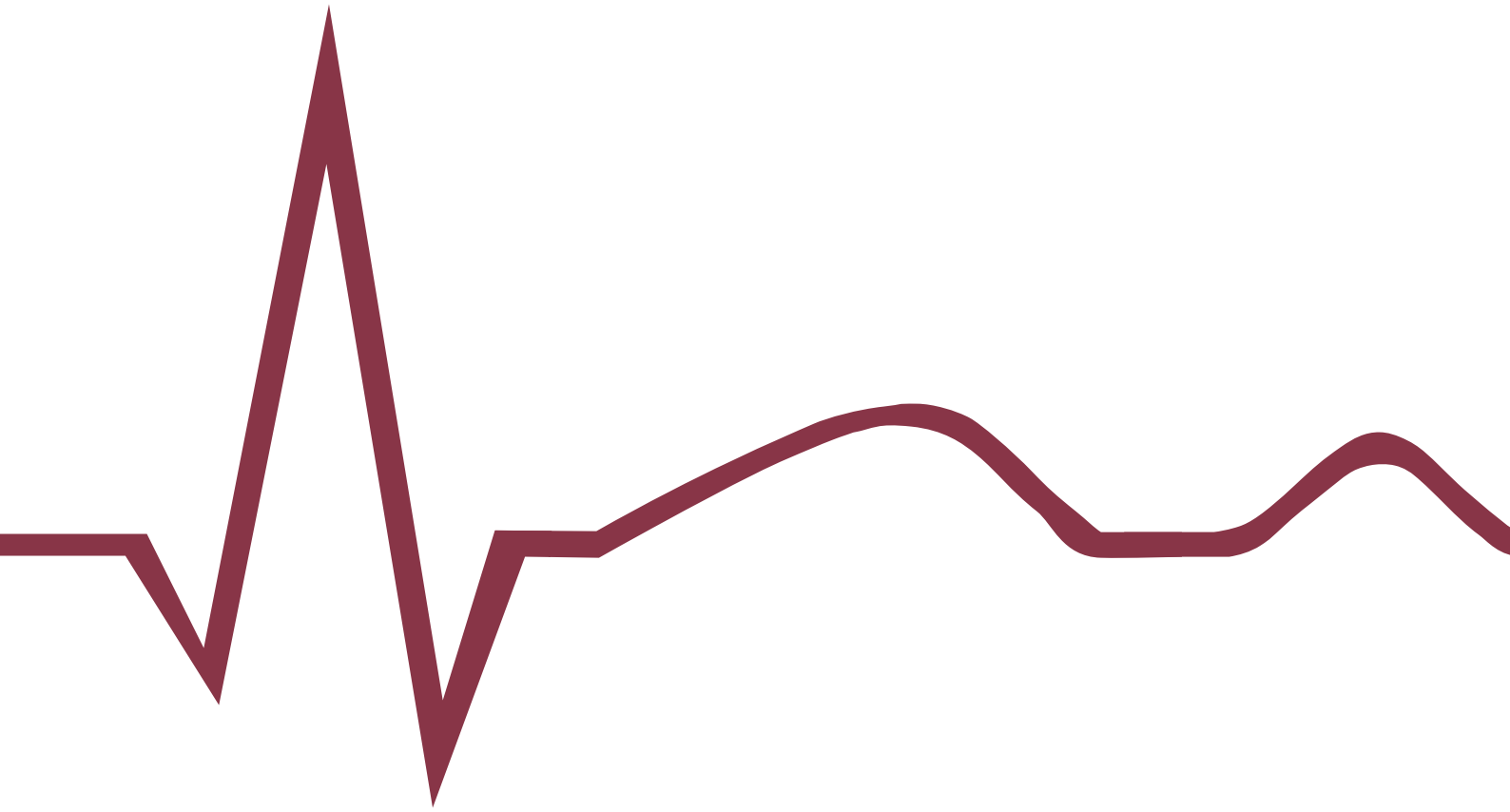
HL 16

NATIONAL SELECTION CONFERENCE



6th — 11th June 2016

RESOLUTION BOOKLET

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Programme of the Opening Ceremony

9:50 - 10:00	**Rolf Fischer** State secretary Ministry of Social Affairs, Health, Science and Equality of Schleswig-Holstein
10:00 - 10:05	**Helene Banner** Head of the department of communication Representation of the European Commission in Germany
10:05 - 10:10	Video Message **Martin Schulz** President of the European Parliament

General rules
The wish to speak is indicated by raising the committee placard. The authority of the board is absolute. English is the only allowed working language of the General Assembly.

