

Universal health coverage : reorienting health systems to primary health care

The First Global Model WHO World Health Assembly,

Recalling the fundamental right of health for all in the Universal Declaration of Human Rights, the International Humanitarian Law, the International Covenant on Economic, Social and Cultural Rights, and the Constitution of the World Health Organization;

Guided by the commitments made in the 1978 Alma Ata Declaration, 2018 Declaration of Astana, and the 2030 Agenda for Sustainable Development, regarding the importance of equitable and sustainable primary healthcare systems;

Stressing the fundamental right of all individuals to access quality health care services, regardless of their socioeconomic statuses, geographical locations and determinants of health;

Acknowledging the need to think beyond improving access to services and to effectively provide services of good quality under the goal of Universal Health Coverage;

Expressing deep concern that there are multiple countries lacking the necessary infrastructure, resources, and qualified healthcare professionals to provide equitable, accessible, and quality healthcare service to its populations;

Recognizing the importance of addressing the root causes of health disparities in the pursuit of equitable and sustainable distribution of sufficient health resources, through multi-sectoral engagement of communities and other relevant stakeholders;

Underscoring that universal health coverage is a global health issue and is a long term objective being national, regional and international in nature and requires long term commitment, dedication and collaboration between sectors and stakeholders;

Stressing that the provision of quality healthcare should be based on the principle of equity, so that it includes vulnerable populations, such as children, youth, people with disabilities, people living with HIV/AIDS, older persons, indigenous persons, refugees and internally displaced persons, and migrants;

Highlighting the crucial role of awareness, compassion, and empathy when acting at every level of care, to effectively achieve social justice and global health equity;

Understanding the importance of allocation and pooling of resources at the state, regional, local and/or municipality level;

Underlining the urgency of having strong and resilient health systems that are capable of implementing the International Health Regulations (2005) to ensure the preparedness for natural disasters and public health emergencies;

Reaffirming the commitment to strengthen Primary Health Care by allocating or reallocating an additional 1% of their GDP to invest in Primary Health Care services as made during the United Nations High Level Universal Health Care Meeting;

Inspired by the knowledge that scaling up Primary Health Care interventions across low- and middle-income countries could save up to 60 million lives as well as increase life expectancy by 3.7 years by 2030;

Emphasizing the importance of investing in evidence-based practice and scaling up innovative solutions to improve the quality of health services in all income-level contexts,

1. URGES Member States:

- (1) to exchange knowledge and resources in order to provide capacity building to healthcare professionals aiming at more quality-oriented public healthcare systems;
- (2) to facilitate evidence-based and people-centered medical research by:
 - (a) providing sufficient funding to support local medical research and technology teams, such as academic, private and non-profit;
 - (b) establishing platforms for disseminating the latest research results and technologies;
 - (c) establishing channels that could empower patients by enhancing access to reliable health information and resources, such as advocacy groups;
 - (d) boosting health labor market research in order to tackle the movements of healthcare workers and the countries most in need of health professionals;
- (3) to provide equitable access to primary healthcare to all people within their territories, with particular focus on disadvantaged communities and regions, bearing in mind the right of indigenous/ethnic communities to seek healthcare they deem as culturally appropriate;
- (4) to take a multisectoral approach by including non-state actors, such as non-governmental organizations, community and grassroot organizations, religious organizations and other philanthropic organizations to further the process of equitable access to primary health care by the provision of needed services such as infrastructure, training and medical products;
- (5) to mobilize national health funding and make strategic public policies to increase the ratio of primary health care facilities in rural and other vulnerable areas, and to establish programs such as community-level healthcare providers' training, municipality-level institutional capacity-building, and local supply facilities, to ensure the delivery of sufficient health resources for Primary Health Care services, including financial, human and technical resources;
- (6) to continue to develop a multi-level primary health care system, including national, regional, local hospitals, health centers, clinics, and other health-care providers;
- (7) to ensure more information is provided to the general public through nation-wide public campaigns on the importance and range of primary health care services;

- (8) to enhance the resilience of primary health care systems to better withstand and reduce the incidence of adverse circumstances;
2. CALLS UPON international, regional, national and local partners and stakeholders from across the health sector and other relevant actors, as appropriate:
- (1) to create a national environmental sustainability policy for health systems in order to support access to equitable primary healthcare services for all populations, including the vulnerable;
 - (2) to create and improve initiatives that aim to tackle malnutrition and to provide clean water and quality sanitation as a preventive measure;
 - (3) to ensure effective use of resources by regularly collecting and analyzing data on health outcomes, access to healthcare, and the quality of healthcare services that aim to improve healthcare systems;
 - (4) to encourage a shift towards the provision of non-earmarked fundings to allow Member States to use health resources for country-specific much needed health facility-building and agenda-setting measures;
 - (6) to ensure equitable access to all services of primary healthcare to underserved communities bearing in mind that health should be accessible to persons regardless of age, sex, gender, socioeconomic and cultural background and work with governments and other actors to create and improve initiatives in achieving this goal;
 - (7) to support the delivery of quality education to the medical community, through the transfer of relevant knowledge for global health;
 - (8) to assist in the equitable distribution of health professionals in the international market, ensuring the free mobility of migrant health care workers;
3. REQUESTS the Director-General:
- (1) to encourage a multisectoral approach that involves collaboration between all levels of governments, healthcare providers, communities, international organizations and stakeholders to promote equitable access to primary health care services;
 - (2) to further increase the understanding in the international community that the promotion of primary health care starts from the sufficient pooling and equitable distribution of investment and allocating trained healthcare providers in every corner of the world;
 - (3) to establish milestones and feedback mechanisms to facilitate the communication between global medical teams and monitor the progress of members in achieving Universal Health Coverage through Primary Health Care;
 - (4) to call for action to provide equitable access to primary health care to all people bearing in mind underserved communities and regions, while being aware of cultural sensitivities in providing primary health care;

- (5) to facilitate the sharing of best practices and lessons learned between Member States and non-state actors on community engagement and empowerment initiatives in the health sector.

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.