



## Regensburg Model United Nations

**Code:** DR/1/4

**Committee:** General Assembly

**Topic:** Facilitating Knowledge Transfer for Sustainable Development

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1 *The General Assembly,*

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3 *Guided by the Charter of the United Nation as the founding document,*

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5 *Taking into consideration the 2030 Agenda for Sustainable Development, particularly Sustainable*  
6 *Development Goal (SDG) 3 in aiming to achieve universal health coverage (UHC) and access to quality*  
7 *health care,*

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9 *Affirming the Universal Declaration of Humans Rights, especially Article 25.1, stating everyone's right for*  
10 *adequate health care and security in case of sickness and disability,*

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12 *Stressing the World Health Organisation (WHO) Constitution of 1946, envisioning" the highest attainable*  
13 *standard of health as a fundamental right of every human being",*

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15 *Emphasizing the Addis Ababa Action Agenda (AAAA) of the Third International Conference on Financing*  
16 *for Development, notably Annex 1.12 "Delivering social protection and essential public services for all",*

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18 *Supporting the Global Action Plan for Healthy Lives and Wellbeing for All in supporting Member States to*  
19 *accelerate progress towards the health-related Sustainable Development Goals (SDG),*

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21 *Noting that COVID-19 is a new infectious disease caused by severe acute respiratory syndrome*  
22 *coronavirus 2 (SARS-COV-2), of which the 2019-20 outbreak was declared a pandemic by the World*  
23 *Health Organization (WHO) on 11 March 2020,*

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25 *Noting with great concern the threat to human health, safety and well-being caused by the COVID-19*  
26 *pandemic around the world and the ongoing danger caused by the continuous mutations and emergence*  
27 *of new variants of SARS-COV-2, which highlights the significant complexities and the need for*  
28 *cooperation to control SARS-COV-2,*

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30 *Reaffirming the general importance of Annex 1C of the Marrakesh Agreement Establishing the World*  
31 *Trade Organization, known as the Agreement on Trade-Related Aspects of Intellectual Property Rights*  
32 *(TRIPS Agreement), signed in Marrakesh, Morocco on 15 April 1994, amended through the Protocol of 6*  
33 *December 2005, imposing a base for the protection of intellectual property rights, especially of*  
34 *pharmaceutical products,*

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36 *Underlining article 31 of the TRIPS Agreement, allowing for other use of the subject matter of a patent*  
37 *without the authorization of the patent holder "by a Member in the case of a national emergency or other*  
38 *circumstances of extreme urgency or in cases of public non-commercial use", such as a global pandemic*  
39 *with the dimensions of the COVID-19 pandemic,*

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41 *Gravely concerned about mainly male focused medical research and the resulting lack of knowledge on*  
42 *safe motherhood as well as on gender specific medicine,*

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44 *Emphasizing the strong need for guaranteeing access to education for girls and women in order to*  
45 *achieve SDG 5,*

