**FORUM:** GENERAL ASSMEBLY II

**QUESTION OF:** Sustainably restructuring medical services and allocating resources to combat future pandemics

**SUBMITTED BY:** European Union

**CO-SUBMITTERS:** Mexico, New Zealand

GENERAL ASSEMBLY,

*Alarmed* at the over 50 million cases caused by the current Coronavirus pandemic and the lack of cooperation between countries,

*Bearing in mind* the high possibility of a novel pandemic within the next 50 years,

*Deeply concerned* that approximately 4 billion people do not have access to necessary health services and each year 100 million people are forced into poverty because of medical debt,

*Emphasizing* Article 3 and 25 in the Universal Declaration of Human Rights which respectively establish that “everyone has the right to life” and “everyone has the right to... the health and well-being of himself and of his family...and the right to security in the event of...sickness”,

*Recalling* the precedents and goals established in 2012 and 2015 in resolutions A/RES/67/81 and A/RES/70/1 regarding the advancement of Universal Health Coverage by 2030,

*Believing fully* that action must be taken as the people who most urgently require healthcare do not have the means to attain it,

1. Urges a shift in focus to the improvement of the preexisting global system of UN clinics in collaboration with the United Nations Development Program (UNDP) in lesser developed countries by:
   1. Promoting the demand for trained medical personnel who have received the title of Doctor of Medicine (MD) from their respective country,
   2. Installing an emergency mobilization unit which has the capacity to:
      1. Set up emergency hospitals,
      2. Safely transport those in critical condition to the necessary medical facilities,
      3. Works in collaboration with local governments to track the spread of diseases,
   3. Conducting a yearly inquiry to ensure each clinic has sufficient material and equipment by:
      1. Ensuring all clinics have access to all medications listed in the WHO Model List for Essential Medicines and update their access accordingly,
      2. Confirming all clinics comply with all requirements listed in the UNDP’s main policy concerning UN clinics,
   4. Establishing new clinics in places deemed most necessary and most at risk from previous pandemics;
2. Suggests further action be taken to limit antibiotic resistance and the development and spread of new super-bugs through means such as but not limited to:
   1. Increasing research into the medical fields of:
      1. Phages,
      2. New antibiotics,
      3. Antibiotics capable of defeating resistant bacteria,
   2. Limiting the use of antibiotics by:
      1. Using antibiotics only when necessary and as rarely as possible,
      2. Educating the public on responsible usage,
   3. Investing in hygiene measures;
3. Encourages the implementation of increased hygiene measures by:
   1. Making latrine toilets freely available and installing them with a hole at least ½ a meter below ground and 30 meters from any water sources;
   2. Promoting the use of masks when:
      1. Feeling unwell,
      2. Coughing,
      3. Sneezing,
   3. Distributing mosquito nets to tropical areas;
4. Emphasizes the importance of strengthening and further developing surveillance and diagnostic systems to ensure the early detection of a possible pandemic to:
   1. Notify and provide other nations and the World Health Organisation with characteristics of the outbreaks to,
      1. Certify the best response to the pandemic,
      2. Assess the geographic capability of the virus,
      3. Provide nations with time to prepare for the possibility of a pandemic,
   2. Allow the possibility of real-life data transfer between nations to reduce the delay of information regarding the outbreak,
   3. Further reminds member nations of the vital need to take into consideration an emergency response fund for pandemics to provide,
      1. Funding for epidemiological research needed to develop a cure for the said pandemic,
      2. Resources required to combat the pandemic;
5. Urges all member states to create an emergency health care fund that will contain:
   1. A physical section with resources such as but not limited to:
      1. Ventilators,
      2. Thermometers,
      3. Surgical masks,
      4. Surgical gowns,
      5. Gloves,
      6. Eye protection,
      7. Face shields,
   2. A planning and capital section with resources such as but not limited to:
      1. A collection of documents regarding known viruses and pandemics with free access to any entities looking to investigate and research,
      2. A clear set of standard measurements and procedures to follow in case of epidemics and pandemics,
      3. An emergency trust fund only accessible during pandemics in order to grant essential supplies to needed areas;
6. Calls upon all nations to create an emergency international free healthcare system known as the United Nations Emergency Health Care Cooperation (UNEHCC) that would be
   1. Activated upon news of medical emergencies such as but not limited to:
      1. Pandemics,
      2. Epidemics,
      3. Infestations,
   2. Available for situations such as but not limited to:
      1. Testing,
      2. Disease treatment,
      3. Treatment of health conditions that might worsen effects of the disease,
      4. Medical emergencies that can decrease chances of treatment over time;
7. Designates countries which are not affected and who have adopted necessary safety measures beforehand to give aid to those which are severely affected in ways such as but not limited to:
   1. The donation of medical supplies for example those discussed in clause 5
   2. The expedition of at least 50 doctors with the purpose of:
      1. Training and/or leading volunteer civilians,
      2. Treating patients,
      3. Determining the best way to protect their own country;
8. Supports the future development of universal healthcare measures taken by the World Health Organization (WHO), especially in rural and underdeveloped areas;
9. Decides to remain seized upon the matter.