

Committee: Human Rights

Topic: Universal Health Coverage

Submitter: South Africa

Sponsors: Kuwait, Russian Federation, Thailand, Iran

Signatories: Argentina, Mexico, India, Portugal, Nigeria, Morocco, Equatorial Guinea, Finland, Hungary, Pakistan, Dominican Republic, People's Republic of China, Austria, Egypt, Peru, USA, Poland, Saudi Arabia, DPRK, Turkey, Brazil

The General Assembly,

*Deeply disturbed* that about 100 million people are still being pushed into extreme poverty (defined as living on 1.90 USD or less a day) because they have to pay for health care,

*Expressing its satisfaction* over the World Health Organization's partnership with UNICEF and the Ministry of Health of Kazakhstan and hosting the Global Conference on Primary Health Care,

*Bearing in mind* that universal health coverage can help alleviate the poor, reduce pandemics, sustain economic and social development,

*Keeping in mind* that over 800 million people (almost 12% of the world's population) spend at least 10% of their household budgets to pay for health care,

*Alarmed by* the fact that, according to the World Health Organisation, about 30% of the population does not have access to essential medicines,

*Aware of* the fact that South Africa, between 2009 and 2019, had wasted over 750 million Rand of taxpayers money (expenditure better used for things such as health care),

*Reaffirming the* Universal Declaration of Human Rights that was passed in December of 1948 to protect the fundamental, universal human rights for all under the United Nations.

*Noting* that almost half of the African continent's population, and at least half of India's population does not have access to essential medicines,

*Considering* that in most poorer nations, issues pertaining to reallocation of resources and finances to alleviate poverty cause conflicts that hinder the goal of universal health coverage,

*Seeking* progress in the quality of medical care globally,

*Acknowledging* social determinants, such as income, living conditions, and education, which can hinder a person's ability to access quality health care,

*Conscious of* the impact poor delivery systems have on the access hospitals have to essential medicines,

*Alarmed by* the fact that over 100 million people have been pushed into extreme poverty due to health expenses,

*Noting with deep concern* that the people of sub-Saharan Africa have the lowest life expectancies in the world,

*Recognizing* Australia, Austria, Bahrain, Belgium, Brunei, Canada, Cyprus, Denmark, Finland, France, Germany, Greece, Hong Kong, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Luxembourg, The Netherlands, New Zealand, Norway, Portugal, Singapore, Slovenia, South Korea, Spain, Sweden, Switzerland, The United Arab Emirates, and The United Kingdom for adopting free healthcare systems,

*Commending* The United Kingdom, The Netherlands, and Australia for offering the best quality accessible healthcare in the world,

*Deeply disturbed by* the fact that Sierra Leone has a score of 0.00 on the WHO health systems performance index, providing its citizens with very poor healthcare,

*Draws attention to* the fact that Andorra, Angola, Congo-Brazzaville, Congo-Kinshasa, The Dominican Republic, Egypt, El Salvador, Gabon, Guinea-Bissau, Honduras, Haiti, Iraq, Laos, Madagascar, Malta, The Marshall Islands, Mauritania, Micronesia, Nicaragua, Palau, The Philippines, Sao Tome & Principe, San Marino, Senegal, Suriname, and Tonga have prohibited abortion unconditionally,

*Notes* that 200 women die daily as a result of pregnancy or childbirth complications,

*Emphasizes* the fact that 28 million people in the United States of America do not have health insurance,

*Affirms* that the global measles mortality rate has decreased by 80%,

1. Appeals for the prioritisation of affordable or free essential health services or free to access for any person who is in need of it, accommodating for different incomes and circumstances;
2. Urges increasing the percentage of the population, with at least 80% of this increase coming from lower income nations, with access to quality health care by at least 10% by 2030;
3. Approves utilising taxation to increase funds for government expenditure on health care;
4. Demands increased security over the handling of government funds and their distribution to health care;
5. Encourages governments to use government expenditure to assist health care by reallocating whatever funds feasible from stable, flourishing sectors of the nation in question to go into healthcare;
6. Calls for the acquisition of essential medicines in lower income nations by the aforementioned reallocation of government funds and/or by receiving financial and medical advice (advisors provided and trained by the UN) that assists nations in acquiring a sufficient supply of essential medicines;
7. Recommends nations to implement more transparent taxation systems, so as to avoid corrupt misdirection of funds;

8. Further recommends that nations invest more into solving conflicts between the wealthy and those who suffer from poverty, working to reallocate resources to assist the poor whilst maintaining peace among the citizens;
9. Instructs member nations to adopt a 2% medical expense tax, which would be covered by the International Monetary Fund in countries with a low gross domestic product;
10. Requests that member nations provide free basic healthcare (within 15 years for LEDCs) to their citizens, including, but not limited to:
  - a. immunizations
  - b. emergency services
  - c. physician care, including:
    - i. mandatory free general health checkups every six months
    - ii. free need-based care
  - d. necessary laboratory tests
  - e. preventive care;
11. Endorses setting a worldwide standard for necessary immunisations that would establish the necessary immunisations to be administered for free to all (patients allergic to specific ingredients in vaccines are to receive modified vaccines without the allergen):
  - a. mandatory immunisations include:
    - i. chickenpox (varicella)
    - ii. haemophilus influenzae type b
    - iii. hepatitis A
    - iv. hepatitis B
    - v. human papillomavirus
    - vi. influenza
    - vii. measles, mumps, rubella
    - viii. meningococcal
    - ix. pneumococcal
    - x. shingles
    - xi. tetanus, diphtheria, pertussis;
  - b. Patients will be issued cards stating whether or not they have received the aforementioned immunisations which they will have to present to their employer or educational institution:

