Code: Resolution EMRO 1.1
Committee: EMRO

Subject: Immediate Relief Universal Health Care Package for Times of Crisis
Sponsors: Republic of Iraq, Islamic Republic of Iran, Republic of Tunisia, Syrian Arab Republic, Kingdom of Bahrain
Signatories: State of Qatar, United Arab Emirates, Sultanate of Oman, Arab Republic of Egypt, Islamic Republic of Afghanistan

Recognizing that crises such as natural disasters, disease outbreaks, and armed conflicts affect all regions and hinder the advancement of Universal Health Coverage (UHC),

Taking note that ensuring UHC becomes arduous during times of such overwhelming social and political instability,

Deeply concerned about states with ongoing conflict in the Eastern Mediterranean region and how such conflicts fuel obstacles leading to severe lack of healthcare coverage and access,

Emphasizing that all regions experience a presence of refugees and Internally Displaced Persons ("IDPs"),

Keeping in mind that nations will be expected to move towards sustainable development, as outlined by the United Nations Sustainable Development Goals (UNSDG),

The General Assembly Plenary,

1) *Requests* the implementation of immediate relief resources including medical supplies, medical workforce and training :
    a) Medical supplies for the newly erupted infectious disease cases caused by the displacement of populations from NGOs and civil society actors,
    b) Providing sanitary measures and access to clean water,
    c) Emergency Preparedness Training to community health workers, primary health care providers, nurses, social workers and volunteers provided by NGOs and civil society actors;
2) *Establishes* an EMRO Crisis Fund:
    a) Partner nations to donate a voluntary percentage of their GDP towards increased healthcare expenditures which is not capped at a maximum contribution. Countries that are unable to contribute GDP are expected to allocate human resources through strategic development and volunteerism. There should be no exception to contribution,
    b) Partner NGOs to donate expenditures towards medical supplies, infectious disease aid and humanitarian relief efforts,
    c) Existing EMRO funds to be restructured and donated towards the refugee crisis into an EMRO Crisis Fund;

3) *Authorizes* longitudinal healthcare approaches through the creation of an independent, non-partisan epidemiological surveillance system:
    a) The WHO and its partner NGOs to begin epidemiological surveillance of populations affected by crises through utilizing existing data collection strategies, adopted by NHANES (National Health and Nutrition Examination Survey) and BRFSS (Behavioral Risk Factor Surveillance System),
    b) Surveillance data would be used to create a healthcare expenditure versus health outcome "score" to address future directions of aid,
    c) The epidemiological surveillance system will continuously collect data in order to conduct longitudinal studies on populations in crisis;
4) *Encourages* partnerships between governments and centers of excellence (i.e. NGOs such as the PIH and the Red Cross) to address various repercussions of the crisis such as psychological trauma and infectious disease:
    a) The governments will collaborate with NGOs and the WHO to address infectious disease outbreaks such as Polio, TB, and HIV,
    b) Civil society actors, including NGOs, are able to provide expert research on mental health, with the PIH providing adequate and culturally competent treatment options, training to health professionals, community health workers, and volunteers on how to address mental health in populations affected by crisis.