

Universal health coverage: reorienting health systems to primary health care

The First Global Model WHO World Health Assembly,

Recalling resolution WHA 59.22 on preparedness and emergency response and the International Health Regulations (2005) that help guide the COVID-19 response;

Emphasizing the importance of international solidarity and collective collaboration in multiple sectors to help ensure that all Member States have access to and flow of health facilities;

Emphasizing also the necessity of rebuilding health facilities and infrastructure due to damages caused by ongoing conflicts and natural disaster causing inaccessibility and inequity to the right to health especially in least developed countries;

Recognizing the Alma-Ata Declaration (1978) and its reaffirmation in the Declaration of Astana (2018) which calls for an inclusive, effective and efficient approach to enhance people's physical, mental and social-well-being that goes beyond just the absence of disease or infirmity;

Reaffirming the values and principles of primary health care in the Political declaration of the high-level meeting on universal health coverage adopted in United Nations General Assembly resolution 74/2 (2019) emphasizing equity and solidarity through universal access to services, multisectoral action, and community participation as the basis for strengthening health systems;

Acknowledging that 30% of the world's population still cannot access essential health services and that sub-optimal quality of health care which contribute to a large number of fatalities;

Reaffirming that health resource allocation and planning is essential for health service access and that tracking the achievement of Sustainable Development Goal 3 is important to further ensure improved access and the achievement of universal health coverage for less economically developed countries,

1. URGES Member States:

- (1) to adopt the WHO STEPwise program for the monitoring and surveillance of the current capabilities of healthcare systems in regard to a country's risk factors and response to non-communicable diseases;
- (2) to develop a fiscal system which:
 - (a) covers hospital, physician, and long-term care expenses, mental health consultation and service as well as prescription drugs;
 - (b) is universal for all employees, retirees, self-employed and unemployed citizens;
 - (c) utilizes funding primarily through payroll taxes paid by employers and employees, a national income tax, and tax levies on certain industries and products;
- (3) provides provision of adequate medical funds and temporary healthcare aid tracing systems to refugee asylums, allowing mental health and psychosocial support to vulnerable groups;
- (4) to promote health-related education courses by:
 - (a) providing scholarships that assist those unable to afford such education on a domestic and international scale;
 - (b) eliminating social norms and barriers that many countries face by encouraging inclusive education for students, and eliminating gender stereotypes in textbooks, school curricula and pedagogy;
 - (c) providing education on citizen self-protection procedures through medical programs at all levels of education and workplaces;
 - (d) endorsing human resource development framework by providing training to local medical workers in remote areas;
 - (e) Providing health education programs for those in refugee camps;
- (5) to cooperate with private health care systems in creating an integrated system to assist with the efficiency of care provided for:
 - (a) medical transplants;

- (b) medication and vaccines;
 - (c) the exchange of information on medical technologies, successful diagnosis and treatment plans with other Member States;
- 2. CALLS UPON international health care agencies, non-governmental organizations in the healthcare space and private healthcare providers:
 - (1) to collaborate through multisectoral efforts on the elimination of inaccessibility to health services in both urban and rural areas, through:
 - (a) delivering commonly required health services by periodic outreach provided by mobile clinics;
 - (b) establishing local community health centers accountable to deliver continuous, comprehensive and coordinated primary care;
 - (c) fostering remote and palliative care consultations for common diseases;
 - (2) to generate positive collaboration with governments and local entities to assist in the establishment of mechanisms for inter-sectoral dialogue which may directly report the impediments and improvement required to improve primary health care;
- 3. REQUESTS the Director-General:
 - (1) to enact the implementation of a set of reforms for the Health in All Policies approached used by Member States on an annual basis, so as to revise multisectoral engagements in order for the maximization of its applicability;
 - (2) to encourage transparency in the standardizing of regulations in technology and research in order to preempt the occurrence of future pandemics and diseases occurring on a global scale in Member States;
 - (3) to encourage collaboration with United Nations Programmes and Funds, such as the United Nations Population Fund and the United Nations Human Settlements, to provide proper housing in slums and non-hygienic areas;
 - (4) to acknowledge the importance of public consultations on situationally appropriate implementations of primary health care, recognizing differing social viewpoints amongst Member States.

DISCLAIMER

These resolutions have been drafted by the Youth Delegates during the first Global Model WHO held from 10-19 February 2023. Any information or suggested actions contained in resolutions drafted by student delegates participating in the 2023 Global Model WHO do not imply official endorsement or acceptance by the World Health Organization.