Topic A: The right to health

The United Nations Human Rights Council (UNHRC)

Signatories: Afghanistan, Argentina, Austria, Brazil, Bolivia, Cameroon, Chile, Czech Republic , France , Ghana, Greece, Haiti, Ireland, Japan, Lesotho, Lichtenstein, Malta, Namibia, Niger, Philippines, Republic of Congo, Republic of Korea, Serbia, South Africa, The former Yugoslav Republic of Macedonia, , Montenegro, Ireland, Brazil, Bolivia, , Namibia, Niger

Resolution 1.1

The Economic and Social Council,

Reaffirming the right to health which was first articulated in the 1946 Constitution of the World Health Organization (WHO), amended and extended in the 1965 International Convention on the Elimination of all Forms of Racial Discrimination, the 1966 International Covenant on Economic, Social and Cultural Rights, the 1979 Convention on the Elimination of all Forms of Discrimination against Women, the 1989 Convention on the Rights of the child, the 1990 International Convention on the protection of the rights of all migrant workers and members of their families, the 2006 Convention on the Rights on Persons with Disabilities,

Bearing in mind The Organization for Economic Co-operation and Development's (**OECD**) Recommendation of the Council on Principles for Public Governance of Public-Private Partnerships, established on May 2012,

Calls for universal access to quality healthcare without any discrimination based on caste, gender, socio-economic status, religion and nationality, taking into account each country's level of economic and social development;

Expresses the need for bringing conflict, rural and remote areas to standards which are on par with global standards recommended by the World Health Organization (WHO);

Notes the obligations of member states to enact anti-discrimination measures under the International Convention on the Elimination of All Forms of Racial Discrimination;

Emphasizes the importance for member countries to strengthen existing programmes and bodies under the WHO in order to diminish the levels of communicable and non-communicable diseases;

1. Calls Upon the reinforcement of the definition of the right to health by:

a. Building upon the definition of the right to health developed by the WHO, in which the right to health includes, rights such as, but not limited to:
    i. Right to food,
    ii. Right to clean water,
    iii. Right to affordable pharmaceutical,
    iv. Right to accessible healthcare,
b. Recognizing the need to balance personal responsibility and state responsibility with regard to the right to health,
c. Acknowledging that the application of this charter may delayed due to the financial situation of states: member states delaying the application of this charter have to issue a report every six month to the this body and explained the delay,
d. Properly identifying both physical and mental well-being;

2. Encourages the State to recognize minority cross sections of society in legislation and foster programs to address these vulnerable communities by:
    a. Removing discriminatory clauses in domestic legislation that impedes access to health services and facilities,
    b. Distributing resources with consideration of geography and socio-economic means,
    c. Creating education programs for minority groups to recognize and treat basic illnesses,
    d. Enforcing strict universally recognized medical standards on the level of training for health professionals;

3. Suggests the implementation of the 2PR framework for Protection, Prevention and Response of main diseases and possible new spreads with the support from the program Humanitarian Health Action of the World Health Organization, to be implemented regionally, focused on the following areas:
    a. Medical Assistance to be provided through technology rapid response systems on cell phones, by the program "Nurses Phone Assistance", to function first at a national level, for making recommendations and facilitating access to medication (recipes) and diagnostics,
    b. Health education campaigns and community awareness for main diseases and possible epidemics in the area and on the world, such as tuberculosis, Ebola, Zika, Malaria, SEXA and HIV\AIDS,
    c. From households to health facilities to establish key resources necessary to prevent and treat the diseases,
    d. Relieve pressure from the existing healthcare system as well as to address issues arising from conflicts, epidemics and natural disasters, for this an emergency action should be developed into an efficient state system backed by an international monitoring program;

