



World Health Organization

23 April 2022

Sponsors: Russian Federation, Guinea, Nigeria, Japan, Malaysia, Brunei

Signatories: Afghanistan, Burkina Faso, China, Chile, Colombia, Denmark, Egypt, France, Greece, Indonesia, Italy, Kenya, Mali, Mauritania, Mexico, Myanmar, Peru, United States, Yemen

The Sixteenth World Health Assembly,

Guided by the purposes and principles of the Charter of the United Nations, the Universal Declaration of Human Rights, World Health Organization's Constitution,

Bearing in mind article 25 of the Universal Declaration of Human Rights which states that “everyone has the right to a standard of living adequate for the health and well-being”,

Reaffirming the Universal Health Coverage initiative firmly based on the 1948 WHO Constitution, which declares that “health is a fundamental human right” and “commits to ensuring the highest attainable level of health for all” and following the Triple Billion Target strategy that aims at “covering essential health services, protecting from health emergencies and attaining healthier populations”,

Recognizing the need to establish health equality in the world,

Seeking the full achievement of the United Nations Sustainable Development Goals, and especially Sustainable Development Goal 3 regarding “Good Health and Well-being”,

Expressing its appreciation to all Member States having offered to tackle healthcare issues,

Acknowledging the effects of external factors on the general health of Member States and encourages them to improve upon these factors. Think hereby of access to clean water, proper sanitation, improvement of infrastructure and prevention of malnutrition,

Pointing out the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage, in accordance with national contexts and priorities,

Recalling the importance of political leadership for universal health coverage beyond the health sector in order to pursue whole-of-government and whole-of-society approaches,

Emphasizing the need for healthcare systems that are strong, resilient, functional, well-governed, responsive, accountable, integrated, community-based, people-centered and capable of quality service delivery, supported by a competent workforce, adequate infrastructure, enabling legislative and regulatory frameworks as well as sufficient and sustainable funding,

Declaring that food security and food safety, adequate nutrition and sustainable, resilient and diverse nutrition-sensitive food systems are important elements to achieve healthier populations,

Keeping in mind that the increasing number of complex emergencies, such as the ongoing COVID-19 pandemic, are hindering the achievement of healthcare coverage and that coherent and inclusive approaches to safeguard UHC in emergencies are essential, including through international cooperation,

Desiring the provision of basic health services and public health functions for all, in line with humanitarian principles,

Believing that fighting corruption at all levels and in all its forms is a priority, and identifying it as a serious barrier to effective resource mobilization and allocation as it diverts resources away from activities that are vital for poverty eradication – Sustainable Development Goal 1 – and sustainable development, which may undermine efforts to achieve UHC,

The World Health Organization, therefore, commits to scaling up its efforts and further implement the following actions:

1. *Calls on* the Member States to establish regional working groups within the WHO to identify specific problems and needs so that the health system in each developing country can be improved in the ways it is most needed:
 - a) The studies and data collection will be carried out by a neutral commission of health experts and professionals on behalf of the WHO, with collaboration of regional agencies such as the African Union, ASEAN, or the Organization of American States:
 - i) *Requests* Member States to analyze their needs and report them to the regional working groups in order to find out what each country needs.
 - ii) *Invites* Member States to share data and work transparently.
 - iii) *Recommends* the establishment of a working group that would collect the aforementioned reports from the Member States;
2. *Strongly advises* that, in order to achieve Clause 1, two-stage transparency must be guaranteed and respected by all Member States:
 - a) WHO designated regional offices should formulate the recommendation according to the needs of each country.
 - b) Establish a supervisor that will oversee and administer the budgets and funds to be spent on medical and healthcare matters, avoiding the possibility of corruption or indirectly supporting other initiatives;
3. *Expresses* its will to promote and incentivize higher medical education in developing countries:
 - a) Establish training programs for local medical workers, as well as encouraging states to develop incentives among local citizens to get a proper education, as there are many local talents that now get lost due to social economical or cultural circumstances.
 - b) Increase the funding in medical schools of developing countries to deliver high-quality education, with the granting of scholarships.
 - c) Create and incentivize exchange programs among medical schools worldwide, to facilitate the inclusivity of aspiring medics in the developing world.