Procedure and time settings

I. Presenting the proposed motion for a resolution by the board
II. 3 minutes to defend the motion for the resolution
III. 2 speeches lasting 2 minutes each, to attack the motion for the resolution
IV. 2 minute for the proposing committee to answer to the attack speech
V. General debate, split into 3 to 5 rounds
VI. 3 minutes to sum up the debate
VII. Voting procedure
VIII. Announcing of the results

Defence Speech
One member of the proposing committee delivers the Defence Speech from the podium. It is used to explain the rationale of the overall lines of the motion for the resolution and to convince the plenary that it is worthy of being adopted. This speech can last a maximum of three minutes.

Attack Speeches
An individual Delegate, who is not a member of the proposing committee, delivers an Attack Speech from the podium. It reflects an individual opinion and is used to point out the flaws of the approach taken by the proposing committee and should suggest alternative solutions. Often, an Attack Speech is concluded with an appeal to the plenary not to adopt the resolution in its present form.

Response to the Attack Speech
The proposing committee responds to the points raised by the Attack Speech. The response does not take place from the podium. The Response to the Attack Speech may last for one minute.

Points of Personal Privilege
This point may be raised by a Chairperson if a Delegate demands to repeat a point that was inaudible. Failure to understand the language being spoken does not constitute a Point of Personal Privilege.

Direct Responses
Once per debate, each committee may use the ‘Direct Response’ sign. Should a committee member raise the Committee Placard and the ‘Direct Response’ sign during the Open Debate, he/she will immediately be recognised by the board and given the floor as soon as the point being made is concluded. A Direct Response can only be used to refer to and discuss the point made directly beforehand. If two or more Direct Responses are requested at once, the board will decide which committee to recognise. In this case, the second Direct Response shall only be held if it can be referred to the first Direct Response.

Points of Order
This point may be raised by a Chairperson if a Delegate feels the board has not properly followed parliamentary procedure. Ultimately, the authority of the board is absolute.

Summation Speech
One or two members of the proposing committee deliver the Summation Speech from the podium; the microphone can only be passed once. It is used to summarise the debate, respond to the main points, selected criticisms and to once more explain why the chosen approach is the most sensible. It typically concludes with an appeal to vote in favour of the resolution. This speech can last a maximum of three minutes.

MOTION FOR A RESOLUTION BY THE COMMITTEE ON ENVIROMENT, PUBLIC HEALTH AND FOOD SAFETY II

Facing an ageing society and a rise in the prevalence of chronic diseases, costs for European health care systems are expected to increase drastically over the next few decades. What steps of promotion, prevention and early detection can the EU take to support Member States in their actions against chronic diseases?

Submitted by:

Alexander Christ (DE), Hannah Fiene (DE), Lara Steyer (DE), Lennart Corleissen (DE), Maciej Mańka (PL), Moritz Otto (DE), Nawal Sohl (DE), Nicole Koep (DE), Nils Vietor (DE), Teemu Hulkko (FI), Cloé Oksenhendler (Chairperson, FR)

The European Youth Parliament,

A. Noting with deep concern that the growing burden of chronic diseases represents a major challenge for health care systems in the EU,

B. Aware of the pressure that the aforementioned growing burden places on the economic and social development of the different Member States,

C. Highly alarmed by the fact that 80% of mortality in the EU is due to chronic diseases,

D. Emphasising that 80% of the aforementioned deaths are preventable by lifestyle changes such as:

   i) a healthy diet,

   ii) increased physical activity,

   iii) non-smoking,

   iv) lower alcohol consumption,

E. Taking note of the uncertain cost-effectiveness and partly insufficient impact of the different established prevention programmes[1],

