

Sponsors: United Kingdom, Estonia, Spain

Signatories: Portugal, Poland, Norway, Turkey, Finland, Montenegro, Sweden, Kazakhstan, Italy, Belgium, Ireland, Israel, Austria, Armenia, Netherlands, Greece

Topic: Increase the number, training, quality, and equitable distribution of workforce.

*Alarmed by* the instability and inequity of national healthcare services,

*Emphasizing* the importance of sufficient quantity of trained healthcare professionals,

*Recognizing* the difficulty of access to these services by vulnerable populations, specifically but not limited to refugees, rural populations, women, children, and internally displaced persons,

*Deeply conscious* of the changing needs of the populace,

*Seeking* to enhance the quality and efficiency of service,

*Bearing in mind* the need for infrastructure to support a growing and improving workforce,

*Affirming* the progressive realization of healthcare as outlined by General Comment 14, the Convention on the Rights of the Child, and the Convention of the Elimination of All Forms of Discrimination Against Women,

*Recognizing* the autonomy of each member state over their own healthcare system,

*The General Assembly Plenary,*

1. *Endorses* the internal redistribution of healthcare personnel to vulnerable populations within each member state to improve health coverage equity;
2. *Proclaims* that highly concentrated healthcare personnel be dispatched to underserved areas to train community members in basic health care;
3. *Establishes* that rural healthcare education will be subsidized through scholarships with contractually obligated periods of work in underserved areas;
4. *Emphasizes* the importance of member states to contribute funds to these scholarships in order to create self-sufficiency among countries involved in this coalition;
5. *Calls upon* those who receive scholarships in rural areas to then further train local non-professional personnel and promote infrastructure improvement;

6. *Notes* that training will be prioritized for nurses, technicians, midwives, and community health workers from the region;
7. *Recommends* that doctors and other healthcare personnel from high income countries (by World Health Organization standards) will assist in emergency situations regionally and worldwide;
8. *Reaffirms* a priority setting process to redistribute resources in time of a crisis;
9. *Authorizes* the creation of an impartial review board which includes member nations and non-governmental organizations and evaluates resource distribution and human capital;
  - a. To be accomplished by periodic review of equity of distribution of resources, both nationally and within regions;
  - b. To annually determine regional need through data collection by municipalities, evaluated by non-governmental organizations;
10. *Further invites* the reevaluation of necessity and efficacy of this resolution in 10 and 25 years;
  - a. If proven successful, this initiative could eventually be expanded to other regions.