**FORUM**:World Health Assembly
**QUESTION OF**:Measures to Assess the Digital Divide and Access Disparities in Healthcare Infrastructures

**MAIN SUBMITTER**:The Republic of the Philippines

**CO-SUBMITTERS**: Afghanistan, Cambodia, France, Indonesia, Japan, Pakistan, Republic of Korea, Sweden, The Republic of Philippines, United States of America

WORLD HEALTH ASSEMBLY,

*Fully aware* of the access disparities between various demographics due to systematic discrimination of ethnic, marginalized, or rural communities,

*Conscious* of the widening digital divide between nations and territories,

*Alarmed* by the significant impact digital disparities have on individuals’ access to healthcare,

*Noting* the importance of measuring digital and access disparities as a necessary step toward resolving them,

*Taking note of* previous actions aimed at addressing digital and healthcare disparities, such as the UN program “People-Centered Smart Cities”,

*Guided by* the United Nations’ third Sustainable Development Goal, which aims to “ensure healthy lives and promote well-being for all at all ages,”

1. Encourages collaboration between UN initiatives, including the Digital Impact Alliance (DIAL), International Telecommunications Union (ITU), and United Nations Development Program (UNDP)’s Digital Strategy from 2022-2025, to publish detailed annual country reports on the digital service integration in healthcare in ways such as but not limited to:
	1. The widespread implementation of apps and systems with the usage of artificial intelligence that track which countries or regions lack adequate digital technology awareness or use:
		1. Utilizing machine-learning technology to predict future trends in the digital technology adoption rates in healthcare systems,
		2. Establishing location tracking technology that can track and analyze the spread of healthcare infrastructure,
	2. International support regarding the creation and production of potential databases to promote information sharing between member states and the public,
	3. Implementation of respective government websites for each Member State in regard to key updates in digital integration in healthcare to:
		1. Allow individuals within Member States to easily access information about progress and trends in healthcare,
		2. Allow healthcare providers such as doctors, nurses, or clinical professionals to discover locations in which more guidance is needed,
		3. Provide governments with data regarding regions with low digital healthcare literacy and access;
2. Calls for the collaboration of public-private partnerships (PPPs) with member states to identifygeographic regionsthat lack healthcare services such as but not limited to:
	1. Implementing annual digital literacy surveys periodically, assessing indicators like internet and technology comprehension, incentivized through,
		1. Monetary incentives, such as gifts from UN, World Bank, and WHO,
		2. Non-monetary incentives, such as free access to digital literacy education programs,
		3. Collaborating with UNESCO and ITU to establish standardized metrics for assessing digital literacy,
	2. Considering the limitations and vulnerabilities of underserved populations including mechanisms such as but not limited to:
		1. Using geographic information systems (GIS) to map existing healthcare facility locations, density, and access times,
		2. Analyzing data on health outcomes, such as maternal mortality, infant mortality, or incidence of preventable diseases,
		3. Identifying healthcare utilization rates which can indicate limited access to affordable healthcare access,
		4. Utilizing satellite and aerial imaging to identify areas that are geographically challenging to reach;
3. Strongly recommends the establishment of a dedicated UN division within the World Health Assembly (WHA) to oversee the accessibility of fundamental healthcare services globally such as but not limited to:
	1. Providing logistical and human resources to countries in need, including the provision of data collection tools, training, and financial assistance to countries with limited resources,
	2. Publishing accessible reports on the average costs of healthcare services, detailing metrics on digital and physical healthcare access disparities,
	3. Creating a public database for member states to share relevant information on the geographical, financial, and other barriers that impede citizens from receiving fundamental healthcare services such as but not limited to:
		1. A comprehensive health screening or a physical exam every 2-3 years for young adults, every 1-2 years for middle-aged adults, and once a year for older adults (65+ years),
		2. Access to primary care services, including immunization from viruses and management of chronic conditions,
		3. Access to emergency and urgent care, including immediate treatments for acute illnesses and life-threatening situations,
		4. Access to maternal health services, such as postnatal and prenatal care,
		5. Access to rehabilitation services, including physical or occupational therapy to help patients recover after illness;
4. Strongly advises all member states to establish an action plan that is relevant to the needs and disparities of the individual state, mechanized in ways such as but not limited to:
	1. Setting reachable goals to improve from the current disparity levels,
	2. Conducting regular assessments of the effectiveness of health and digital integration policies:
		1. Utilizing a data-driven approach to inform future strategies,
		2. Reporting findings to the General Assembly for transparency,
