

Subject: Sustainable Health Systems

Sponsors: Namibia, South Africa, Liberia

Signatories: Madagascar, United Republic of Tanzania, Uganda, Nigeria, Republic of Cameroon, Eritrea, Botswana, Burkina Faso

*Alarmed by* the impact of deleterious effects of instability, war, conflict, and climate change on internal and external migration patterns and the resulting refugee crisis presently straining the health system of respective member states,

*Fully aware of* the financial, human resources, and infrastructural limitations of many member nations,

*Reaffirming* the commitments made by members of the African Union in the Abuja Declaration, the Alma Ata Declaration and the Ottawa declaration on health promotion,

*Further recognizing* the need to act upon the social determinants of health, as adopted by member states through the Rio Political Declaration at the World Conference on Social Determinants of Health,

*Deeply conscious of* the need for good governance and leadership as well as accountability and transparency in the delivery of proper health services and positive health outcomes,

*Affirming* the importance of human rights, gender equality, social justice, cultural sensitivity, and inclusiveness for the development of Universal Healthcare Coverage (UHC),

*Further affirming* the importance of the principles of capacity building, infrastructure development, governance and accountability, and sustainable financing,

*The General Assembly Plenary,*

1. Authorizes the necessity of each nation, as well as the WHO as a whole, to assess the needs of each individual nation to ensure that the language below helps all nations to the greatest extent possible;
2. *Emphasizes* the importance of training and retaining a competent, ethical, and committed health workforce, including, but not limited to:
  - a. a partnership between and among African nations, and including able and willing additional nations, to recruit, educate, and retain medical doctors, nurses, and medical and diagnostic technicians, and
  - b. recruitment of community health workers (CHWs) to be trained and empowered to assist in healthcare, particularly in regards to rural areas, vulnerable populations, refugee camps, areas with high migrant

- concentrations, and in all nations with a focus upon primary preventive care and maternal and child health, specifically recruitment and training of midwives and trained birth attendants as CHWs;
3. Endorses the improvement or implementation of health education approaches to ensure that health systems within nations and among the African region are indeed sustainable, which would include, but may not be limited to:
    - a. the integration of health education within primary and secondary schools, and
    - b. the promotion of public health campaigns to educate the general population on important health topics, which may vary depending on the disease burden of the individual nations, and
    - c. the empowerment of CHWs to provide education as previously mentioned, and
    - d. the dissemination of data collected on health standards in order for both the general populace to learn healthy living practices and leadership to understand where policy is needed;
  4. Expresses its hope that interested and willing NGOs will assist the body in its capacity building, including, but not limited to:
    - a. education of the general populace and health personnel about healthy practices and ways of living, and
    - b. the subsidization and provision of vaccinations, medications, and other curative and preventative measures to promote health and wellbeing, with the goal of individual countries taking over these within the development of their own health system to reach sustainability, and
    - c. Financial support in building and improving existing healthcare facilities, training facilities, and water/sanitation facilities (such as latrines, water pipes, or wells and in the access, creation, and distribution of medical technologies, vaccinations, and medicines to all peoples, especially vulnerable populations, including rural and refugee populations, and
    - d. Transfer of expertise on data collection, surveillance, and management as well improvement of service delivery, and
    - e. Implementation of a joint-accountability-reporting program between stakeholders and officials;
  5. *Establishes* the Assessment, Measurement, Intervention, Monitoring, and Evaluation of Outcomes Plan, henceforth known as AMIME, as a theoretical framework for the infrastructural development and creation of sustainable health systems,
    - a. AMIME exists to guide national health improvements, while being general enough to apply to individual nations, and
    - b. To promote sustainability and self-sufficiency of such national health improvements, and
    - c. c. Recommends consistent assessment of programs to allow for continual adjustment in regards to evolving population needs;
  6. *Requests* the assistance of NGOs present at the conference to assist with the plight of refugees, particularly in creating and developing Essential Health Packages (EHPs), which would envelop:

- a. assistance on the part of any NGO involved to work with the ministry of health within each nation to incorporate EHPs for all citizens, including refugees, with the eventual goal that EHPs become part of African nations' health systems without the need for NGO intervention;
7. *Urges* the body to address the need for good Governance and Leadership so as to develop strategic health policy frameworks but is not limited to ensuring accountability and transparency on the part of WHO leadership, as well as national ministries of health,
  - a. evaluation of and designing need-based national health policy, and
  - b. monitoring consistent communication on the implementation and ensuring support of UHC at both public and private levels, and
  - c. addressing country-specific social determinants of health including what is recognized by the WHO regarding the social determinants of health, and
  - d. continuing the commitment to UHC in times of government transition;
8. *Proclaims* the need for collaborative and homegrown strategies for financing sustainable health systems that are culturally sensitive, especially by:
  - a. Creating and supporting a holistic Health Systems Financial Needs Assessment, and
  - b. Engaging NGOs, regional nations, and the international community through an initial injection of funding and resources that would taper on a decided schedule, engagement in bilateral agreements between nations, and
  - c. Establishing a funding framework that involves facilitation of aid access in order to connect funding and resources with nations or groups of nations in collaboratively and innovatively solving health care systems problem.