4. Urges for the implementation of mechanisms based on the Sendai Framework guidelines to guarantee health access to citizens under vulnerable situation and recommends to the General Assembly to propose a level-based emergency health care system:
    a) In order, to provide them with environmentally social solutions,
    b) Where it is necessary to define the criteria upon which the current levels are set in early emergency response (Cluster system UNOCHA), possibly enlarging the current system to the following levels:
        a. Monitoring, evaluating thoroughly
        b. Recommendations and counsel
        c. Intervention
    c) Primary health care and pharmaceutical services to be specifically ensured through emergency medical aid centres,
    d) Suggests building humanitarian corridors with neighboring countries and in collaboration with the World Health Organization, NGOs etc., for an increased medical response during emergencies.
    e) It is of utmost importance to protect ethnic minorities and social groups which might be marginalized;

this was changed by our amendment [mentioning of LGBTQ community erased]

5. Calls upon the installation of health and sanitation exhibitions whose purpose is to promote and educate the population on how to face and prevent even from basic sicknesses to elementary sanitary procedure such as washing hands;

6. Recommends member states to organize a summit with the objective of establishing a mechanism to monitor State compliance in actualizing the right to health in domestic legislation.
    a. The summit should aim to establish the extent of the term medical emergency determined in tables of negotiation between The United Nations Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, the World Health Organization representatives and regional bodies in representation of nations,
    b. Calls upon all member states to support the Special Rapporteur in its efforts to gather, request, receive and exchange right to health information from all relevant resources;
    c. Defines the mandates of the Special Rapporteur to include the maintenance of a dialogue and cooperation with all relevant actors;

7. Encourages the elaboration of the ***Sunshine Package (SP),*** an environmentally friendly and easy to use product, regionally elaborated in the scope of Public-Private Partnerships (PPPs), in order to facilitate every person's' access to primary resources for the improvement of health, following each country's´ guidelines and

the guidance of the United Nations Development Fund (UNDP) in order for them to use their resources efficiently:

a. The SP will contain the necessary items to tackle an important and simple to attack disease in the region, as diarrhea, a set of needed vitamins to achieve nutrition, an instructive and a map with medical services nearby, all this information will be collected by UNHRC envoys,
b. A joint task between the United Nations Development Programme (UNDP) and the World Bank will study production costs and the country's economy, in order to define final SP purchase costs, aiming for the lower and most accessible price for all,
c. PPPs will follow OECD and World Bank guidance, in order for the SP to have a broader impact by reaching further locations:
    i. This partnership will have as main priority the establishment of an structures transportation system for the SP, in which private transport's empty space will be used to allocate the humanitarian product,
    ii. For the maximization of the available space, the SP will be design according the transportation specific characteristics;
d. The analysis output should lead to the design of instruments to be implemented in the community by local human capacity, recruited by United Nations Volunteers, such as surveys in which will be studied citizens' concerns towards the insertion of programs such as, but not limited to, the Sunshine Package, in their communities as well as a the elaboration of a census to develop a map with all medical services nearby;

8. Calls Upon the instauration or improvement of interactive Children Museums by all member states, aiming for the promotion and education towards health at all -s of the younger population:
    a) For developing countries: a mobile museum will be traveling around different cities in order to reach more and further areas, in which citizens are generally less-informed,
    b) For developed countries: partnership with United Nations Development Programme (UNDP) and private companies to be able to build the proper infrastructure for it;

9. Invites member states to initiate well-organized systems of food safety control through ways such as but not limited , partnerships with the World Health Organization (WHO) in order to properly tackle issues regarding food safety by:
    a) Establishing food safety systems and labeling,
    b) Promoting the use of a Food resume system, in which every product should have its particular production history,
    c) Maintaining a regular reward system for organic and healthy food;

d) Investing in innovative technology, processes and tools to protect public health,
e) Building and maintaining adequate food systems and infrastructures (e.g. laboratories) to respond to and manage food safety risks along the entire food chain and that can be implemented based on guidelines provided by the World Food Program,
f) Supervising the agricultural activities and examining the quality of raw materials, and vegetables to be supported by the FAO;

10. Instructs to highly consider women reproductive health issues by:
    a) Eliminating gender discrimination through the reinforcement and unification of education and advertising propaganda,
    b) Establishing women welfare systems to protect their autonomy in sexual and medical assistance,
    c) Reinforcing education and safeguards for girls and women to ensure women experience a healthier life during pregnancy and lactation through raising awareness of and increasing the availability of improved care and medical resources;

