- 1 AMWHO 2014
- 2 Americas Regional Block
- 3 **Topic:** "Protection of and Provision for Health Care Workers in Times of Emergency Conflict"
- 4 Protect and Provide
- 5 **Sponsors**: Plurinational State of Bolivia, Bolivarian Republic of Venezuela, United Mexican
- 6 States
- 7 Signatories: Republic of Chile, Republic of Costa Rica, Republic of El Salvador, Republic of
- 8 Ecuador, Republic of Peru
- 9 Seals of Approval: 33%

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Deeply concerned that the health of the public often times is overlooked in times of civil, social,
and political unrest (state of emergency conflict),

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Aware of the fact that all countries within our region(s) have experienced or are currently experiencing states of emergencies (including but not limited to war, terrorism, famine, and social unrest),

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Recognizing that there can be an exaggerated lack of health care providers and health provisions in the face of emergency conflict, leaving populations without access to basic health care,

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Acknowledging that protection of health care workers, both foreign and domestic, is essential
especially in times of emergency conflict,

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Fully aware of the need for medical supplies in order to facilitate the work of healthcarepersonnel in times of emergency conflict,

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Commending the efforts by the WHO State Members to coordinate and collaborate in joint efforts in addition to foreign involvement to address issues surrounding maintaining the health workforce in times of emergency conflict.

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1. *Calls for* the national governments to provide security forces for the purpose of protecting healthcare workers (both governmental and non-governmental workers) in the time of emergency conflict when the governments are unbiased:

a. In the case where national governments are determined to be biased, as determined by the
global community, the global community has a responsibility to install neutral third
parties for peacekeeping efforts;

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- 2. *Proposes* that national governments form a committee, called an Emergency Response Team (ERT), to serve as an executive board in times of conflict to conduct a needs assessment, monitor the conflict, distribute supplies (i.e., medications and equipment) and personnel while working in tandem with the Ministry of Health of that nation:
- a. Calls upon the WHO to provide varying levels of oversight on a case-by-case basis to hold the ERT accountable and ensure they are working effectively and efficiently in times of emergency conflict;

b. Suggests the development and/or maintenance of a monitoring and evaluation program that helps the ERT continually assess the needs of the country during times of emergency conflict;

- 3. *Strongly urges* the continued participation and preservation of existing local health personnel in surveillance, treatment, and community outreach, especially in times of emergency conflict;
 - 4. *Calls upon* international aid from countries, NGOs, and the general global health community to provide emergency training for local health personnel, supply resources, and supply financial aid when possible:
 - a. Condones the use of foreign aid for installation and use of mobile clinics that will provide access to healthcare to fill any discrepancies in the healthcare system during times of emergency conflict;
 - 5. *Strongly urges* the global community such as developed nations, NGOs, private donors, the WHO, the World Bank, and the United Nations, to provide financial support to the ERT in order to help fund the provisions described above:
 - a. Encourages the nation experiencing times of emergency conflict to contribute 15-25% of the funds necessary to realize the provisions described above;
 - 6. Requests the same global community mentioned above to hold nations accountable to meet the needs of their people. especially underprivileged populations (i.e., low socioeconomic status, children, pregnant mothers, elderly population,) in times of emergency conflict.