F. Noting with regret the lack of awareness on risk factors possibly resulting in chronic diseases,

G. Taking into account the considerable effect of chronic diseases on various socio-economic groups, such as ethnic minorities and the economically disadvantaged,

[1] Although there are various prevention programmes, the European Commission projects a rise in diagnosed diabetes cases from 30 million in 2010 to 38 million in 2030

H. Deeply regretting the existing inequality in the availability of early detection measures among different regions and Member States largely due to:
   i) a lack of physicians or health professionals,
   ii) a lack of suitable medical equipment,
   iii) Noting with deep regret that European nursing staff are not utilised to their full potential in the prevention, promotion and early detection of chronic diseases,

I. Expecting a conflict of interests between tobacco, alcohol and food companies and the EU health promotion initiatives for chronic diseases[2],

J. Deeply concerned about the insufficient European guidelines for early detection methods of chronic diseases[3],

K. Fully aware that compulsory health-related measures may interfere with personal liberties,

L. Alarmed by the negligence of rare chronic diseases in regards to awareness and funding of early detection[4];

1. Affirms that a balance of health promotion, prevention, and early detection measures is required to effectively face the increasing number of chronic diseases;
2. Seeks a homogeneous availability of the above mentioned measures in all Member States in order to create more approximate health care policies;
3. Congratulates organisations such as JA-CHRODIS[5] and EMCP[6] on their efforts to focus on the prevention, health promotion, and early detection of chronic diseases;
4. Further calls upon the aforementioned organisations to:
   a) encourage further cooperation with international stakeholders,
   b) provide funds enabling the exchange of information, equipment and specialists,
   c) enable access to current scientific research concerning chronic diseases for members of these organisations;
5. Encourages employers to include health promotion in their guidelines by implementing:
   a) regular medical check-ups,
   b) healthy food at the work place,
   c) smoke-free zones at the work place;

[2] According to MEP Hans Peter Martin, there were 15,000 lobbyists in Brussels seeking to influence the EU legislation in 2003. The value of lobby invitations, etc, for each individual MEP exceeds EUR 40,000 per year.

[3] According to the WHO, 50% of diabetes cases are undiagnosed and therefore not treated.

[4] The main actions and programmes in place only deal with the most common chronic diseases, which represent 2/3 of all chronic diseases. The remaining third is neither sufficiently acknowledged nor addressed.

[5] Joint Action on Chronic Diseases Promoting Healthy Ageing across the lifecycle

[6] Standing Committee of European Doctors

6. Proposes to raise awareness on chronic diseases and prevention measures among European citizens, through:
   a) creating programmes targeting groups with high risk for specific diseases,
   b) establishing chronic diseases awareness days;
7. Invites Member States to emphasise the importance of chronic diseases prevention and health promotion in their national school curricula by:
   a) extending health related subjects such as physical education or biology in the curricula from an early age,
   b) strengthening regulations introducing prevention courses for underage smokers, drinkers and drug consumers,
   c) honouring the educational institutions making efforts to set in place such projects with a "healthy school" label;
8. Suggests to reduce the numerus clausus[7] for medicine schools in order to cope with the lack of physicians and the increase of patients;
9. Recommends the establishment and funding of nurse-led clinics in regions with a medically weak infrastructure across the EU;
10. Asks the European Commission to evaluate the already existing measures of health promotion and prevention through studies directly focusing on concerned citizens, while taking the results into account for future changes;
11. Directs the EU Lobby Register[8] to be compulsory for health, in order to limit the influence of lobbyism on health policies;
12. Requests the establishment of a fund allowing greater access to a genetic screening test[9] for every EU citizen who wishes to avail of it;
13. Urges the health care systems of the Member States to further and regularly screen identified high-risk[10] patients for specific chronic diseases;
14. Draws attention to rare chronic diseases through fair promotion and funding for research.

[7] The numerus clausus, determined by public authority, consists in the case of medicine school in the limitation of the number of students allowed to pursue their studies and thereby become doctors. Reducing the numerus clausus would allow more students to stay in medicine school.

[8] The EU lobby register consists of a public database giving information about lobbying actors and their actions. Today, lobbyists registration is not mandatory.

