FORUM**:** World Health Assembly

QUESTION OF:Measures to Provide Medical Services in Conflict Zones

SUBMITTED BY:South Africa

CO-SUBMITTED BY:Kenya, China, Côte d'Ivoire, Israel, Sweden, Senegal, Niger, Chile, Finland, France

THE WORLD HEALTH ASSEMBLY,

*Bearing in mind* that ‘Conflict Zone’ is defined as a specific geographical area placed under the flames of an ongoing conflict usually with the involvement of arms,

*Deeply aware of* the International Humanitarian Law (IHL), referring to an established set of regulations for countries to abide to regarding the topics of medical neutrality, protection for patients, medical facilities and personnel, and more,

*Realizing* the significance of collected data within a conflict zone based on the number of attacks on medical facilities, faculties, and other resources, as it outlines the scope of the conflict, calling for more precise measures against the issues occurring,

*Welcoming* the trend of implementations of telemedicine after the outbreak of COVID-19 pandemic, which is an innovative approach for nations other than the ones directly involved in an armed conflict to provide medical service while being less impacted by the availability of professional volunteers,

*Noting with deep concern* of the Israel’s attack on hospitals in Gaza city, discouraging the functions of the hospital while incapacitating and killing the citizens, followed by the report of Palestinian Ministry of Health in Ramallah sharing the tragedy of 192 health workers have been assaulted and 113 health-care facilities were hit in 2023,

