**FORUM:** GENERAL ASSEMBLY IV

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

**MAIN SUBMITTER:** France

**CO-SUBMITTERS:** New Zealand, WIPO, United Kingdom, WHO

GENERAL ASSEMBLY,

*Expresses its appreciation* of Sector-wide approaches and Global health partnerships,

*Keeping in mind* the World Health Organizations’ draft resolution of “Improving the transparency of markets for medicines, vaccines, and other health products”,

*Affirming* the Office of the United Nations High Commissioner for Human Rights for their efforts to make medical environments culturally appropriate and ethical,

*Commends* private companies on developing and testing vaccines safely faster than ever before,

*Calls* upon this committee to draft a resolution which incentives private investment and research whilst allocating accessibility needs to national health organizations,

*Recognizing that* by filling in the gap of healthcare workers will provide jobs and stimulate the economy in healthcare sectors,

*Recognizes* that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health-care services, with extensive geographical coverage,

*Bearing in mind,* article 25 of the Universal Declaration of Human rights “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services”,

1. *Calls* upon Member States to value the contribution of universal health coverage to achieving all interrelated Millennium Development Goals, with the ultimate outcome of more healthy lives, particularly for women and children;
2. *Recognizes* the responsibility of Governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health-care services
   1. All Member States, to put aside 10 - 15% of their yearly GDP towards medical care funding for all public/private healthcare, whichever they prefer, to:
      1. Increase the quality of healthcare,
      2. Increase the medical materials and resources,
      3. Increase the number of medical facilities available for:
         1. Students (such as medical schools),
         2. Researching (such as research facilities),
         3. Patients (such as hospitals, clinics, or pharmacies);
3. *Also* recognizes that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health-care services, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need, and has an adequate skilled, well trained and motivated workforce, as well as capacities for broad public health measures, health protection and addressing determinants of health through policies across sectors, including promoting the health literacy of the population:
   1. Everyone has access to the services that address the most significant causes of disease and death,
   2. It is ensured that the quality of those services is good enough to improve the health of the people who receive them,
   3. People are protected from the financial consequences of paying for health services out of their own pockets,
   4. increase funding to educate and employ more nurses,
   5. improve working conditions including through safe staffing levels, fair salaries, and respecting rights to occupational health and safety,
   6. modernize professional nursing regulation by harmonizing education and practice standards and using systems that can recognize and process nurses’ credentials globally;
4. *Encourages* Member States to adopt laws or regulations which concretely proclaim citizens’ rights to medical financial aid, to avoid misinterpretation or miscommunication on the matter;
5. *Recognizes* that the provision of universal health coverage requires full and effective implementation of the Beijing Platform for Action,9 the Programme of Action of the International Conference on Population and Development6 and the outcomes of their review conferences, including the commitments relating to sexual and reproductive health and the promotion and protection of all human rights in this context, and emphasizes the need for the provision of universal access to reproductive health, including family planning and sexual health, and the integration of reproductive health into national strategies and programs;
6. *Acknowledges* that governance to move towards universal health coverage involves transparent and inclusive and equitable decision-making processes that allow for the input of all stakeholders and develop policies that perform effectively and reach clear and measurable outcomes for all, build accountability and, most crucially, are fair in both   
   policy development processes and results;
7. *Calls* upon Member States to ensure that health financing systems evolve so as to avoid significant direct payments at the point of delivery and include a method for prepayment of financial contributions for health care and services as well as a mechanism to pool risks among the population in order to avoid catastrophic health-care expenditure and impoverishment of individuals as a result of seeking the care needed;
8. *Encourages* Member States, in collaboration with other stakeholders where applicable, to plan or pursue the transition of their health systems towards universal coverage, while continuing to invest in and strengthen health-delivery systems to increase and safeguard the range and quality of services and to adequately meet the health needs of the population;
9. *Acknowledges* that the choice of a health financing system should be made within the particular context of each country as countries are entitled to their sovereignty and whatever decision made regarding their healthcare system must be made within their own country;
10. *Decides* to continue consultations on the promotion of universal health coverage, regionally and globally, including on the possibility of convening a high level meeting of the General Assembly;
11. *Acknowledges* that when managing the transition of the health system to universal coverage, each option will need to be developed within the particular epidemiological, economic, sociocultural, political and structural context of each country in accordance with the principle of national ownership;
12. *Calls upon* Member State governments to formulate and provide price limits or guidelines for their medical markets with the purpose of controlling corruption in:
    1. Pharmacies,
    2. Hospitals,
    3. Clinics;
13. *Recommends* Member States to create a similar establishment to New Zealand’s “Healthline”, to allow for easy and frequent accessibility to medical inquiries from healthcare to any and all citizens;
14. *Expresses its hope* for the governments of Member States, particularly in LEDC’s and smaller markets, to monitor price transparency in medicinal markets in order to create affordability and availability of medical and health products;
15. *Encourages* Member States to include cultural and diversity training as a condition of employment in order to:
    1. Enforce equity in healthcare which will in turn increase accessibility of health care,
    2. Make hospitals and clinics feel inclusive, for the patients, doctors, and nurses, so that all people feel comfortable and welcome;
16. *Recommends* LEDCs to increase wages for doctors and nurses, to incentivize more people to be a part of the medical industry, which will:
    1. increase the availability of doctors and nurses in hospitals and clinics
    2. decrease the waiting lists for surgeries, certain procedures, or clinical appointments,
    3. created job opportunities which allows for growth in the medical sector in the economy;
17. *Urges* the Member States 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 following but not limited to points;
       1. Cooperation with UN-sponsored NGOs such as but not limited to:
          1. WHO
          2. UNICEF;
18. *Establishes* a grants and loans program called Iberian Economic Package (IEP) which will allow countries with low socioeconomic ability to acquire 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. Incentivizegovernment premium subsidies to the healthcare system aimed specifically at their own lower-class population, particularly the ones with no universal healthcare system;
19. *Authorizes* a worldwide oversight by the WHO to determine if a government is willfully and consistently endangering the health of its citizens by prioritizing access by capital rather than need
    1. *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;
20. *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,
    4. share patent rights among firms
    5. Sharing of test trial data, and other information that would be used for developing drugs, vaccines, and diagnostics;