**Forum:** General Assembly 1

**Question of:** The question of sustainably rebuilding health infrastructure post-crisis.

**Main Submitter:** Ireland

**Co-submitters:** Pakistan, Vietnam, Turkey, Uruguay, Swiss Confederation, Nepal, Egypt

*Aware* of the progress the World Health Organization (WHO) has made in respond to the Covid 19 crisis,

*Recognizes* that Member Nations had to implement emergency measures as a response to the Covid 19 pandemic which resulted in medical infrastructures becoming overextended,

*Emphasizes* that there is no place for any type of discrimination within healthcare facilities, or any type of violation against human rights,

*Aware* that countless people have lost their lives, and gives their families and lost ones full respect and support,

*Reassures* its commitment to international cooperation and full support to the United Nations system in the global response to the pandemic,

*Expresses* optimism that the Covid-19 cases will go down and the world will be able to function smoother day by day,

1. Recommends that all Member States implement public-private partnerships, specifically the Built-Lease-Transfer Model in which:
   1. The private sector will be in charge of the building and construction of public facilities,
   2. The government will rent said facilities,
      1. To meet the hospital demands in a fast manner,
      2. To increase the quality of facilities;
2. Encourages all Member States to adopt a Health Reformation Program with the objectives of:
   1. Implementing hospital financial autonomy so that:
      1. Hospitals have control over their finances and, as a result can respond more efficiently to their specific needs,
      2. Hospitals don’t have to rely on state budget which gives them the opportunity of increasing staff pay which, in turn, increases overall medical performance,
   2. Improving the medical personnel and quality of medical services,
   3. Structuring the management of supplies and medicines to guarantee that during a worldwide medical problem, all the equipment is organized and the preparedness of hospitals;
   4. Further invites Member States to consider a Healthcare Organization in Disasters Project which serves the purpose of:
   5. Training funded by the IMF all medical personnel in terms of the organization of hospitals and medical centers in case of natural disasters such as:
      1. Pandemics,
      2. Earthquakes,
      3. Tsunamis,
      4. Other disasters that may occur so to the localization of the country,
   6. Training all medical personnel in the common procedures and guidelines used during the aforementioned natural disasters,
   7. Predetermining disease area units to which medical personnel will be assigned to within hospitals to ensure that every patient can receive the proper treatment such as:
      1. Infectious diseases,
      2. Labor and delivery,
      3. Trauma,
      4. Internal medicine,
      5. Gastroenterology,
      6. Rehabilitation,
      7. Pediatrics,
   8. Teaching medical personnel how to effectively provide online consults to:
      1. Minimize the need of hospital visits, reducing the number of people inside the hospital and diminishing the number of contagions,
      2. Ensure that every patient is treated;
3. Encourages all Member States to implement a Medical Equipment and Infrastructure Plan managed by the Ministry of Health of each country which will:
   1. Ensure there is enough medical equipment in each hospital such as:
      1. Ventilators,
      2. Blood pressure monitors,
      3. Hospital beds,
      4. Gloves,
      5. face masks,
      6. Among others,
   2. Make bi-annual evaluations of hospitals to verify their ability to withstand an influx of people during a natural disaster by establishing certain parameters a hospital should have such as:
      1. Number of medical personnel,
      2. Equipment available,
      3. Promote the building of hospitals in case of need be;
4. Invites Member Nations to each create a national comprehensive strategic plan for dealing with pandemics, and in collaboration the World Health Organization (WHO), reassess each nations health infrastructure needs in order to:
   1. Minimize overinvestment by any single member nation in medical infrastructures such as but not limited to:
      1. Vaccine manufacture, distribution and approval,
      2. New hospital construction,
      3. Medical equipment and distribution,
      4. Temporary medical facilities,
   2. Orderly coordinate a response specific to a crisis when it arises to the benefit of all Member States in means such as but not limited to:
      1. Travel restrictions,
      2. Border control,
      3. Vaccine passports,
      4. Quarantine and test taking rules;
5. Urges Member Nations, in collaboration with the WHO, to establish further online consultations as well as access to information on medical services for pandemic related issues and common communicable diseases in order to:
   1. Reduce expenditures on in person consultations especially for:
      1. Remote communities,
      2. Elderly or infirm,
      3. Disabled,
   2. Guarantee hospitals have the necessary facilities and space for treatment to ensure all patients receive necessary care;
6. Strongly encourages Member States, in relation to the Covid-19 pandemic and any other pandemics, to increase the percentage of vaccinated citizens in said Member Nation by:
   1. Attempting to vaccinate as much of the population as possible by:
      1. Creating mobile vaccination centers to reach underrepresented and under-resourced communities,
      2. Increasing the hours vaccination centers are open,
      3. Making an organized vaccination system to be as efficient as possible,
   2. Increasing awareness on vaccinations and the pandemic itself:
      1. Promoting the spread of factual information from governments to its citizens to help alleviate citizens as well as educating them,
      2. Reducing the spread of misinformation on the health structure in order to not scare the citizens away from vaccinations;
7. Encourages health systems worldwide to secure the motivation and support of the healthcare workforce during and after health crises through ways such as, but not limited to:
   1. Protecting the physical and mental health of healthcare professionals by:
      1. Ensuring access to personal protective equipment (PPE) to frontline health workers,
      2. Ensuring that health workers are allowed to enjoy adequate rest and recuperation time,
      3. Establishing a helpline for psychological aid of healthcare workers that is staffed around the clock and meant to relieve symptoms of burnout and emotional stress,
   2. Providing family support services, including:
      1. Childcare,
      2. Allocated accommodation for the families of highly exposed staff to use,
   3. Providing financial support to healthcare workers;

9. Decides toremain actively seized up on the matter.