- d) The training must embrace a non-inferiority standard and assure that graduates of the training program are trained to a global standard.
The three-year educational programs should be established for nurses and doctors all around the world, specialized for particular diseases; those programs should be standardized so that controlling the funding will be easier;
4. *Urges* the other Member States to prevent human capital flight from developing countries to developed countries, therefore proposing salary supplements to medical workers in developing countries and ensuring proper living conditions and better working conditions for all health personnel;
 5. *Further emphasizes* the need to ensure adequate sanitation conditions in hospitals and other medical institutions in developing states in order to prevent infections;
 6. *Welcomes* WHO-recommended strategies to mitigate disruptions to services, such as triaging according to priorities, use of online patient consultations, changes to prescribing practices and supply-chain strategies, and refocusing public health communications;
 7. *Recalls* that there is a regulation of funding in order to prevent itself from falling into corruption;
 8. *Calls upon* establishing a project fund where the Member States and other organizations could apply for projects, with a clear financial and development structure for the construction of hospital infrastructure and the purchase of medical equipment (i.e. devices such as MRIs and CT scans);
 9. *Furthermore recommends*, in order to recruit more health care workers in developing states, to provide opportunities for local citizens to go back to school to receive a proper education. This way, talent will not get lost, and local healthcare workers will not get overwhelmed due to a lack of medical staff;
 10. *Suggests* incentivizing the private sector in developing countries - both local companies and international businesses with multinational reach - to take a lead in the prevention, control, and management of NCDs, whether within its immediate sphere of influence (beginning with the health of employees) or in partnership with other organizations and actors in the wider community;
 11. *Calls for* the WHO's Executive board to:
 - a) Create a shortened, standardized educational program for saving urgent medical staff shortages in developing countries that especially focuses on healing.
 - b) Establish an emergency fund, that shall have the aim of preventing the excessive outbreak of dangerous contagious diseases that could form a threat to global health. Allocation of this fund shall occur at discretion of the WHO, upon identification of such a threat.
 - c) Put in place a regional joined PAHO/WHO program to promote specially tailored training activity for the purpose of fulfilling specific needs of the population, especially in the developing world;
 12. *Acknowledges* the effects of external factors on the general health of member states and encourages them to improve upon these factors, these include access to clean water, proper sanitation, improvement of infrastructure and prevention of malnutrition;
 13. *Supports* the promotion of equal access to vaccines in the case of pandemics, as with COVID-19, focusing on the communication between the public and the private sector. In the case of Covid-19, the designated agency shall be COVAX, co-led by Gavi, WHO and CEPI:
 - a) The main tasks are the following: increased financial support; ensuring proportionate distribution of vaccines (according to each country's needs); prevention of hoarding of resources; urgently facilitating and strengthening the infrastructural systems to achieve efficiency; prioritizing the disadvantaged populations to achieve higher rates of vaccination.
 - b) Strongly recommends Member States to invest in funding and research for the prevention of

possible future health disasters such as the ongoing COVID-19 pandemic;

14. *Seeks* to establish a program with the goal to raise awareness for investment opportunities in the Health Sector in developing countries and to incentivise private investors from developed countries to invest in the aforementioned;
15. *Further invites* establishing a Health Expertise Exchange Body (HEE) in order to support developing countries to implement their health plans and national healthinsurance systems;
16. *Draws the attention* to strengthening public-private dialogue and therefore building trust between the two sectors, based on data from comprehensive assessments, leading to a more strategic engagement:
 - a. Therefore encourages promotion of private initiatives in order for more people to be involved in the improvement of sustainable healthcare systems;; For example, by investments in technological development with the aim of improving medical facilities and private projects that campaign for a more effective healthcare system and better living conditions;
17. *Emphasizes* the UHC implementation widely to develop countries' health systems to move towards and sustain them long term. In order to deliver UHC appropriately, there needs to be a simultaneous application of the 2030 Agenda for Sustainable Development Goals;
18. *Decides* to remain seized on the matter.