based platform for IHIP modeled after the UN International Computing Centre’s (UNICC) cloud integration systems;

9. **Recommends** that ECOSOC and Member States work with pre-existing UN financial systems, notably the International Monetary Fund (IMF), the International Development Association of the World Bank Group (IDA), and the International Bank for Reconstruction and Development of the World Bank Group (IBRD), to fund programs aimed at implementing eHealth and improved healthcare systems, such as:
   
a. Research on the effectiveness, reach, and efficiency of local healthcare centers;
   
b. Initiatives to establish new and innovative solutions to existing problems in healthcare systems;
   
c. Analysis of current healthcare spending efficacy and investigation into better and more effective allocation of funds;
   
d. Assessments of the allocation of funds from the various finance systems within the UN, such as United Nations Capital Development Fund (UNCDF);
10. **Encourages** ECOSOC to work with developed Member States to accelerate progress towards achieving Target 17.2 of the *2030 Agenda for Sustainable Development*, which is further mentioned under action 14.11 in the *Programme of Action*, which is for developed countries to implement fully their official development assistance (ODA) commitments 0.7% of Gross National Income (GNI) to developing countries;

11. **Invites** ECOSOC to explore the South-South Cooperation (SSC) and North-South Cooperation (NSC) initiative as a key method for dialogue and to develop a further framework allowing for developing countries to gain access to essential healthcare and education services;

12. **Recommends** the closer cooperation between Member States and larger intergovernmental bodies, such as the European Union, the Community of Latin American and Caribbean States (CELAC), the African Union, and non-governmental organizations, by:
   a. Sharing knowledge on health and demographic data collected by different regional and national entities;
   b. Sharing research on the successful implementations of various healthcare strategies for the improvement of accessibility in order to foster a higher global standard of care;

13. **Draws the attention** of Member States to the need to prioritize SDG 3 within their national policy-making as it is a means to:
   a. Fulfill the universally shared humanitarian value of protecting all life;
   b. Protect the economic and development-related interests of Member States;
   c. Achieve the full attainment of the *2030 Agenda for Sustainable Development*. 