

Subject: Financial Support for SEARO/WPRO Health Initiatives

Sponsors: China, India, Laos, Samoa, Singapore, Australia

Signatories: Indonesia, Japan, Niue, New Zealand, Myanmar, Papua New Guinea, Sri Lanka, Vietnam, Republic of South Korea

*Recalling* World Health Assembly's past resolutions, including the Rio Political Declaration on Social Determinants of Health, resolution 58.33 on Sustainable Health Financing, Universal Coverage, and the Declaration of Alma-Ata of 1978,

*Defining* health disparities as differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups (Fox Chase Cancer Center),

*Further defining* Universal Health Coverage as ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, without exposing the user or beneficiary to financial hardships (WHO),

*Emphasizing* the allocation of funds to the lowest government level with the capacity of executing, implementing and assessing efficient use of funds,

*Noting*, with deep concern, the need to decentralize these resources/allocation of healthcare in order to incentivize development of health care provision in underserved areas, focusing on rural areas,

*Noting* the mental health aspect of health services as an important aspect of health care.

*The World Health Organization,*

1. *Authorizes* the creation of a financial management committee under ASEAN and WPRO, respectfully, called the Finances of SEARO/WPRO Health Initiatives (FSWHI), to manage and administer funds for the purpose of improving quality care and diminishing health inequality

- a. Coalition of regional nations in which developed/wealthier nations provide monetary contribution and in which developing nations who are not financially able to contribute funds have the option to contribute workforce,
  - i. Noting that developed nations have an economic, political, and altruistic incentive to contribute funds and resources in developing nations,
  - ii. Funding would call on the Non Government Organizations such as the Red Cross to provide resources and aid in the assessment of need and ability to meet the needs of nations. On that basis, the WHO would decide where to allocate the funds,
- b. Nations that show statistically significant improvement in improving health disparity and quality of care will be given an executive board position in FSWHI,
- c. Looks favorably upon funding and expanding cost-effective and qualitative Health Equity Funds (HEFs) that tailor toward disadvantaged people (including but not limited to the impoverished, refugees, racial and religious minorities, etc);
  - i. Extending of donor supported health equity funds to keep reaching the poor while the necessary standards recommended by FSHWI is put into place
- d. Recommends to decentralize funding within health care system of countries to reassure matching the exact subjects of health care provision clients(patients) and funding resources
- e. Suggests single payer healthcare system with government at its centerfold moderating and financing healthcare programs to build sustainable healthcare system
  - i. proposes an income based taxation system to create healthcare fund to support the healthcare programs run by each government and to address the region specific healthcare needs
- f. Invites member states of the FSWHI to impose sin tax on commodity products that cause adverse health effects, including but not limited to tobacco and alcohol

2. *Recommends* the system of cost-sharing for NGOs and governments to work jointly for the benefit of health care

- a. Providing the option for NGOs and governments to work jointly for the benefit of health care. This would entail the sharing of resources, including financial and human. This would require the close collaboration of governments and NGOs,
- b. Resulting in the the mutual benefit of both--financial benefit for NGOs and human resource (expertise, workers, etc.) for governments;

3. *Looks favorably upon* funding for decentralized programs addressing health inequality and quality health care; specifically programs addressing the following:

- a. Implementing and assessing efficient and non-corruptive use of funds at the most local level of government feasibly possible,
- b. Using need-based assessments conducted by the Statistics Division of the United Nations Department of Economics and Social Affairs to determine geographical areas of need to ensure the appropriate amount of funds are effectively distributed,
- c. Adopting semi-annual and annual evaluations conducted by municipal governments as well as national governments, respectively, to assess progress and take action accordingly,
  - i. Ensuring the treatment and assessment of the health conditions of displaced individuals and refugees is included in a nation's assessment,
- d. Designating electronic information systems to monitor and evaluate progress of the distribution of funds,
- e. Establishing educational infrastructures to sustain the quality and accessibility of primary health care for rural communities
  - i. Includes nutritional, preventive, social, and leadership education to ensure the maintenance of standards and funding provided by Finances of SEARO/WPRO Health Initiatives (FSWHI),
- f. Training of community health workers and their distribution across areas of need in order to increase connection to existing and available health-care resources and infrastructure and to ensure future self-sustenance of health care,
  - i. Seeking partnership with NGOs such as Partners In Health to achieve this goal,
- g. Further encouraging municipal governments to establish primary health care clinics, in accordance with standard requirements provided by the Finances of SEARO/WPRO Health Initiatives (FSWHI), to adopt a preventive role in health care,
  - i. Primarily staffed by nurse practitioners and community health workers familiar with illnesses specific to the area,
  - ii. Accessible within reasonable distance of rural communities based on their mobility and distance from currently centralized health centers,

- h. Imploring the use of emergency relief funds, allocated by the FSWHI be distributed not only in response to natural disasters but also the care for refugees seeking asylum;

4. *Highlighting* the importance of assessment to make sure funds are being allocated properly and efficiently

- a. Conduct need based assessment for each country to establish baseline expenditure to be reevaluated every decade based on further assessments of partnerships
  - i. Asking individual nations, especially locals, the UN Department of Economics and Social Affairs, and NGOs such as the Red Cross to facilitate and lead the assessment,
  - ii. Semiannual assessment of health on the local level
  - iii. Annual assessment on a country-wide basis, in conjunction with a report to overall region
  - iv. Annual assessment of health outcomes in localities
- b. Emphasizing eHealth and subsequently mHealth commerce when obtaining and assessing data. Organizations like the Bill and Melinda Gates foundation would assist in the use and implementation of eHealth commerce;
- c. Assessment of this information in WHO meetings that occur every decade
  - i. The conference would entail a discussion of the information , statistics, and the success of the programs,
  - ii. The conference would also serve as a time cap for expenditures so every decade nations can reexamine their existing contributions

5. *Concludes* that centralizing the various sources of funding into FSWHI assists in the decentralized distribution of these funds, resulting in a streamlined process for nations to achieve their prospective Universal Health Coverage goals.