[9] A great part of chronic diseases can be detected by an analysis of a patient's genome, looking for specific markers. Screenings are available but only reimbursed in some conditions. For example, pre-diabetes screenings are only reimbursed for beneficiaries at risk for diabetes.

[10] Genetic markers and family history

MOTION FOR A RESOLUTION BY THE COMMITTEE ON HUMAN RIGHTS

Mercy in the face of agony or commercialisation of the end of life? How should the EU respond to the varying legal stances across Member States concerning assisted suicide and the subsequent potential for "death tourism"?

Submitted by:

Benedikt Ausborn (DE), Phoebe Bachsleitner (DE), Taisiya Bosoy (UA), Joshua Fuhrimann (CH), Carlotta Gemünd (DE), Jasper Jarms (DE), Aylin Kesdogan (DE), Ada Klenner (DE), Jacob Leif (DE), Jannis Stöter (DE), Francisca Somann (Chairperson, NL), David Corish (Vice President, IE).

The European Youth Parliament,

A. Believing the unbearable pain that patients experience in the late stages of many terminal illnesses may compromise the quality of a patient's life,

B. Acknowledging the absence of a common European approach and legal framework surrounding the process of physician assisted suicide (PAS)[1] and active euthanasia[2],

C. Noting with regret that whilst passive euthanasia[3] is legal in the majority of Member States, legislation about PAS and euthanasia is unclear and leaves loopholes,

D. Taking into account that although the majority of EU citizens are in favour of PAS and euthanasia[4], varying moral and religious beliefs makes it difficult for policymakers to implement a common legal framework,

E. Aware of the differing opinions within Member States on the definition of the minimum quality of life,

F. Recognising that the unique nature of every PAS or active euthanasia case makes it difficult to establish a common legal framework covering the eligibility of each patient's application for euthanasia or PAS,

[1] PAS is when a doctor knowingly and intentionally provides a patient who is suffering from a terminal and painful disease with the knowledge, means or both required to commit suicide. This includes the counselling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs. It is termed PAS when the patients perform the lethal act by themselves.

[2] Active euthanasia occurs when a medical professional does something, mostly by giving drugs or injecting the patient, which causes the patient to die.

[3] Passive euthanasia occurs when a medical professional 'lets the patient die', by withdrawing or withholding treatment.

[4] According to a poll carried out by The Economist and Ipsos MORI in June 2015.

G. Realising that EU citizens have the possibility to appeal to the European Court of Human Rights regarding assisted suicide on a case-by-case basis,

H. Emphasising that the eligibility of mental illnesses as a qualification for euthanasia or PAS is difficult to determine and therefore not recognised in most Member States,

I. Noting with concern that the aforementioned varying legal stances in Europe have allowed PAS to become a commercialised business in the form of death tourism leading to:

   i) high costs for patients which restrict PAS and active euthanasia to those who have the financial means to afford it,

   ii) a financially affected patient-doctor relationship,

J. Concerned that insurance companies may value the economic cost of PAS over the continued cost of paying long-term medical bills,

K. Fully aware doctors may feel morally conflicted with regards to performing PAS,

L. Affirming the importance of safety measures throughout the entire process of PAS,

M. Aware of the concern expressed by EU citizens that vulnerable groups in society may be pressured into PAS or euthanasia by third parties;

1. Calls upon the European Commission to establish and financially assist Member States in the implementation of a non-binding legal framework regulating PAS and active euthanasia which proposes:

   a) the legalisation of PAS and active euthanasia across Member States,

   b) a common framework of safety measures to be adhered to throughout the entire process of PAS or active euthanasia;

2. Calls for the establishment of a decision-making board within each Member State reviewing each PAS application, which is:

   a) comprised of permanent members drawn from the relevant medical and legal fields,

   b) complemented by personally invested members on a case-by-case basis;

3. Further suggests that the aforementioned board chronologically:

   a) considers whether the illness of the patient qualifies the patient to undergo PAS or active euthanasia,

   b) receives confirmation that the patient in question has reviewed all other medical treatments and options,

   c) receives the patient's explicit demand to proceed with the application for PAS or euthanasia,

   d) may approve PAS or euthanasia, followed by the patients receiving an individual timeframe during which period they can freely choose the exact timing of their PAS or active euthanasia,

   e) compiles a report after the PAS or active euthanasia which is to be evaluated by an independent reviewer;