11. Reiterates the rights-based approach pursue, which is using human rights as a framework for health development, with follow ingredients:
    i. Paying attention to those population groups considered most vulnerable in society,
    ii. Using a gender perspective,
    iii. Ensuring equality and freedom from discrimination,
    iv. Promoting and protecting the right to education;

nearly completely taken from our working paper (point 1-a)

12. Calls upon NGOs and member states, such as the International Red Cross, to support member states in need with mobile health units, basic medical training and generic medication, particular attention should be given towards any minorities recognized by the state;

13. Recommends the addition into public health system, equal treatment and reimbursement like for physical illnesses;

14. Calls Upon member states to further increase the public debate about mental health in order to break the silence and lift the social stigma and to inform their citizens about their possibilities of treatment by both raising awareness and sensitization on Mental health care and psychological support (MHPSS) related issues through media campaigns and its early education promotion by, but not limited to:
    a) Providing therapeutic services (psychological and psychiatrist) integrated with existing health services based on individual and group support,
    b) Training in MHPSS skills and follow-up supervision for first responders,

c) Encouraging the use of community based and culturally adapted treatment procedures;
d) Gender sensitivity training for all health professionals to become a universal standard to ensure minorities have access to acceptable health services

15. Suggests the further scientific research on psychological and other mental disorders in order to gain more insight on the causes, the short- and long-term effects and potential treatments;

16. Recommends member states to reinforce their medical curricula in order to achieve a non-discriminatory treatment towards vulnerable communities within their territories, being held by a joint work between every nation Health Ministry, WHO expert personnel and UNHRC envoys;

17. Urges specialized agents such as The United Nations Special Rapporteur on Human Rights defense and The United Nations Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health to deploy a field study in affected areas to properly determine the cause of any unforeseen medical crisis, in order to avoid further spread and discriminatory practices and have scientifically based information to promote equality among citizens;

18. Further recommends for customized education programmes for marginalized and underdeveloped communities so that they receive targeted information;

19. Encourages the use of Information, Communication and Technology (ICT) to raise awareness on the following agendas:
    a. Existing healthcare services,
    b. Mental health,
    c. The needs of the disabled, indigenous and religious groups;

20. Affirms that minority and marginalised communities are specially affected by non-communicable diseases since they are often the subject of laws and policies that further compound this marginalization and make it harder to access prevention and care services;

21. Further emphasizes the importance of investing in the Health Investment Program (HIP) Campaign which can reduce the levels of communicable and noncommunicable diseases through the following ways:
    a. The regional and international implementation of a screening program, in which medical students go to rural and vulnerable areas in order to diagnose people in advance and adequately treat them, in which there can be:
        i. Encouraging the provision of healthcare services by medical students in rural preventive medicine,

ii. Support of the UNDP and its bodies UNCDF and UNV in order to finance and provide volunteer personnel,
iii. Cooperation between the various health ministries and WHO to provide a guideline for the medical and volunteer personnel, in order to better satisfy the needs of people living in rural areas,

b. A general screening program, suggesting funding from relevant bodies, for the population to prevent potential epidemics that will include a pediatric division to address malaria and malnutrition among the young population,
c. Recommended screening campaigns that have a focus on screening for breast and prostate cancer in order to facilitate early detection and adequate treatment;

22. Urges a special emphasis on the introduction of the available healthcare measures within countries as part of the primary education system

23. Looks favorably upon states to provide free public health education programs, by healthcare professionals and volunteers, which are inclusive but not limited to:
    a. Emergency education of crisis epidemics and diseases, such as but not limited to:
        i. SEXA
        ii. Zika
        iii. AIDS/STDs
    b. Continued campaigns and workshops to members of the public regarding regular medical care;

24. Reaffirms the responsibility of governments to provide their citizens with the right to health care, noting that such healthcare must:
    a. Include both physical and mental health care,
    b. Be affordable, accessible, and high quality,
    c. Focus on both prevention of diseases and treatment,
    d. Be gender and age-sensitive;

25. Recommends a consultative mechanism between marginalized and minority peoples and the rest of the country's population to bridge the social divide, through methods such as but not limited to:

    a) Appointing community leaders who are to liaise with local governments during the public policy making process, particularly in the areas of health, education and employment,
    b) Developing training, education, employment, culture and sport programs that help bring marginalized individuals into the broader society to inculcate foster a more unified society;

