

EURO Resolution 4.1

Sponsors: The Kingdom of Denmark, Republic of Italy, Switzerland

Signatories: The Kingdom of Belgium, The Republic of Bulgaria, The Republic of France, The Federal Republic of Germany, The Republic of Lithuania, Norway, Portugal, Second Spanish Republic, United Kingdom, Ukraine

Topic: Decentralized Data Collection to Achieve Equitable Access

Recognizing that global health inequalities exist both between and within countries,

Acknowledging that health inequalities are not understood in all populations for all diseases in all member nations,

Emphasizing the need for identifying inequities to adequately address in disease burden and treatment in all populations,

Deeply concerned about a lack of equitable access to primary health care in many vulnerable populations,

Alarmed by the lack of a neutral, comprehensive, and international system for researching health inequities

Acknowledging that equitable access to healthcare cannot be provided unless the regions and types of health inequity are identified through innovative methods of data collection and public and private partnerships.

Recognizing that multinational corporations such as Walmart, IBM and Oracle have committed to adopting Blockchain technology to drive their supply chain in recent years,

The World Health Assembly Plenary,

1. *Urges* the promotion of a global data collection initiative that utilizes a volunteer-based task force comprised of ambassadors from local countries through:
 1. Cloud-based storage through private partnerships with cloud computing companies:

1. Assimilate and integrate participating Member-Nations' Ministries of Health data using standardized and agreed-upon ICD-11 Codes to a decentralized secure system
2. Maintaining a web-based platform that aggregates and analyzes data that is accessible by request to the WHO with the cooperation of the member state whose data is in question
3. Partnering with private companies to integrate blockchain technology to this cloud-based data storage system in order to:
 1. Ensure security and implement patient privacy and health information through decentralization;
2. *Calls upon* the collection of a diverse range of comprehensive data and utilizing it in a global data collection initiative that gathers data for:
 1. Factors such as:
 1. Race, ethnicity, genetic disease, age, sex, vitals and physical activity
 2. Alcohol, tobacco and drug use; medication history
 3. Rates of chronic conditions (diabetes, hypertension, etc.)
 4. Infant mortality and pregnancy rates; maternity health
 5. Pediatric illness (mumps, measles, pox, etc.)
 6. Rates of Vaccination for preventable disease
 7. Sexual activity/risk (STD rates, the risk for HIV/AIDS)
 8. Prevalence of infectious disease
 2. Diagnosis of disease through International Classification of Disease (ICD-11) Codes
 3. Access to knowledge about antimicrobial resistance in areas and access to and dissemination of critical information regarding antimicrobial resistance in the region
 4. Using this data to enable organizations specializing in all aspects of healthcare to act on the most burdened situations such as:
 1. Pharmaceutical companies
 2. Non-Governmental Organizations
 3. Private Companies;
3. *Endorses* the implementation of innovation, including but not limited to, artificial intelligence and global positioning systems into existing developed healthcare infrastructures through partnerships with private companies in order to:
 1. Provide analytics for disaster relief
 2. Improve Patient Outcomes for:
 1. More accurate diagnostics
 2. Second opinion to healthcare professionals

3. Provide drugs towards a diverse range of “niche-specific” diseases;
4. *Promotes* the dissemination of new technologies in areas of low-resource settings through:
 1. Leveraging Public-Private Partnerships with organizations in order to:
 1. Expand Wi-Fi access to low-resource settings
 2. Improve health literacy
 3. Bridge the technology gap
 4. Improve accuracy of data collection software through mobile submissions
 5. Promote sustainable infrastructure by:
 1. Building more permanent Wi-Fi-infrastructure
 2. Investing in local IT infrastructure
 2. Partnerships with global health medical donation organizations and leading private IT companies such as those listed below to provide medical devices and supplies:
 1. HUMATEM in France, International Aid, etc.
 2. Organizations working on donations of medical equipment
 1. Providing supplies for basic essential healthcare such as triage kits to help develop first responders
 3. Encouraging the role of technological education in local schools and universities so that younger generations can continue and contribute to the work of research efforts
 1. Work with private partnerships to introduce research technology in rural areas;
5. *Empowers* local health workers to increase the number of accessible treatment and basic needs in all communities, transcending geographical, gender, and age barriers to access:
 1. Partnership with Partners in Health, American Red Cross, and the Bill and Melinda Gates Foundation
 1. Training community members to use medical supplies and database equipment for treatment under the conditions of disasters, multiple casualty responses, and other emergencies.
 2. Calls upon the non-governmental organizations listed to particularly focus on training community members to increase healthcare access to marginalized groups.