1. Strongly requests Member Nations, in particular More Economically Developed Countries (MEDCs) that display a neutral stance to the ongoing conflict, to provide medical assistance to parties to armed conflict, with an emphasis on establishing and enhancing the utilization of telemedicine in conflict zones, through ways such as but not limited to:
2. Dispatching a national group of medical faculties who specialize in the implementation of technological approach, that get qualified upon the potential instructions and criteria provided by international medical organizations such as Doctors Without Borders (MSF) or International Committee of the Red Cross (ICRC), with following specific assistances:
3. Supplying and helping to set up areas of required devices and technologies,
4. Offering online or offline trainings and instructions on the use of telemedicine to local medical personnel,
5. Providing constant both online and offline conference sessions for the local humanitarian workers to ask questions, report encountered issues, and receive advice on a weekly basis,
6. Helping to implicate studies and research initiatives around the benefits of telemedicine to bring about more implementations of it, through ways such as but not limited to:
   * 1. Governments providing financial aid to the nationally relevant academies, to help elevate the quality of resources of telemedicine so that the enrollees are being trained to high standards, with the establishment of regulations regarding this action to ensure that the financial aid is being solely used for improving the quality of education, not for the owners’ profit,
     2. Asking the international medical organizations to investigate the quality of education being provided in those academies, to ensure that the enrollees are gaining comprehensive knowledge and understanding to such extent that they are capable of organizing and running research initiatives by themselves;
7. Invites all Member Nations and relevant non-government organizations (NGOs) such as MSF and ICRC to promote raising awareness of the suffering that both the citizens and healthcare providers undergo, as a way of encouraging concentration of attention and efforts towards this topic and calling for further international actions, through ways such as but not limited to:
8. Actively utilizing public media platforms that target both younger and older audience, to help achieve comprehensive understanding on the topic, such as but not limited to:
9. Social media,
10. Newspaper,
11. Podcast,
12. Radio,
13. Television,
14. Magazines,
15. Requiring city halls in Member States to collaborate with relevant local organizations to hold educational sessions for citizens in the age of young adults and above, to raise domestic awareness,
16. Conduct regular assembly to arrange students to be conscious of the issue while collaborating with NGOs including:
    * 1. Doctors of the World,
      2. International Humanitarian Aid (INTERSOS),
      3. International Medical Corps,
      4. The Alliance for International Medical Action (ALIMA);
17. Recommends Member States cooperate in elevating and standardizing the professionalism of the humanitarian workers, medical personnel in particular to ensure that all medical services in conflict zones are efficacious and high-quality to meet the demands of the injured civilians, through way such as but not limited to:
18. Asking relevant Member States to establish national board of regulating and training doctors, by referring to the General Medical Council (GMC) from the United Kingdom or the American Board of Medical Specialties (ABMS),
19. Requiring each member state to request the national hospitals and healthcare institutions to elevate the professionalism of their employees – so as to ensure that when each member state deploys qualified group of national medical professionals, those workers can provide quality support in the war zones – by asking the job applicants for the qualification of the following:
20. Providing the certificate of graduation from a medical school,
21. Passing an examination formulated by the applicable hospital or healthcare institution upon the instructions and assistance from World Health Organization (WHO);
22. Calls upon Member States to devise and propose to improve, expand and share the presentation of data in the WHO’s Surveillance System for Attacks on Health Care (SSA) in order to enhance understanding of dynamics, patterns and circumstances of attacks in healthcare in conflicted zones through methods such as but not limited to:
    1. Expanding on data collections in SSA through collaboration with NGOs, UN agencies such as but not limited to:
       1. Office of the UN High Commissioner for Human Rights (OHCHR),
       2. WHO,
       3. ICRC,
       4. MSF,
       5. Safeguarding Health in Conflict Coalition (SHCC),
    2. Strengthening data collection and verification, engage with technical experts who have expertise in weapons, surveillance systems, and investigative techniques,
    3. Maintaining data security while publishing more detailed data by using a more sophisticated security protocol with multiple options including:
       1. Anonymize and broaden the sources of data in order to protect individual reporters,
       2. Employing sophisticated safety protocols for the reporters investigating in war zones while publicizing attacks that are responsive for the local and international dynamics,
    4. Enhancing the SSA dashboard by drawing further emphasis on inclusion and further elaboration on the following data such as:
       1. Deaths and causalities engendered by the war, broken down into the victims’ status, such as civilian, combatant, or humanitarian worker,
       2. Specificity on the geographical and temporal data of the incidents aforementioned,
       3. Civilian health indicators such as maternal and infant mortality,
       4. Reported perpetrator recognized by UN agencies;
23. Strongly encourages UN to further promote adherence to the International Humanitarian Laws (IHL), by further calling for consideration and collaborations among member states, through ways such as but not limited to:
24. Holding biannual conferences dedicated to creating means that specifically target engagement in medical neutrality, such as but not limited to:
25. Creating and ratifying a treaty that promises that member states, regardless of their engagement, positive, negative, or neutral stances toward an armed conflict, would always promote the human rights of injured citizens and medical faculties in a conflict zone, by not interfering with the running of medical services, facilities, and transport of medical resources,
26. Designating governments, the UN secretary-general, and related UN agencies to share their methods, data, and reporting capacities and roles on attacks on healthcare to obligate under Resolution 2286,
27. Strengthening international norms by reinforcing the existing international legal framework governing armed conflicts such as the Geneva Conventions,
28. Establishing and enforcing a series of regulations against violations made by member states regarding the contents above, by enabling the collective UN actions, specifically those of the Security Council, to take place when such violations occur, which, in chronical order, includes though not limited to:
29. Economic sanctions against the nation,
30. Collective military action against the nation,
31. Enforcement to domestic remedies,
32. Enforcement to international remedies when exhaustion of domestic remedies has occurred;
33. Requests governments from each Member State to collaborate with medical school to educate the young doctors on topics about the severity of the issue of the dangers faced in conflict zones, and specifically discussing IHL in such ways but not limited to:
    1. Inviting members of NGOs and doctors relating to medical service in conflict zones WHO, MSF, ICRC to educate young generations in ways such as but not limited to:
       1. Encourage NGOs to allow medical school students to visit their organization,
       2. Create workshops to medical school where students learn about the severity of the issue,
    2. Teaching information related IHL for better compliance by including:
       1. Humanitarian principles and obligations,
       2. Rules and consequences of violation of IHL,
       3. Responsibilities of states and non-state armed groups during an armed conflict;
34. Expresses its hope for Member Nations that display neutral stance to the ongoing conflict, to provide medical assistance towards parties to armed conflict in the forms of general medical faculties and facilities:
35. Encouraging the formation of temporary MEDC-and-Less Economically Developed Country (LEDC) pairing system with which they collaborate in supplying a large quantity of health equipment – in order to establish a sense of cooperation and equity across the member nations that may have negative perspectives around having to provide medical support that can be financially demanding towards them – such as but not limited to:
    * 1. First aid supplies,
      2. Medical supplies and medicines that are needed on a more general basis such as diseases and mental health,
36. Recommending each member states to recruit and deploy specialized medical personnel of physicians, psychiatrists, and nurses that hold qualifications, with instructions and assistance from WHO’s Emergency Medical Teams (EMT), to provide support towards:
    * 1. The physical injuries of the civilians and local humanitarian workers,
      2. Issues associated with the civilians’ and local health staffs’ mental well-being, such as psychotic symptoms like trauma,
      3. Gender-responsive healthcare services that address the specific needs and vulnerabilities of women and girls, including sexual and reproductive health services,
37. Expressing its appreciation towards the implementation of drones to deliver small-sized supplies to the conflict zones as it is a far more efficient, safe, and less financially demanding way to supply crucial medical materials.