4. Invites Member States to accept patients who request PAS or active euthanasia from the age from fourteen until eighteen as long as the respective legal guardian is in agreement and the procedure of the decision-making board is followed;
5. Declares that patients under the age of fourteen who request PAS or active euthanasia are reviewed and ruled over by the European Court of Human Rights on a case-by-case basis;
6. Welcomes more research on mental illnesses in order to ultimately prevent the necessity of PAS or active euthanasia due to mental illnesses;
7. Suggests that Member States do not restrict PAS and active euthanasia to national patients as long as a patient-doctor relationship is established in the country concerned;
8. Advocates that PAS and active euthanasia procedures are performed in hospitals and homes instead of 'death clinics';
9. Urges health insurances to cover the payment for PAS or active euthanasia without advertising the option;
10. Declares that a doctor cannot be obliged or coerced to engage in PAS or active euthanasia against their will;
11. Hopes the EU will financially aid the psychological support for doctors who engage in PAS or active euthanasia;
12. Emphasises the importance of the usage of patient consent forms allowing passive euthanasia and encourages Member States to educate their citizens about their value;
13. Recognises studies on the effect of the legalisation of PAS and active euthanasia on vulnerable groups in society;
14. Invites Member States to raise awareness amongst EU citizens about:
    a) the severe effect of mental illnesses on the quality of life,
    b) patient rights regarding PAS and active euthanasia.

MOTION FOR A RESOLUTION BY THE COMMITTEE ON INDUSTRY, RESEARCH AND ENERGY

Medical care moving towards the digital cloud: How can the EU and its Member States utilise the benefits of telemedicine and eHealth whilst safeguarding patients' data across Europe?

Submitted by:

Luisa Bolz (CH), Param Channawar (DE), Pia Engelbrecht (DE), Salma Ismaili (NL), Ivo Kellner (DE), Małgorzata Majczak (PL), Felix Molchanov (DE), Vincent Mürau (DE), Vivien Thömmes (DE), Anika Winhoven (DE), August Wittgenstein (DE), Sebastian Rieger (Chairperson, DE)

The European Youth Parliament,

A. Deploring the lack of EU-wide binding regulations regarding data security in eHealth[1],

B. Conscious of the EU-wide disparities regarding medical and eHealth development,

C. Firmly convinced that e-healthcare can bridge the traditional divide between the different European healthcare systems,

D. Noting with concern that disparities in infrastructure levels across Europe limit the standard of pan-European e-healthcare,

E. Concerned by the risk of miscommunication of medical information due to unstandardised medical health record systems,

F. Alarmed by the lack of a connected European network capable of supporting the EU-wide transfer of Electronic Health Records[2] (EHR),

G. Noting with deep regret the lack of EU-wide coordination of particularly data safety management in eHealth,

H. Fully aware of the necessity of education for both patients and professionals regarding telemedicine[3], in order to implement eHealth efficiently and securely,

I. Aware of the high sensitivity of patients' data and appreciating patients' increasing trust in the eHealth system,

[1] eHealth is the use of information and communications technology in health care, e.g. consultations via videoconferences or online storing of patients' medical history.

[2] Electronic health records are digitally collected versions of patients' medical information such as illnesses and treatment history.

[3] Telemedicine is used synonymous to eHealth.