	3. Promoting partnerships to further incentivize member states to follow through with these action plans, in ways such as but not limited to:
		1. Encouraging nongovernmental organizations (NGOs) like the Health Equity International (HEI) or the Global Digital Health Network to facilitate in the data collection process which can be incentivized through tax write-offs in the process of bringing and purchasing the relevant technologies needed for these assessments,
		2. Providing confidentiality of detailed reports to the public, allowing for partial protection from public or international criticism,
		3. Monetary support from UN entities, such as UNESCO, WHA, or the SDG Group;
5. Calls upon to member states maintain a coordinated, transparent monitoring system for assessing digital and access disparities in healthcare through means such as but not limited to:
	1. Encouraging nations to refrain from concealing any information about their progress on healthcare disparities through ways such as but not limited to:
		1. Incentivizing transparency through bonds that will be paid back after times of economic strain,
		2. Requesting the Security Council to impose sanctions on nations unwilling to comply with proper reporting procedures,
	2. Establishing regional information-sharing centers to facilitate the flow of critical data among neighboring countries through means such as but not limited to:
		1. Enabling public health authorities and relevant stakeholders to provide adequate support, resources, and guidance,
		2. Requesting member states to develop and implement protocols, as per national legal frameworks and international human rights standards, that guarantee the universal confidentiality and non-discrimination of individuals who disclose their personal information;
6. Highly recommends Member States to establish standardized global procedures to evaluate Member States’ progress in addressing disparities in healthcare, with specific guidelines for testing and other critical components, such as but not limited to:
	1. Developing and establishing standardized testing protocols for all UN Member States, including but not limited to:
		1. Establishing clear criteria for testing disparities in healthcare, prioritizing Member States that have higher disparities,
		2. Ensuring equitable access to testing by requesting support from international health-affiliated organizations such as the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), Pan American Health Organization (PAHO), Doctors Without Borders, and the International Committee of the Red Cross (ICRC),
		3. Creating a comprehensive testing infrastructure that includes testing centers, mobile testing units, and efficient laboratory networks to process test samples,
		4. Utilizing standardized testing methodologies and technologies approved by international health authorities for accurate and rapid reports of healthcare disparities,
	2. Supporting international cooperation in the development of a standardized disparity metric by:
		1. Collaborating with the International Committee of the Red Cross (ICRC) and other international organizations to develop a global healthcare disparity guideline, including quantitative such as maternal mortality ratio in urban/rural areas and qualitative measures such as digital literacy across various socioeconomic statuses of healthcare disparities,
		2. Participating in the regular review and update of this framework based on evolving scientific knowledge and lessons learned from previous annual country reports;
7. Requests member states to enhance public health education and awareness campaigns to raise awareness of the significance of assessing digital and access disparities in healthcare, through means such as but not limited to:
	1. Launching public awareness campaigns to educate citizens of countries on the importance of sharing information and progress dedicated to disparities in healthcare with specific efforts, including:
		1. Developing public messaging, such as by using pamphlets and social media platforms, to stress the importance of accurate understanding of present-day issues in healthcare,
		2. Collaborating with health-related programs and initiatives such as the NET-MED Youth Program, American Public Health Association (APHA)’s National Public Health Week, and Global Health Initiatives (GHI) to unravel the marginalized communities that are most impacted by healthcare disparities,
	2. Leveraging social media and educational institutions to disseminate accurate information and combat misinformation, addressing both public health measures and the need limit encroachment by:
		1. Launching social media campaigns to encourage actively seeking details about healthcare disparities and digital divide in rural and remote environments to further citizens’ general understanding of healthcare disparities,
		2. Partnering with local community groups to organize workshops and community outreach events,
	3. Adding new requisite classes to the primary and/or secondary educational curriculum, especially in rural and low-income areas, to demonstrate the importance of measuring digital healthcare by:
		1. Requiring students at a specific level of education to take virtual courses that teaches students on how to measure disparities in healthcare and how it is being used to tackle these discrepancies,
		2. Establishing a biannual trip to regional healthcare centers that gives students the opportunity to experience the entire research, data collection, and evaluation process in action,
		3. Requesting students to submit an end-of-year project where they use the techniques, they learned previously to measure a specific disparity in healthcare.