- i. if any number of immunisations is missing, the patient's employer or educational institution will be required to give him time off of work in order to get his immunisations
  - ii. if the patient is unemployed and/ or does not attend an educational institution, his dependent must ensure that his immunisation record is up to date;
- 12. Encourages member nations to launch advertising campaigns that would:
  - a. Make the public aware of the available healthcare options in the region, including, but not limited to:
    - i. the location of the nearest hospital or clinic
    - ii. the location of the nearest emergency room
    - iii. the location of the nearest birth center
  - b. Be publicized:
    - i. on television
    - ii. on the radio
    - iii. on online news sites
    - iv. on local billboards;
- 13. Calls upon member nations to strengthen primary healthcare by means of:
  - a. building new emergency care facilities in regions where they are lacking
  - b. building walk-in clinics
  - c. renovating existing primary care facilities to meet the accepted standards;
- 14. Recommends applying the following international standards to newly built and existing health care facilities in member nations:
  - a. routine disinfecting
  - b. ensuring that necessary medical equipment is readily available, such as, but not limited to:
    - i. hospital beds
    - ii. stretchers
    - iii. defibrillators
    - iv. anesthesia machines
    - v. patient monitors
  - c. ensure the existence of a mental/ emotional support service;
- 15. Authorises yearly checks to ensure that the criteria outlined in operative clause 14 are met in healthcare centers worldwide;

16. Calls for member nations to provide adequate care for patients with disabilities or special needs, such as, but not limited to:
  - a. wheelchair-accessible ramps and wide doorways in healthcare facilities
  - b. special health insurance to cover associated medical costs
  - c. medical equipment with special accommodations;
17. Invites member nations to improve mental healthcare worldwide by:
  - a. providing mental support services in hospitals to patients and their families such as support groups led by licensed psychologists
  - b. designating a licensed psychologist per educational institution who would:
    - i. lead a mandatory mental health lecture yearly, discussing how to deal with mental illnesses such as depression and anxiety
    - ii. always be available on demand
  - c. designating a licensed nurse per educational institution who would:
    - i. keep track of students' immunization records
    - ii. check ill students' vitals and send them home or to a medical institution if necessary
    - iii. provide free menstrual hygiene products to students
  - d. including prescribed medications relating to mental health in the free medical coverage;
18. Stresses setting international standards for obtaining a physician's license which would call for:
  - a. the following basic requirements in order to become a doctor
    - i. Bachelor's degree followed by an M.D. or D.O.
    - ii. 3-7 years of residency
  - b. the following basic requirements in order to become a nurse
    - i. Bachelor's degree
    - ii. completion of an accredited nursing program
    - iii. 6-12 months of residency;
19. Declares accordingly that in regions where obtaining a standard physician's education is difficult, licensed physicians from the United Nations' Health Sector will be sent in on a rotational basis;
20. Declares that the US (effectively neutralising their monopoly over essential medicines) will not interfere with the production of medicine in other nations, nor will they interfere with the international trade of this medicine or any profit involved. This system will only involve international trade for the following nations: Iran, Russia, DPRK, Ivory Coast, Peru, Equatorial Guinea;

21. Strongly encourages all healthcare systems all over the world to be offered some form of Universal Healthcare:
  - a. Still recognizes private insurers;
22. Calls for aid in the healthcare force
  - a. Money will be provided through NGOS, the UN funds
  - b. Countries who hold medical workers to spare will cooperate with those who are in need;
23. Suggests a change in funding for UHC by the UN and NGOs
  - a. Money will be given to countries who need to reform healthcare
  - b. poverty will not exist as a result of UHC;
24. Creating a driving lane for ambulances:
  - a. Cost-effective paint will allow for vehicles to be easily accessed by rural areas in one's country;
25. Encourages that medicine productions is expanded to more underdeveloped nations
  - a. This will increase employment rates of underpaid doctors, nurses, and pharmacists
  - b. This will also increase the opening of universities and encourage the youth of today to strive for their education;
26. Believes that countries should work with organisations such as the Institute of Integrative Nutrition who trains people to become a health coach which will lower the costs of healthcare and decrease the strain of the lack of doctors the world currently has;
27. Wishes to work with the Informed Consumer Choice (ICC) who will set standards on benefits and financial protection and ensure qualified coverage will be made more affordable;
28. Further encourages all nations to be receptive of the proposals listed above to ensure quality care for all people.