J. Realising the potential mistrust cloud systems create in the general public due to a lack of transparency, knowledge about data safety and direct contact to a professional,

K. Seriously concerned by the susceptibility of cloud storage systems to hacking and cyber attacks,

L. Concerned by the attractiveness of personal medical data[4] to research companies and other third parties whilst recognising the difficulty in limiting data access,

M. Emphasising the value of providing patients' medical data to research and the importance anonymising it in the interest of patients' data privacy;

1. Recommends the implementation of the Data Protection Directive[5] and the ePrivacy Directive[6] into national law;
2. Calls upon the European Commission to fund the development of eHealth infrastructure in structurally weak areas;
3. Calls for the creation of an agency which will administer the following competences:
    a) monitoring and aiding the implementation of infrastructure in structurally weak areas,
    b) establishing a standardised format for medical data transfer and saving;
    c) creating and maintaining an EU-wide e-healthcare data saving cloud,
    d) distributing anonymised big patient data to responsible research firms,
4. Suggests healthcare companies financially incentivise patients to provide their data digitally in Electronic Health Records (EHR);
5. Proposes treating doctors be given access to patients' EHR only in their respective medical field after primary consent was given by the patient, unless full access consent is given by the patient;
6. Further recommends that in emergency cases doctors be given full access to a patients' EHR unless the patient opts out;
7. Affirms the patients' right to have an overview of who has accessed their EHR;
8. Solemnly affirms the patients' right to view the content of their EHR whilst not being able to change or erase any information;
9. Proposes age-appropriate campaigns providing information on eHealth, for example digital and print media as well as during doctor-patient consultations;
10. Encourages eHealth to be part of the curriculum of health-related university and secondary school courses;

[4] Medical data is defined as any information which relates to the physical or mental health of an individual, or to the provision of health services to the individual.

[5] The Data Protection Directive was adopted by the European Parliament and by the Council of the EU on 24 October 1995 and specifies the protection of individuals with regard to the processing of personal data and free movement of such data.

[6] The ePrivacy Directive was adopted by the European Parliament and the Council of the EU on 12 July 2002 and specifies the protection of privacy in the electronic communication sector when processing personal data.

11. Encourages the implementation, supported by the aforementioned agency, of further education on data security for professionals dealing with patients' medical records;
12. Urges the aforementioned agency to recommend security standards to Member States for the cloud based EHR system to be ensured by:
    a) investments into research and innovation concerning new security measures, funded by Horizon 2020,
    b) cooperation with IT professionals and hacking networks in order to improve the system;
13. Directs any medical data which shall be used for research to be anonymised.

EUROPEAN **YOUTH** PARLIAMENT
DEUTSCHLAND GERMANY

MOTION FOR A RESOLUTION BY THE COMMITTEE ON EMPLOYMENT AND SOCIAL AFFAIRS

The economic costs of burn-out and other work-related health problems – How can the EU and its Member States support employers in their efforts to reduce long-term absence and early retirement?

Submitted by:

Paula Busch (DE), Nils Claasen (DE), Ruben Colindres (DE), Lukas Feddern (DE), Anne Gegenmantel (DE), Emilia Howard (DE), Adam Kozlowski (PL), Sanjay Lietzau (DE), Hannah Ludmann (DE), Siina Matihaldi (FI), Pascale Chehadeh (DE, Chairperson)

The European Youth Parliament,

A. Deeply concerned by approximately 23 million European workers suffering from work-related health issues every year,

B. Observing that work-related health problems affect all age groups, and especially people aged 25 until 50,

C. Noting with regret the major inequalities among Member States in their labour protection laws,

D. Alarmed by poor working conditions at European workplaces contributing to an increasing rate of psychological and physical risks for employees,

E. Conscious of the absence of a clear medical definition of Burnout in the International Statistical Classification of Diseases-10 (ICD-10)[1],

F. Aware of employers and employees still being insufficiently informed about possible severe health risks arising from work-related health issues and mental diseases,

G. Taking note of the unhealthy work environment created by a lack of cooperation and communication between the employers and their employees,

H. Taking into account that the job insecurity rate[2] increased from 15% in 2005 to 20% in 2014,

I. Noting with regret the increasing rate of work-related health issues employees have been experiencing when working extra hours to compensate insufficient wages,

[1] ICD-10 is the current standard diagnostic tool for epidemiology, health management and clinical purposes. It is used to monitor the incidence and prevalence of diseases and other health problems, proving a picture of the general health situation of countries and populations.

[2] Job insecurity is a condition wherein employees lack the assurance that their jobs will remain stable from day to day, week to week, or year to year.

