Subject: Increasing Equitable Access to Healthcare in Rural Communities
Sponsors: El Salvador, Guatemala, Panamá
Signatories: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Mexico, Peru, Plurinational State of Bolivia, United States of America

Understanding that healthcare is not equally accessible to those in rural regions,

Believing that innovations are a tool in creating equitable access,

Acknowledging the importance of implementing health technology to bridge urban and rural gaps in health quality,

Reaffirming that preventive education through community leadership is essential to the wellbeing of rural communities,

Taking into consideration the success of national policy level endeavors in member nations,

Supporting the importance of women in community health leadership positions,

Recognizing the need to collect accurate data that will inform treatment priorities and ensure interventions have a beneficial effect,

The General Assembly Plenary,

1. *Draws attention to* the importance of establishing preventative measures to further health equity at the local and national level;
    a. Supports establishment of an integrated network of community health workers to further health literacy, education, promotion, and preventative services;
        i. Recommends this be accomplished via partnerships with non-governmental organizations to facilitate community health worker training to establish local leadership;
        ii. Highlights the importance of culturally sensitive training in cooperation with local community leaders at all levels;
        iii. Calls upon the increased inclusion of women as community health leaders;

2. Suggests national policy level approaches that have the potential to create systematic changes in health;

    a. Encourages country-specific approaches that target vulnerable populations;

    b. Invites nations to consider adopting tax-based legislation on products with adverse health effects to encourage behavior change and generate revenue;

    c. Looks favorably upon the use of ad campaigns that raise awareness of common health deterrents and specifically target young and socioeconomically disadvantaged populations;

3. Emphasizes that governments and organizations should support technologies that allow greater connection between centralized urban medical communities and their rural counterparts;

    a. Recommends the integration of telemedicine and hotspotting services so that outside expertise may better service vulnerable and often inaccessible regions;

        i. Further invites the establishment of such services provided through public-private partnerships;

4. Expresses its hope that NGOs and governments will support the creation of community-led pharmacy systems that can facilitate the utilization of prescription drugs in rural areas;

    a. Commends Pfizer's sponsorship of micro-pharmacy projects, and allows Pfizer to place their logo on these micro-pharmacies;

    b. Supports the empowerment of community members to properly distribute prescription drugs;

    c. Facilitates collaboration with NGOs and pharmaceutical companies to evaluate micro-pharmacy efforts;

5. Calls upon the pharmaceutical industry to subsidize drug costs within needs-driven communities to achieve more equitable access;

    a. Emphasizes the necessity of prioritizing focus areas based on information system data

6. Declares the need for monitored data collection from the facilities that will be built in rural areas;

    a. Affirms the importance of confidentiality in these facilities as data collection would allow for more control for privacy monitoring of health records;

    b. Draws attention to importance of using secured servers as well as cyber security measures;

    c. Project Loon will be consulted to increase internet accessibility in remote areas with a demonstrated need for internet access;

    d. Facilitates epidemiologic research, monitoring of diseases, and distribution of resources;

    e. Promotes the identification of vulnerable populations;

f. Invites collaboration between primary health care workers and local governments to improve the collection of data while providing services with the explicit permission of the patient;

g. Utilizes an Application Programming Interface (API), a cloud-based system to enclose medical records;

7. *Expresses its hope* to create comprehensive primary health care programs as a way to reduce inequalities, while striving towards the goals of universal health coverage for all;

   a. Implementing this in areas of need based on evidence collected through data systems initiatives;
      i. Understanding the goal of gradual expansion beyond initial areas of need
   b. Focusing on maternal-fetal medicine and pediatric care, as well as care for rural working populations to ensure their presence in the workforce;
      i. Promoting person-centered training of health care workers
   c. Including culturally-sensitive education on reproductive health and prenatal and pregnancy related care.;
   d. Affirming the need to include both communicable and noncommunicable diseases.