26. Recommends the implementation of culturally sensitive, country-specific legislation in individual countries to ensure that marginalized communities have access to health, for the protection of groups in society that are:
    a. Disproportionately affected by poverty and inequality through legislation such as but not limited to:
        i. Removing barriers to attain employment,
        ii. Removing barriers to entrepreneurship,
        iii. Making it a legal right for these people to access basic needs,
    b. Facing legal barriers to accessing health by:
        i. Making it illegal for traders to refuse the sale of drugs and healthcare related products to certain groups,
        ii. Ensuring that medical practitioners do not discriminate in their provision of services;

27. Supports the right of all to medical care during and after conflict, which includes but is not limited to:
    a. Full hospital care provided by local hospitals and/or mobile hospitals run by:
        i. Red Cross
        ii. Red Crescent added by our delegate
        iii. Other international NGOs,
    b. The continued use of local clinics and all their resources to receive continued treatment for AIDS, malaria and other diseases,
    c. Continuous access to pharmaceutical drugs during conflict situations;

28. Recommends the implementation of specific patients' rights legislation, with as separate from general health legislation, incorporating minimum health standards such as, but not limited to:
    a. Adequate equipment,
    b. Public health protection measures, including providing food control and preventing water pollution,
    c. Provisions safeguarding health and healthcare access to vulnerable groups

29. Encourages United Nations treaty bodies to ensure compliance with international and domestic health standards, in conjunction with independent national agencies.

30. Requests a supervision institution with strict guidelines on aiming to control a successful implementation of the resolutions and publishing annual reports on this issue
    a. Proposes as reviewer's criteria of the supervision institution randomized controlled trials, controlled before-and-after studies, and interrupted time series studies,

b. Insists that the Ministers of Health of each country, as well as international experts from public institutions, to meet annually to present their progresses of implementation and occurring challenges and threats,
c. Urges all countries who do not fulfill the legal frameworks to work with the supervisory committee, International Non-Governmental-Organization (INGOs) and Non-Governmental Organisations (NGOs) to fulfill them;

31. Further calls for all member states to promote information campaigns about food safety and hygiene to consumers so that they can:
    a. Be informed about properties of the food they use (food origins, transformation processes, read labels on food package, make an informed choice, become familiar with common food hazards),
    b. Promote the use of organic food to prevent potential health problems related to chemical substances used to process food;

32. Further encourages the international community to provide basic needs such as water, sanitation and food security, especially for developing countries as it is established in the ECOSOC;
    a. Emphasizes the need to access to sufficient, safe, accessible, affordable and sustainable water as a measure for disease-prevention policies, and in particular the relevant standards of WHO guidelines to drinking water access,
    b. Requesting member states to apply these provisions, with special regards towards marginalised and rural communities;

33. Requests the United Nations Development Programme to form partnership with member states to create a regional livelihood advocacy program, for the advocacy of individual health needs such as:
    a. Hygiene and sanitation facilities such as showers, bathroom and washing facilities;
    b. Water access such as drinkable water and for household activities like cleaning,
    c. Healthcare and essential medicines, with special attention given in regards to women care in maternal and reproductive health, and many other diseases prevalent in women,
    d. Education and counseling with a specialized curriculum depending on the common diseases prevalent in a certain region,
    e. Further encourages data collection to be integrated in the aforementioned program to ensure its efficacy and accessibility while also streamlining this programs with current programs available with relevant NGOs such as but not limited to:
        i. WHO,
        ii. UNDP,
        iii. UN Women ;

34. Encourages all member nations to ensure that the living environment of people in their nations to be safe, through aspects which but are not limited to:

a. Policies seeking to alleviate air pollution within each state,
b. Promote green policies to be implemented by the industrial sector in order to reduce water and air pollution, supported by UNDP;

