**FORUM:** GENERAL ASSEMBLY II

**QUESTION OF:** Implementing economic regulations on the healthcare market to guarantee its accessibility and affordability

**SUBMITTED BY:** United States of America

**CO-SUBMITTERS:** UK, DRC, EU and WIPO

THE GENERAL ASSEMBLY,

*Fully aware* of the fact that in LEDCs majority of the population is not under any health insurance which can poorly affect the accessibility to the health care market for citizens,

*Reminding* all Member States that, as stated in the UNUHC in 2019, there were more than 100 million people without access to essential health care and every year health care costs have increased, plunging millions into poverty,

*Seeking* for all nations to take measures to continue developing their individual health care markets to ensure cheaper prices,

*Emphasising* that health, including all aspects such as physical, mental and psychological, not merely the absence of a disease, is a fundamental human right stated in Article 25 of the United Nations Declaration of Human Rights, that should be a goal for all Member States to achieve, which could requires action in the economic and health sector,

1. Urges all ember States to allow the ability for citizens of a country to get a better oversight to health insurance plans provided by private and public companies by means such as but not limited to fostering comparison shopping in insurance exchanges to increase competition and price transparency among different pharmaceutical companies by stating clearly the cost and effectiveness of the insurance plans provided;
2. Further encourages the reduction in health fraud among workers working in health departments by having weekly reports on the products sold and products bought in hospitals in order to reduce:
	1. Mistakes in administrative errors such as incorrect billing,
	2. Inefficiencies causing waste, such as ordering excessive diagnostic tests,
	3. Bending and abuse of rules,
	4. Intentional, deceptive fraud, such as billing for services or tests that were not provided or that are undoubtedly medically unnecessary;
3. Encourages MEDCs to allocate funds for LEDCs, through organisations such as but not limited to Gavi, that do not have provisions and essential health care thus increasing people that are covered within each member nations as the provision of resources can give nations the necessary medicine and equipment to help citizens in their respective nations;
4. Requests all nations, with the capable resources, to have a primary physician and medical home for every citizen in respective member nations, thus providing equal access to age-appropriate and evidence-based medication and technology by using means such as but not limited to:
	1. Reforming national medical education in order to produce a primary care physician workforce sufficient to meet the nation’s health care needs by:
		1. Federal state and private funding for medical education,
		2. Medical schools to be held at a higher standard of education in order to teach the requirements of being a primary physician,
	2. Reduction in the difference between incomes of primary and subspecialty care in order to encourage more physicians to work in the primary health sectors;
5. Suggests all private and public pharmaceutical companies to increase the transparency about their medication and technology, which would promote the competition between private companies and provide opportunities for patients to decide whether they want to purchase the technology or medication by informing their patients including but not limited to:
	1. Effectiveness of the medication,
	2. Prices for patients to be readily available,
	3. Doses required for the medicine to be effective;
6. Urges the member nations to increase the quality and quantity of medical supplies, medical personnel, and medical care within their country, particularly:
	1. Scarce medical materials such as, but not limited to
		1. PPE (Personal protective equipment),
		2. Ventilators,
		3. Corticoids,
		4. Antibiotics,
	2. Through the cooperation with UN-sponsored NGOs;
7. Establishes a grants and loans program called United Nations Grants and Loans Program (UNGLP) which will allow countries with low socioeconomic ability to acquire the funds necessary from the IMF and the World Bank in order to;
	1. Build medical facilities:
		1. Purchase medical supplies,
		2. Employ properly trained medical personnel,
	2. Incentivise government premium subsidies to the healthcare system aimed specifically at their own lower-class population, particularly the ones with no universal healthcare system;
8. Establishes a triaging procedure by vulnerability to apply first dose of vaccines comprised of, but not limited to:
	1. Immunosuppressed,
	2. Elderly above 70 years,
	3. Pregnant women,
	4. Front line workers;
9. Endorses the private pharmaceutical sector bid for development by allowing competition with reasonable profitability through the following but not limited to:
	1. Companies get a 5% net profit from every vaccine sold due to licensing,
	2. Sold at discounted 20% prices for LEDCs,
	3. Monopoly established for 20 years since filing of the preliminary patent;
10. Highly recommends the need for Member States to ensure that sufficient domestic economic resources are allocated to the health sector to provide adequate health temporarily during this COVID pandemic through the following but not limited to:
	1. The measure would come out of effect 6 months after no new Covid-19 infections are reported in the country,
	2. An increase in domestic spending on healthcare as a percentage of GDP by 3 - 5%;
11. Encourages the subsidization of drugs worldwide to ensure affordable access to treatment and prevention of diseases by:
	1. Providing increased funding for treatments dealing with chronic health conditions and are essential to life such as:
		1. Insulin (Diabetes),
		2. Beta-blockers (Heart conditions),
		3. Salbutamol (Asthma),
	2. Providing increased funding for preventive treatments of pronounced diseases by subsidizing vaccines for prevalent diseases
		1. Tuberculosis,
		2. Influenza,
		3. Yellow fever,
		4. SARS-Cov2;
12. Decides to remain actively seized of the matter.