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47 *Viewing with appreciation* the Cairo Programme of Action of 1994 on population development which  
48 focuses on reproductive rights and reproductive health and sexually transmitted diseases and prevention  
49 of human immunodeficiency virus (HIV),  
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51 *Alarmed by* the lack of education on the issue of sexual violence towards women and girls and its harmful  
52 effects on physical and mental health,  
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54 *Further recalling* General Assembly resolution 73/149 on “Intensifying global efforts for the elimination of  
55 female genital mutilations”,  
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57 *Underscoring* the importance of education about knowledge transfer in order to prevent health  
58 emergencies and other conflicts regarding health,  
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60 *Recalling the Convention on the Rights of Persons with Disabilities (CRPD)* to promote, protect and  
61 ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with  
62 disabilities,  
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64 *Further recalling* the rights guaranteed in the Convention on the Rights of People with Disabilities,  
65 especially emphasizing the precondition of the command to consistently recognize people with disabilities  
66 as persons before the law that enjoy legal capacity on an equal basis with others in all aspects of life as  
67 guaranteed in Article 12,  
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69 *Underlining with great concerns* the growing number of people with mental illness, especially such as  
70 Post Traumatic Stress Disorder due to impacts of natural disasters and environmental crises,  
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72 *Further underlining with concern* that against the provisions of the CRPD, children with mental health  
73 issues are educated in special schools, that deepens the distance between individuals within society, and  
74 wastes valuable cooperation that comes with competence differences,  
75  
76 *Especially emphasizes* the need to improve international control mechanisms regarding the governmental  
77 compliance with Human Rights within the Committee on the Rights of Persons with Disabilities,  
78  
79 *Approving* the efforts by the United Nations Global Pulse Initiative (UNGPI) to bring real-time monitoring  
80 and prediction to development and aid programs,  
81  
82 *Viewing with appreciation* the work and achievements of Public-Private Partnerships (PPP),  
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84 1. *Recommends* to temporarily waive the WTO TRIPS Agreement on patents to improve global access  
85 to COVID-19-related medical products in accordance with TRIPS Agreement Part II, Section 5, Article  
86 27, Clause 3, Sub-Clause a;  
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88 2. *Emphasizes* the need to ensure that intellectual property rights are still protected under the WTO  
89 TRIPS Agreement to benefit our world’s innovators and creators by:  
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91 a. Basing any decisions made on the topic of intellectual property concerning health on  
92 recommendations put forward by experts of both the WTO and WHO;  
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94 b. Limiting patent waivers to emergencies of global scale that cannot be solved on a national  
95 basis;  
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97 c. Setting a temporary limit to any patent waiver that can only be extended in case of a common  
98 decision of the WTO and the WHO;  
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- 100 3. *Calls upon* Member States to support national and private education programs as well as those  
101 provided by NGOs regarding health education in primary and secondary school curricula which will  
102 educate children on their reproductive rights as well as gender-specific health;  
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- 104 4. *Recommends* United Nations Entity for Gender Equality and the Empowerment of Women (UN  
105 Women) to develop a strategy on how nations can support teacher training in the area of women's  
106 health education touching on topics such as but not limited to:  
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- 108 a. Safe motherhood;
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  - 110 b. Reproductive health;
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  - 112 c. Genital mutilation;
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  - 114 d. HIV and other sexually transmitted diseases;
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  - 116 e. Access to contraceptives and medical assistance;
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- 118 5. *Supports* the work by non-governmental organizations focusing on the transfer of knowledge through  
119 international dialogue and cooperation e.g. Médecins Sans Frontières;  
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- 121 6. *Aims to reduce* the maternal mortality rate, especially in less and least developed countries through  
122 the strategy by:  
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- 124 a. Educating medical staff about hygiene;
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  - 126 b. Sharing knowledge about possible complications during and after pregnancy in order to  
127 prevent and treat them;
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  - 129 c. Preventing the risks of unwanted pregnancies by education on contraceptives;
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- 131 7. *Fully supports* intellectual exchange in the field of medicine and medical education through:  
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- 133 a. Research exchanges at universities to collect data pools and create shared strategies;
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  - 135 b. Student exchanges to create cultural sensitivity and understanding of different health care  
136 systems;
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  - 138 c. A global network of gynaecologists and midwives to share experiences and receive further  
139 training;
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- 141 8. *Recognizes* the importance of knowledge distribution regarding disabilities and long-term diseases as  
142 being the crucial condition to implement the rights as guaranteed in the Convention on the Rights of  
143 People with disabilities;  
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- 145 9. *Especially draws attention to* the right to access to justice as preserved in Article 13, the right to  
146 respect people with disabilities for his or her physical and mental integrity on an equal basis, Article  
147 17, and the prohibition of discrimination, Article 3;  
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- 149 10. *Further recommends* an increase in private funding for the research in Disability Studies as well as  
150 international cooperation and its promotion, in support of national efforts for the realization of the  
151 purpose and objectives of the Convention;  
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- 153 11. *Suggests* appropriate training for those working in the field of administration of justice, including  
154 police and prison staff regarding the judicial rights of people with disabilities to eventually implement  
155 the equal access to justice as guaranteed in Article 13;

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12. *Reaffirms* the precondition of the command to consistently recognize this group as persons before the law that enjoy legal capacity on an equal basis with others in all aspects of life as guaranteed in Article 12;
  13. *Calls upon* the United Nations funds, programmes and the specialized agencies, at the request of national Governments, to improve their support for institutions committed to mental health by providing the environment for successful expertise exchange in the form of conferences and student exchanges;
  14. *Stresses* the necessity of coordination between public and private sectors in:
    - a. Building on national information hubs of statistics though working together with the United Nations Global Pulse Initiative through research and innovation labs, with International Monetary Fund's (IMF) General Data Dissemination Standards (GDDS) and with the Special Data Dissemination Standards;
    - b. Involving the WTO and the WHO to strongly work together to exchange their data and knowledge about health care provision, as well as global health care deficits, and include alliances between countries and their economies and private organizations to help achieve SDG number 3;
  15. *Encourages* Member States to consider research partnerships with the scientific community and the private sector for high-risk private research projects, such as:
    - a. The inclusion of the United Nations Office for Partnerships (UNOP), as a gateway for sustainable collaboration between private sector, NGO's and the UN system;
    - b. The engagement in global dialogue concerning highly infectious diseases, including but not limited to HIV, COVID-19 and Malaria;
    - c. The training of local technical specialists in all areas concerning health;
  16. *Endorses* the ideas of the Committee on Innovation, Competitiveness and Public-Private Partnerships (CICPPP), which advocate for PPPs in identifying and testing of best practice by drawing on the expertise of international experts;
  17. *Further emphasizes* the importance of the inclusion of WHO as well as the United Nations Committee on Non-Governmental Organizations in working together with Member States to share their expertise and insights on issues concerning health;
  18. *Recommends* paying attention to Article 71 of the Constitution of WHO, as well as the Principles Governing Relations Between the World Health Organization and Nongovernmental Organizations when it comes to building governance capacity and voice of local civil society groups and media organizations;
  19. *Encourages* collaboration with United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and United Nations Development Program's (UNDP) Connecting Business Initiative (CBi) private sector member networks as they major sponsors for improving global health development;
  20. *Calls upon* Member States to use the capacity and the expertise of the private sector on the mobilization of resources, on emergency preparedness, on logistics operation, on improving infrastructure, and on coordinating stakeholders.