American Mock World Health Organization National Conference 2016
Regional Block Name: EMRO
Topic: Human Resources for Health
Sponsors: Bahrain, Oman, United Arab Emirates
Signatories: Iran, Kuwait, Lebanon, Libya, Morocco, Pakistan, Saudi Arabia, Sudan, Tunisia, Yemen
Humanitarian Index Score: 80%

Alarmed by misuse of antibiotic medication that has brought about the rise of growing trends in antimicrobial resistance,

Aware of the regional disparities in health care development levels which often occur between developed and rural areas within states,

Expecting the collaboration of WHO member nations with the common goal of promoting human resources for health,

Emphasizing the importance of the issue of AMR as a global health endemic which must be addressed and curbed with all due haste to prevent the spread of AMR for future generations,

Considering the importance of AMR education and awareness for the success and benefit of member countries,

The General Assembly Plenary,

1. *Encourages* the further development of the existing Global Taskforce against Antimicrobial Resistance (GT-AMR), under the World Health Organization to oversee national efforts to address the threat of antimicrobial resistance and oversee the management of regional funds (refer to clauses 5 and 6). The GT-AMR would be divided into regional bodies to work with member states of each region;

2. *Recommends* the formation of National Antimicrobial Resistance Committees (N-ARCs) under each member state's government, if not currently available
    a. Invites each nation to organize and coordinate all efforts against antimicrobial resistance through their N-ARC
    b. Each N-ARC will be founded and operated by a group of highly-qualified professionals including, but not limited to, physicians, nurses, pharmacists, scientists, policy makers, etc.
    c. Each N-ARC will report to and coordinate funding with their regional GT-AMR;

3. *Emphasizes* the cruciality of ongoing and supplemental education of the healthcare workforce to include topics including, but not limited to:
    a. Appropriate regimentation by healthcare providers of antibiotic treatment by

i. The use of only evidence-based methods (ex. viral vs. bacterial infection) to prescribe necessary medication when antibiotic treatment is deemed necessary
ii. Emphasizing specific regiment of antibacterial medicine allocation for patients, rather than random and uncensored distribution
iii. Exercising extreme caution when prescribing antibiotic treatment, especially for children and pregnant women who are especially vulnerable to the threat of AMR
iv. Encourage countries with infrastructure for continuing education of healthcare workers to include AMR-prevention recommendations

b. Conveying to patients the importance of strict adherence to complete dosage regimens concerning antibacterial treatment, via sensitivity to local customs, religions, and traditions in the process of education of patients;

4. *Stresses* the promotion of public awareness of the ubiquitous presence of AMR in everyday circumstances with the purpose of minimizing risk of infection
    a. By utilizing local, community level outreach and education, especially in rural areas, to stress importance of following antibiotic treatment schedules
    b. By strongly encouraging use of public school systems to actively educate children and adolescents on the issue of AMR as well as to offer convenient access to vaccinations in promotion of public health
    c. By raising public awareness of antibiotic supplemental use in food production
    d. By encouraging public education of important sanitary practices including but not limited to
        i. Education of basic hygienic practices, such as hand washing
        ii. Addressing the need for improved hygiene in communities of refugees, displaced peoples, and peoples affected by political instability
    e. By emphasizing that investments into products for better hygiene will stretch value in the long run for civilians/states
        i. Addressing that proper investment now will curb AMR spread in the future
        ii. In hopes of decreasing self-prescription of medication over the counter;

5. *Endorses* the submission of a budget to the UN General Assembly for the creation of the WHO sub-body (GT-AMR);

6. *Approves* the formation of a “regional fund” for the purpose of providing monetary resources to nations incapable of self-funding the activities of their National AMR Committees
    a. “Regional” is defined by the WHO regional offices
    b. Willing and able nations are encouraged to contribute ~1% of GDP to the regional fund
    c. Regional GT-AMR to will be responsible for managing the activities of the fund
    d. Resource-poor nations are encouraged to apply to their regional GT-AMR to receive grant funding for specific activities of their N-ARC
        i. Grant applications must include detailed budget plans and plans for measuring and reporting outcomes to regional GT-AMR
        ii. Eligibility of grant funding will be decided on a case-by-case basis;

7. *Expresses the hope* that nations will self-fund the activities of their national AMR committees
    a. Regular reporting of outcomes is necessary in order for nations to remain accountability to the regional GT-AMR
    b. Self-funding is the ultimate goal for each nation to achieve self-sufficiency in funding;

8. *Encourages* nations to explore options to collaborate with the private sector to decrease the burden on public sector and create sustainable solutions;

9. *Recommends* that GT-AMR operate with the specific purpose of connecting grassroots AMR based needs to national policy and implementation, as well as fostering regional collaboration; hence proposing the construction of a "feedback loop" method consisting of three bodies to facilitate collaboration with potential partners such as, but not limited to, NGOs like Red Cross, MSF, UNICEF, and any others with interest in the region:
    a. Regional GT-AMR composed of health practitioners, policy makers, government officials, and researchers from each nation within the region
        i. To discuss economic feasibility of interventions, set priorities when discussing interventions and to ultimately come together with a recommended plan of action for implementing primary prevention measures (including, but not limited to, education and vaccine administration)
        ii. To monitor and evaluate policy implementation
    b. N-ARC is composed of community health workers, health care professionals, health policy makers, health facility administrators, critical leaders for potential AMR campaigns within each nation
        i. For the purposes of discussing the recommendations put forth by the regional GT-AMR and tailoring it to the needs of their country, creation of plans on how to disseminate the message of AMR recommendations to the masses.
        ii. For surveillance/monitoring and evaluation purposes, it will relay concerns expressed by local body to the regional GT-AMR and will also monitor progress of local initiatives and recommend adjustments to regional GT-AMR
    c. Local body: to be composed of local officials, community health workers, the local populations, and the local industries
        i. To implement tailored recommendations from N-ARC to the needs and limitations of each community, including, but not limited to, urban, rural, and refugee communities
        ii. To facilitate education, as previously mentioned
        iii. Improve trust between health providers and beneficiaries
        iv. For surveillance/monitoring and evaluation purposes such as direct contact with N-ARC to relay local concerns, needs, and questions and contact with the regional GT-AMR through the N-ARC to promote local policy concerns and needs.