

## EMRO Resolution 3.1

**Sponsors:** Lebanon, Libya, Saudi Arabia

**Signatories:** United Arab Emirates, Oman, Egypt, Somalia, Tunisia, Sudan, Iran

**Topic:** Equitable Access through Medical Aid, Education, and Public-Private Relations

*Welcoming* the fact that regional differences arise due to cultural and religious beliefs as well as economic resources, or lack thereof,

*Fully aware* of the presence of both communicable and noncommunicable diseases such as Hepatitis C, polio, HIV/AIDS, asthma, diabetes, influenza, and cardiovascular disease in both developed and lesser-developed countries,

*Recognizing* the lack of equitable access to medication across rural and urban communities due to geological, political, and technological restraints,

*Emphasizing* the need of health literacy, especially among women and children, for long term sustainability of health initiatives and disease prevention,

*Having considered* that while there are many trained health professionals in developed countries, there is still a demand for further health education among health workers,

*Expecting* to innovate within public-private partnerships in order to support global health by targeting local communities in conjunction with non-governmental organizations,

*Declaring* the necessity of cooperation despite internal and external conflict, including but not limited to refugees and unstable political institutions,

*The General Assembly Plenary,*

1. *Encourages* developed countries to facilitate public and private partnership for long-term economic growth;
  - a. Calls upon developed countries within the region to work with their telecommunication and technology companies to invest in the construction of telecommunication infrastructure within lower income region states ,
  - b. *Further invites* telecommunications companies to set up hotspots and telecommunication networks where needed to allow connections between nations and healthcare professionals to address and counsel individuals providing care in the needed places,
  - c. *Endorses* technological companies to supply communication technology (such as to laptops, tablets, etc.) in “EduPack”s to provide access to foreign health services/ instructional materials on certain diseases,

- d. *Expresses its hope* for long-term economic growth for both developed and developing countries through private technological investments that will procure profits and technological advancement through research and development in the future.
    - e. Asks NGOs, governmental institutions, and private companies to supply materials or donate funds for "MedPacks"
  - 2. *Endorses* the adoption of "MedPacks," "EduPacks," or both, depending on the country's needs;
    - a. Calls upon individual countries within the region to determine need and make requests for "MedPacks" and "EduPacks";
    - b. Asks NGOs, governmental institutions, and private companies to supply materials or donate funds for "MedPacks";
    - c. Further invites hospitals and other healthcare facilities to aid in determining need;
  - 3. *Designing* customized "MedPacks" for each country to ensure equitable access in all regions;
    - a. *Includes* vaccinations and medications for universal diseases/conditions such as, but not limited to, hepatitis C, polio, HIV/AIDS, diabetes, asthma, tuberculosis, hypertension, malaria, pneumonia, and influenza,
    - b. *Allows* flexibility of "MedPacks" which permits countries to choose which vaccines and medications they want to include,
    - c. *Urges* storage of "MedPacks" with the intent to use in times of global or regional crises, which will be stored in designated hospitals and/or community health centers,
    - d. *Emphasizes* proper use of "MedPacks" elicited by trained personnel with the aim of educating community health workers, with use of pictorial pamphlets,
    - e. *Designates* a distribution pathway in which "MedPacks" will be assembled and shipped to hospitals and/or community health centers, where local workers will distribute and explain medical treatment and prevention, focusing on improving childcare in addition to overall healthcare.
  - 4. *Confirms* the creation of an "EduPack" for countries focusing on expansion of health literacy and equitable access, especially in rural regions;
    - a. Designates the use of universally understood educational pictorial pamphlets for the advocacy of healthy lifestyles and proper vaccination methods,
    - b. *Further invites* countries to implement "EduPacks" in combination with "MedPacks" for regions that lack equitable access to vaccines and medications in addition to trained health care personnel,
    - c. *Emphasizes* the prevention and possible eradication of preventable communicable and noncommunicable diseases, including but not limited to diarrheal disease, malaria, cholera, hypertension, cardiovascular disease, and diabetes,
    - d. *Expresses its hope* for the spread of community education and distribution of "EduPacks" through collaboration with religious and spiritual leaders and community meetings with trained NGO personnel and local volunteers,

- e. *Urges* community members to be a vital part of the processes in education to spread health literacy to impressionable populations such as women, children, and refugees,
- f. *Encourages* the combination of “EduPacks” with technological innovations such as health apps and cross-border communication between physicians,
- g. *Further endorses* the combination of “EduPack” and micro-financing resources among low-resource settings to further support migrant populations and local economies,
- h. Calls upon educating physicians to respectfully address cultural stigmas with the goal of increasing effectiveness of treatment and diagnosis, especially within the specialties of prenatal, labor, and postpartum care.