

Commission: Health and Population
Session: 23rd National Model United Nations Conference – 2019
Sponsors: Burkina Faso, Saudi Arabia, Argentina, Canada, Kiribati,
Syrian Arab Republic, Democratic People's Republic of
Korea (North), Pakistan, Libya

QUESTION OF: **ENSURING ACCESS TO PHYSICAL AND MENTAL
HEALTH REGARDLESS OF RACE, RELIGION,
POLITICAL BELIEF, ECONOMIC OR SOCIAL
CONDITION**

The General Assembly,

Deeply disturbed by the discrimination and inequalities prevailing in many countries with respect to giving access to healthcare to people from different religions or races,

Notes with deep concern that people in rural, hilly and remote areas are deprived of modern health services resulting in failure of proper vaccination,

Fully aware that 780 million people in the world do not have access to a reliable water source and an estimated 2.5 billion people lack access to improved sanitation, that is, more than 35% of the world's population,

Keeping in mind that there is growing recognition within the international community that invisible disabilities, such as mental impairment, are among the most neglected, leading to an increasing number of people suffering from depression and thus preventing many states from achieving internationally agreed development goals,

Deploring, the fact that 3.97 billion people in the world lack access to essential health services because of health expenses,

Deeply grieved by the fact that the maternal mortality rate in the world is 74.9 per 100 live births,

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1. Calls for the enforcement of Article 25 of the Universal Declaration of Human Rights 1948 which states that "Everyone has the right to a standard of living adequate for the health, and well-being of himself and his family", and which should be ensured by the appropriate authorities such as an Equal Opportunities Commission (EOC);

2. Suggests the introduction of free healthcare services, maternal care and the provision of the services of medical practitioners in remote areas;

3. Requests member states to support NGOs and local councils in their capacity-building for improvement of healthcare;

4. Encourages bilateral and multilateral relationships between countries and requests financial institutions to increase investments by subsidising basic health care for those in need;

5. Proclaims that doctors are bound by their code of ethics to treat all patients and any forms of discrimination whether it be intentional or unintentional need to be reported to EOCs;

6. Invites developed countries to provide their support in the setting up of innovative frameworks such as medical camps to provide instant help;

7. Further invites the MSF (Doctors Without Borders) to run mobile clinics in migrant detention centres to treat respiratory tracts, infection and skin diseases as well as supplying hospitals with medicines, antibiotics and analgesics;

8. Appeals to governments to encourage non-gender bias education for all as well as to strengthen the capacities of female health programmes to promote safe motherhood, family planning, prevention and control of STDs and reduction of neonatal and prenatal mortality with the help of UNFPA, UNICEF and USAID;

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9. Further requests states to prioritise food self-sufficiency through the allocation of tools and equipment to the civilians with the view of making them cultivate their own crops and rear their own livestock in order to reduce malnutrition thereby meeting SDG 2;

10. Appeals for the setting of UN-endorsed anti-corruption bodies in accordance with WHO to reduce the risk of corruption;

11. Directs member states to offer immunisation coverage and setting up of camps in remote areas and offer vaccination at convenient hours with the help of the UNFPA and WHO;

12. Advises member states to introduce the study of mental and physical health issues along with their causes and remedies in the educational system.