35. Emphasises the need for scrutiny by respective member states on the access of marginalized communities to health-care system through ways including but not limited to:
    a. Encouraging implementation of women's reproductive gynaecologic health programs by providing access to sanitary napkins, separate toilets, maternal and gestation healthcare,
    b. Promoting paediatric health-care programmes and campaigns to prevent potential epidemic diseases among children;

36. Urges member countries to recognize the importance and urgency to tackle mental diseases by promoting specific human-rights-oriented mental health policies such as, but not limited to:
    a. Raising public awareness through educational promotion of mental diseases including the origins, symptoms and therapies in order to help potential patients to identify their mental issues at earlier stage and change public attitude towards patients of mental diseases. Such promotion can be achieved through:
        i. Schools,
        ii. Media,
        iii. Institutions (ministries of health, health-care services center),
        iv. Healthcare professionals,
        v. NGOs,
        vi. Family groups with knowledge of mental diseases,
    b. Encouraging the governments of member countries to give patients with mental diseases access to professional healthcare by providing specific information guidance and instructions,
    c. Establishing professional programmes to ensure full protection of patients' human rights through two suggestive stages, as already supported by the WHO:
        i. Protection of patients' well-being by empowering doctors to categorize the diseases into stages to evaluate patient's capacity of decision-making,
        ii. Assistance through affordable treatments, medications and rehabilitation for the patients as well as professional counseling for families of the patients to facilitate social reintegration;

37. Supports local capacity building, technology expertise and knowledge transfer and sharing with the aid of special training programmes conducted by willing and able parties to elevate the quality of health services in developing nations through public-private partnerships to develop technology that links healthcare systems with those unable to access healthcare institutions because of geographic barriers;

38. Encourages Developed-Developing Countries Cooperation (D2D) in order to assist individuals in developing member states in improving their right to health, which includes:
    a. NGOs, inter-governmental, regional, and national efforts,
    b. Exchange and transfer of technology and information pertinent to the aid dispensed and research available,
    c. Progress and development to be accounted for in biannual reports;

39. Further recommends the strengthening access to emergency medical care in underdeveloped regions through developing transport systems in rural areas, in ways such as but not limited to:
    a. Infrastructural planning in the form of more connected and comprehensive transport methods which includes but is not limited to:
        i. Specialised vehicles to transport medical resources such as medical professionals and medication,
        ii. The ability to mobilise other vehicles for emergency response purposes.
        iii. The construction of more roads, and other relevant infrastructure from the urban centres to the more rural areas to increase more links between geographical locations;
    b. Development of policies for emergency situations such as natural disasters, armed conflict frontiers etc.,

40. Highlights the need for improving infrastructure in countries, through:
    a. Strengthening infrastructure in existing hospitals,
    b. The building of more hospitals that are adequately equipped and effectively planned such that resources can flow through the area much more easily, through physical manifestations, such as but not limited to,
        i. Lifts,
        ii. Ramps,
        iii. Wider hallways,
    c. Developing an improved building infrastructure in less developed countries, through methods such as but not limited to,
        i. The building of more hospitals that are adequately equipped to deal with basic health care issues,
        ii. Keep to high sanitation standards,
    d. Emphasizes on the use of Hydraulic ram pump and Water point mapping as mechanisms that allow citizens the access to underground water. Those strategies would come along with the supervision of local authorities, making it a way to create new jobs and allow the marginalized communities to take part on the process;

41. Notes the importance of involving international institutions to help low-income countries develop capacity building mechanisms, mobilize donor finances, and

reduce the excessive buildup of debt to ensure full accountability over government spending on health.

42. Promotes the Herbal Health Program that utilizes traditional medicine, in order to create accessible medicine for relevant communities and promote the local production to increase employment in the country, for local governments to:
    a. Empower all citizens, including marginalized communities, to participate in the local production of medicine, and for this end encourage the private sector to:
        i. Grant microcredits, mainly for women and youth,
        ii. Including the products of herbal medicine in the private market;
    b. Incentivize the pharmaceutical industries to participate in the production of herbal and biotechnological medicine by:
        i. Leading informative campaigns about the benefits of herbal medicine and the importance of natural resources in the medicine-making process,
        ii. Training people in the manufacturing of medicines and its chemical components and processes,
        iii. Investing in the herbal and biotechnological medicine-making programs,
        iv. Participating in the commercialization of herbal medicine;
    c. Promote and allow the local and regional commercialization of herbal medicine, and reduce transportation costs and exportation taxes to achieve the aim;

