

SEARO/WPRO Resolution 5.1

Sponsors: China, Japan, Republic of Korea

Signatories: India, Myanmar, Nepal, Bangladesh, Thailand, Malaysia, Australia, Democratic People's Republic of Korea

Topic: Increase equitable access to medication, preventative measures, and/or services

Deeply concerned by the widespread presence of inequitable access to care, primarily in rural areas and other vulnerable populations, such as women, children, and internally displaced persons,

Desiring an increase in access to healthcare, specifically maternal and pediatric health,

Understanding the various health needs in the region including, but not limited to, noncommunicable and communicable diseases, such as cardiovascular disease, HIV/AIDS, and malaria,

Taking into consideration the existence of cultural norms surrounding aspects of medicine, including but not limited to, mental health and sexual health,

Recognizing the multi-faceted factors which impact one's access to essential care with a need for a multi-step approach that emphasizes collaboration with community health providers which would implement sustainable practices,

Acknowledging the sovereignty of all nations and respecting their cultural backgrounds in the implementation of bottom-up interventions to improve overall health outcomes,

The World Health Assembly,

1. Collaborates with non-governmental organizations and pharmaceutical corporations to distribute medical resources, implement care initiatives, and educate communities about the endemic diseases within the region and the ways in which both common medications and preventative public health interventions can reduce the spread of disease, encouraging Member States to
 - a. Invoke the assistance of medicine-oriented Nongovernmental Organizations such as Médecins Sans Frontières and the American Red Cross to assist these local districts in their medical and humanitarian response to natural disasters,
 - b. Facilitate the translation of skills from Medicins Sans Frontiers and American Red Cross to local healthcare workers through experiential learning;
2. *Establishes* a survey on countries' attitudes towards specific resources that would be made available by working with local research organizations through methods such as but not limited to:
 - a. Preliminary surveys will be taken to assess current needs
 - b. Routine follow-up surveys will be taken to measure progress and ensure transparency;

3. *Garners* innovations in structural development which serves the purpose of provision of care and services to primarily rural and other vulnerable populations through practices such as but not limited to;
 - a. Using the resources of the American Red Cross to train local medical professionals in practices
 - b. Using the resources and support of of the Bill and Melinda Gates Foundation to access and implement web-based audio and video communication and technological infrastructure for both provider-patient and provider-provider medical discourse including computer systems and internet access in existing regional government centers,
 - c. Implementing public-private partnerships to allow for the implementation of infrastructure that would allow for telemedicine to be possible and/or improve existing infrastructure,
4. *Encourages* Member States to incorporate the advances in telemedical techniques, by:
Establish a hotline service to increase access to acute medical care via telemedicine services,
 - a. Releasing medical information and public service announcements via telecommunication to increase health education and discourse, in addition to communication during national health crises,
 - b. Asking pharmaceutical companies such as Novartis and Pfizer to aid in the telecommunication project in providing pharmaceutical drugs for patients and providing access to doctors;
5. *Calls for* local authorities to tailor potential feasible solutions such as behavioral and structural interventions;
 - a. Working with community health providers to administer care that is culturally appropriate in order to encourage positive health behavior change, including but not limited to:
 - i. Behavior change intervention, education and advertising campaigns, etc.
 - ii. Specific care for women and children
 - iii. Vaccine access for the most common diseases and disorders, including influenza and tuberculosis, among our nations;
6. *Calls upon* Member States to recognize and act upon the importance of both preventative and responsive measures with regard to the provision of care in such ways such as but not limited to;
 - a. Building preventative capacity with regard to health concerns, including;
 - i. to disaster relief
 - ii. disease acquisition and transmission,
 - iii. epidemic and pandemic potential of infectious diseases, including influenza
 - b. Implementation of access to educational and awareness based initiatives surrounding such care including but not limited to;
 - i. mental health
 - ii. maternal and child health

- iii. reproductive health
 - iv. the contraction of diseases
 - c. Establishing a medical transportation network to allow patients nationwide to access both emergency and preventative care;
- 7. Urges the creation of sustainable educational programs formed in partnership with local educational institutions to implement in the vulnerable populace, especially in rural areas;
 - a) focused on but not limited to:
 - i. primary health care services,
 - ii. preventing onset or development of cardiovascular diseases;
 - B. Working with non-governmental organizations such as the American Red Cross to provide training on using primary care medication, equipment and services about primary care methods, such as monitoring blood pressure and cardiovascular health to increase the distribution of medication;
- 8. *Emphasizes* the need for evaluation with regard to the aforementioned interventions in our Member States in which:
 - a. Monitoring and evaluation will be implemented locally by community health providers in order to determine the effectiveness of that which is implemented
 - i. Effectiveness will be defined in terms including but not limited to decreased prevalence of disease, improvements in quality of life as dictated by health indicators, and advancements in both patient experience and health literacy
 - b. A governing body will be assembled in conjunction with the departments of public health on local, state, and national levels in participating nations tasked with nationwide monitoring and quality assurance
 - c. Participating community health providers will be required to report to this governing body on a yearly basis
 - d. Policy will be considered and amended as needed on a five-year basis at the discretion of the established governing body with input from community health providers and their patients