American Mock World Health Organization 2016
Regional Block Name: WPRO/SEARO
Topic: Mobilization of Human Resources to Address AMR
Sponsors: Australia, China, Indonesia, Vanuatu
Signatories: Nauru, Singapore, Nepal, Cambodia, Brunei Darussalam, Viet Nam,
Humanitarian Index Score: 100%

Focusing on low-income, rural populations which are resource-constrained and population dense,

Recognizing the lifestyle factors that could contribute to the rise of AMR, such as hygiene, sewage treatment, food preparation, and clean water resources,

Reaffirming the disparities of clinical health workers between each nation qualitatively and qualitatively in infrastructure,

Deeply concerned by the amount of medical personnel over-prescribing the amount of antibiotics even when unnecessary to patients,

Realizing that community health workers are integral parts of the greater healthcare system, they are an invaluable resource for combating antimicrobial resistance,

Alarmed by the overuse of over-the-counter (OTC) drugs and commercially bought antibiotics and how it's caused an increase in antimicrobial resistance,

Taking into consideration, antimicrobial resistance is facilitated by human health resources on clinical, community, and agricultural levels.

The General Assembly Plenary,

1. **Requests** for member states to delegate human resources to study the relationship between antimicrobial resistance, the vast use of antimicrobials in animal husbandry, and reduction of antimicrobial resistance in the food supply chain by forming:
    a. Regional committees that develop time-sensitive action plans that increase access to and promotion of antimicrobial alternatives by 2020,
    b. Widespread antimicrobial education campaigns in animal husbandry in both rural and urban areas,
    c. Union of farmers to consumer approach in food supply chains, to reduce the use of antibiotics used to provide consistent yields in agriculture;

2. **Calls upon** high-income to middle-income member states and NGOs to allocate funding to scientific personnel pursuing innovative alternatives to the usage of last-line antibiotics in the Food and Agricultural Industry;

3. **Strongly recommends** the formation of a professional societies by 2030, for traditional healers within countries to implement a standard for antibiotic use in non-clinical settings based on 2008 Beijing Declaration adopted by the WHO Congress on Traditional Medicine;

4. **Endorses** the training of government and NGO community health workers and traditional healers in the proper use of antibiotics, and proper disease prevention;

5. **Supports** the immediate creation of a program focused on sending recent medical graduates to underserved areas within the country of origin or within the region for one-year stints to train and support the local government health workers in their efforts to prevent AMR. These positions would be volunteer-based and incentivized based on economic sustainability by community workers who will;
    a. Advocate for proper antibiotic use through training traditional healers, representatives from refugee populations, and other community members,
    b. Immunize children to reduce child mortality and reduce future infections and antibiotic use,
    c. Promote best practices in proper water and sanitation hygiene practices in order to reduce infections and the need of antibiotics;

6. **Emphasizes** educating children about proper health practices regarding antimicrobial resistance through the use of aforementioned healthcare personnel who use visual aids that appeal to children and government personnel who would make provisions for primary education of all children (including those in vulnerable populations such as refugees) and the integration of information about AMR into primary education;

7. **Advocates** for the establishment of a regional merit-based scholarship program to provide medical training to students from lower-income and developing countries, contingent upon:
    a. Repatriation to their country of origin within 6 months of matriculation,
    b. Five years of medical service upon return to in their home country,
        i. Three of five years must be spent working to address the threat of AMR in whatever capacity is needed within their home country
    c. Any continuous professional development program funded by official development assistance and voluntary regional contributions for health care professionals after five years of service;

8. **Strongly suggests** the development of regional education standards to ensure consistent awareness among practicing clinicians, defined as doctors, nurses, physician's assistants, medical assistants, and pharmacists, of issues relating to:

   a. Antimicrobial resistance and stewardship,
   b. Strategies to effectively communicate with and treat vulnerable populations, including but not limited to: refugees, children, immunocompromised people, and persons with limited health literacy,
   c. Training in disaster relief and outbreak management, with special emphasis on communicable diseases such as typhoid, malaria, and tuberculosis, within five years

9. **Promotes** the creation of competitive employment environments for clinicians and health professionals in countries with low physician density, to be measured by a five-year, 15% increase in physician density, by:

   a. Establishing competitive clinical research projects and host sites for research fellows;
   b. Creating a climate that promotes continuing education in countries through sponsoring medical conferences that rotate between hosting countries,
   c. Establishing continuing education programs in developing countries.