43. Urges all countries to improve microfinance distribution mechanisms to small and medium size enterprises, with the help of international institutions, in order to increase the an individual's' prospect of employment, and, in-turn, decrease the prospects of being stuck in poverty;

44. Promotes the establishment of incentive programmes for medical professionals in order to train them and place them into the healthcare system scheme based on their skills and also incentivise them with good remunerations;

45. Recommends that existing frameworks for epidemic control be strengthened to address the following, but not limited to:
    a. The assurance of the safety of all healthcare workers in areas affected with epidemics and infectious diseases,
    b. Information-sharing networks to facilitate education on protocol for treatment and identification of systems,
    c. Encouraging the use of Electronic Medical Record (EMR) technology to ensure rapid communication between hospitals, border control;
    d. Documentation of disease affected areas, the local government's capacity to address such issues etc., for the purpose of improving existing healthcare

systems and so that the, medical aid from international organisations can be made available readily;

46. Calls upon nations to implement policies which seek to increase the competitiveness of pharmaceutical drugs sold in the market;

47. Implores that that the pricing of drugs should be at a level consistent with local purchasing power, and that any subsidies provided by national governments are reviewed by an independent statutory body to determine the efficacy of such;

48. Encourages evidence-based research to come up with a Red Light Data Based system from health reports made by the proper country authorities, with the help of regional organizations, in order to:
    a. Improve partnership with all stakeholders at all levels, such as countries, NGOs and IGOs that are related to discrimination and the access to Healthcare, for information sharing on investigation of the spread of new diseases,
    b. Encourage an evidence-based census led by the UNV in rural areas to classify through colors (red, yellow and green) the different status of poverty and the main problems to be tackled in each zone, focusing on how the bad performance of healthcare system affects the human rights treaties on:
        i. Economic, social and cultural rights,
        ii. Elimination of discrimination,
        iii. Rights of children and women,
        iv. Workers and migrant workers,
        v. Rights of persons with disabilities,
    c. Employ the use of a Red Light Data Based classification, in which each color will represent the current status of rights that people can enjoy, using the following:
        i. Red for the areas in which people, because of discrimination, cannot enjoy any human right,
        ii. Yellow for the communities that have restricted access to human rights,
        iii. Green for populations that enjoy human rights,
    d. Encourage the creation of an information-sharing network amongst the member nations which will allow them to collaborate with the other nations;

49. Emphasizes that the use of the Red Light Data Base would be a complement to the United Nations Development Program Annual Report of poverty and will have the participation of the United Nation Volunteers in order to guide the census;

50. Recommends for the improved health, psychological, emotional and physical of Refugees and Asylum Seekers and their children, that welcoming states process

their applications within that state's borders within a determined timeframe with compassionate leniency towards means of arrival;

51. Urges welcoming states to extremely carefully determine where refugees and asylum seekers can be resettled as verify that their right to health is not compromised in the determined resettlement state;

52. Suggests considering provision of basic, appropriate working rights visas to applicable members and/or essential educational services, particularly for children, established by the welcoming state with the goal of empowering individuals to exercise as best as possible, their right to health* *especially considering the long periods of time spent in processing facilities.*

53. Reaffirming the right to health of displaced population in developing nation and supports the public health initiative of international organizations, for their continued partnership with respective state to address the growing issues on refugee health, such as but not limited to:

a. Doctors without Borders,
b. Human Rights Watch,
c. Amnesty International,

54. Declaring that policies which prioritizes the protection of intellectual property over the right of humans to access affordable pharmaceuticals are abuses of human rights. Promotes the availability and affordability of pharmaceuticals by

a. Establishing the anti-evergreening legislation
b. Calling upon the WTO and WIPO to prolong the special rights of least-developed countries regarding intellectual property rights on pharmaceuticals and medical technologies as declared in the Doha Declaration on TRIPS and Public Health and lower patent periods in general.

Namibia supported this amendment by Angola