



American Model United Nations
World Conference on Youth

WCY/I/3

SUBJECT OF RESOLUTION: Promoting healthy lives and access to quality health care

SUBMITTED TO: The World Conference on Youth

The World Conference on Youth,

1 *Recognizing* the youth population defined as ages 15-24 years old by the United Nations General Assembly
2 of 2008,

3 *Fully aware* of the rapidly growing youth population in developing countries,

4 *Taking note* of the existing global structures for epidemic and emergency healthcare efforts,

5 *Bearing in mind* that healthcare is socially determined and requires multidirectional approaches,

6 *Taking into consideration* the state of unrest and subsequent social instability plaguing many Member States
7 around the globe,

8 *Understanding* that healthcare for youth needs to be a priority for Member States, particularly in areas
9 experiencing conflict and instability,

10 *Believing* that youth will benefit from active collaboration between non-governmental organizations (NGOs)
11 and existing local grassroots organizations,

12 *Realizing* that synergy between organizations and developing countries' extant social structures are essential
13 to success,

14 *Considering* the youth-focused work previously accomplished by each Member State,

15 *Having considered* the necessity of an approach that is mutually beneficial to developing countries and those
16 providing assistance,

17 *Keeping in mind* that collaborators with the governments of developing countries must respect State sovereignty,

18 *Emphasizing* that sustainable health care for youth must also include preventative care,

19 *Noting with concern* the lack of sustainability in education and preventative initiatives for youth,

20 1. *Encourages* the formulation and adoption of a Universal Health for Youth Model to provide a com-
21 prehensive infrastructure system for efficient utilization of global funds that exist from, but not limited to, the
22 World Health Organization (WHO), United Nations AIDS, United Nations Population Fund and United Nations
23 International Children's Emergency Fund;

24 2. *Notes* that there are merits to a streamlined model in regards to funding and internally evaluating the
25 needs of a nation;

26 3. *Emphasizes* that social and political determinants of health can be addressed by inclusion of infrastructure
27 in the following areas: education, prevention, violence, physical infrastructure, epidemics, emergency management
28 and sustainability;

29 4. *Draws attention* to efforts underway within developing countries that address their populations' needs
30 but require funding, training, and expansion to include essential social determinants of health;

31 5. *Encourages* active collaboration between international organizations (IOs) and local grassroots youth
32 organizations to further support existing local efforts towards providing accessible health care to youth to address
33 issue such as:

34 (a) the creation of platforms for multilateral collaboration in healthcare practices that take into
35 consideration the cultural and geographical context of where the practices exist;

36 (b) the alleviation of gaps in services and communication between existing IOs working on global
37 health initiatives;

38 (c) initiatives that work towards enhancing measures of preparedness for nations to be equipped at
39 dealing with health disasters such as epidemics and emergencies caused by natural disasters;

40 6. *Calls upon* Member States to educate and provide preventative practices that include:

41 (a) educational exchange with healthcare providers in developing and developed nations to strengthen
42 cross-cultural understanding of global healthcare and minimize the barriers youth face with regards to communication
43 with foreign healthcare providers' lack of cultural competency;

44 (b) sex education that is open and takes into consideration cultural variations in conversations
45 surrounding sexual health;

46 (c) breaking stigma surrounding sex education in schools, community centers and other educational
47 centers;

48 7. *Further requests* the restructuring of current funding models to ensure equity in the implementation of
49 global and local efforts within Member States;

50 8. *Notes* that restructuring funding models will aid in facilitating synergy by allowing developing countries
51 to self-direct funds while concurrently providing assurance that the aid is being managed properly;

52 9. *Reaffirms* current and prior initiatives that have struggled due to lack of funding, waste and mismanage-
53 ment of aid; moving forward, these mistakes must be considered and rectified;

54 10. *Recommends* the utilization of an adoptable model under the oversight of already-established global
55 legislative bodies to significantly decrease redundancy, the waste of time and the mismanagement of money that is
56 perpetuated by the existing global health system.

Passed, Yes: 47 / No: 7 / Abstain: 9