

A/24/Res1.2

The Economic and Social Council

Equalizing Access to Public Healthcare

XIII Session SUNMUN

Sponsors: Georgia, Russian Federation, United States of America, Republic of Turkey, Republic of Iraq

EQUALIZING ACCESS TO PUBLIC HEALTHCARE

The General Assembly

Basing Itself on A/RES/72/139 which addresses the need to provide healthcare and aid for all,

Acknowledging World Health Assembly Resolution WHA68.15 which strengthens emergency surgical care,

Recounting the 2030 Agenda for Sustainable Development pushing to include financial risk protection, access to quality essential healthcare services and access to safe and affordable essential medicines and vaccines for all,

Remembering the Global Health and Foreign Policy, an act that called on Member States to promote and strengthen their dialogue with other stakeholders to maximize their engagement in and contribution to the implementation of health goals,

Recognizing A/RES/73/131 which helped set the format and helped organize the high-level meeting on equalizing access to health care,

Modeling the Universal Health Coverage 2030 (UHC2030) that utilizes political commitment, demands, and tracks accountability, and promotes collective action for health systems,

Looking forward to seeing the policies presented will lead to a change in international relations, promoting international unity, but at the same time, upholding national sovereignty within each individual nation,

1. Urges for a system of semi-transparency based on the funding towards the improvement of public healthcare:
 - a. Funding will stay solely in the healthcare sector,

- i. This addresses concerns over violations of popular sovereignty within a Member States' government,
 - b. Making the cost of all healthcare services known to the Member States' population,
 - c. Provide internet access to governments and major outpatient hospitals in developing countries through the expansion of satellite internet. Those major would then have the capability to collect patients data digitally, which can then be transferred instantly,
 - i. Data accumulated will be stored and monitored in systems centralized through UN offices. Protective measures taken by NGOs ensure data is secure,
 - d. Data transparency enables providers to access things they need to diagnose patients better, reducing errors, and enabling trust;
2. Implements a progressive insurance system for funding of various clinics and hospitals
 - a. Funding therefore increases proportional to financial status of taxpayers:
 - b. Revenue from these taxes goes toward infrastructure for small medical clinics and also supplies required to improve emergency primary and secondary healthcare,
 - c. Revenue is allocated according to the officials' discretion and the nation's needs for healthcare;
3. Acknowledge the guidelines of accessible healthcare for residents in a nation without refugee status:
 - a. Residents without refugee status are entitled to publicly accessible healthcare free of cost,
 - b. Residents with refugee status would be treated like a citizen but are still entitled to specific refugee benefits;
4. Calls for country-specific plans to target focused problems:
 - a. Analyze verbal nations to develop country-specific plans using local agencies and focus on areas that need more resources,
 - b. Providing access to healthcare for foreigners or immigrants for each country;
 - c. Ensuring people of all ages, races, and economic status an equal opportunity for equalizing healthcare,
 - d. Clinics would be built in specific areas of each member state in order to lower the costs of transportation,;
5. Encourages the World Health Organization to establish an Office of Rural Medical Facilities (ORMF) to oversee the establishment of small health centers to improve access to primary care for remote communities:

- a. Encourages countries to give the allowance of tax breaks, discounts of healthcare resources, utility costs, and related services in exchange for the compliance of donation of higher income citizens, private sectors, and companies,
 - b. Establish an anti-discrimination contract for health-care providers process that eliminates patient bias from providers by offering anonymous patient submissions to receive care,
- 6. Recognizing that there may be many that may not want to comply:
 - a. Encourages countries to give the allowance of tax breaks, discounts of healthcare resources, utility costs, and related services in exchange for the compliance of donation of higher income citizens, private sectors, and companies,
 - b. Establish an anti-discrimination contract for health-care providers process that eliminates patient bias from providers by offering anonymous patient submissions to receive care,
 - c. Encourages countries to give the allowance of tax breaks, discounts of healthcare resources, utility costs, and related services in exchange for the compliance of donation of higher income citizens, private sectors, and companies,
 - d. Establish an anti-discrimination contract for health-care providers process that eliminates patient bias from providers by offering anonymous patient submissions to receive care;
- 7. Noting for concern the inadequate insurance policies on universal healthcare does not allow for equal access to healthcare for all citizens:
 - a. Each insurance plan will vary based on the citizen's income and the government's specific preferences which are based around the country's needs,
 - b. This insurance plan will lower the out of pocket cost for all prescribed drugs, doctor visits, and more.