J. Deeply disturbed of mental illnesses and their symptoms, in contrary to physical illness, often being neglected, underestimated and dissimulated by victims as well as society as a whole,

K. Pointing out the possibility of mental illnesses and disorders leading to physical health problems,

L. Recognising the rising micro- and macroeconomic costs for governments and companies, largely caused by:

   i) early retirement,

   ii) long-term absences from work,

M. Emphasising the overall long-term costs of occupational diseases and their associated consequences being significantly higher than investing in better working conditions;

1. Invites the Employment, Social Policy, Health and Consumer Affairs Council configuration (EPSCO)[3] to reinforce the dialogue between National Governments in order to choose the most effective measures for each Member State by inviting input from:

   a) the International Labour Organisation (ILO)[4],

   b) representatives of the employers and businesses,

   c) European labour inspectors,

2. Requests the EPSCO to align labour protection laws across Europe while also expanding the minimum requirements for working conditions in the long term;

3. Strongly advises Member States to promote annual professional health check-ups in companies;

4. Encourages Member States to require more specified contracts covering employers' and employees' expectations, following the example of the Belgian labour law[5];

5. Request the ILO to increase the number of labour inspectors;

6. Appeals to the World Health Organisation to add a clear medical definition of Burnout for the upcoming ICD-11;

7. Recommends Member States to introduce annual seminars funded by the European Social Fund[6] (ESF) in secondary schools, covering time management, stress management and possible risks of work-related health problems;

[3] The EPSCO Council works towards increasing employment levels and improve living and working conditions, ensuring a high level of human health and consumer protection in the EU.

[4] ILO brings together governments, employers and workers representatives of 187 states, setting labour standards, developing policies and devising programmes that promote decent work for all women and men.

[5] In 2014 a pioneering new Belgian law came into force, requiring all enterprises operating on Belgian territory to take preventive action against the psycho-social risks related to work stress.

[6] The ESF is the EU's main instrument for supporting jobs, helping people get better jobs and ensuring fairer job opportunities.

8. Calls for campaigns emphasising work-related diseases and mental illnesses, following the example of the "Healthy Workplaces Campaign" directed by the European Agency for Safety and Health at Work[7] (EU-OSHA);
9. Suggests European companies implement workshops funded by the European Union programme for Employment and Social Innovation[8] (EaSI) for employers and employees, addressing:
    a) communication skills,
    b) teamwork,
    c) risks of work-related health problems;
10. Further recommends EU-OSHA to build an information base including EU-wide and consistent data on work-related health issues accessible for employees and employers;
11. Further invites Member States to follow Denmark as a role model for exemplary employment and social policies;
12. Supports annual expectation talks between employers and employees covering short term as well as long-term interests of both parties;
13. Endorses all Member States to implement a minimum wage set according to their average price level by 2030 and adjusted over time at their sole discretion;
14. Proposes Member States incentivise the implementation of risk preventing measures for companies and enterprises through tax reliefs;
15. Advises the European Union to establish a labelling system for businesses, rewarding exceptionally well working conditions;
16. Further instructs that the aforementioned system is evaluated by both European Labour Inspectors as well as employees, according to European standards for Health and Safety.

[7] EU-OSHA is a decentralised agency of the European Union with the task to make Europe's workplaces safer, healthier and more productive, by bringing together and sharing knowledge and information, to promote a culture of risk prevention.

[8] The EaSI supports Member States' efforts in the design and implementation of employment and social reforms at European, national as well as regional and local levels by means of policy coordination as well as the identification, analysis and sharing of best practices.

MOTION FOR A RESOLUTION BY THE COMMITTEE ON INTERNAL MARKET AND CONSUMER PROTECTION II

Providing consistent laboratory services in structurally weak areas: How can EU Member States ensure effective medical infrastructure without sacrificing the quality of laboratory diagnostics and patient safety?

Submitted by:

Sophie Blindenbacher (CH), Piotr Gierda (PL), Juline Hackbarth (DE), Maya Ludwig (DE), Lina Ludwigs (DE), Lara Jo Pitzer (DE), Timo Preuss (DE), Leonard Theissen (DE), Nicolas Tuch (DE), Thomas Willaert (NL), Lars Kieni (Chairperson, CH)

The European Youth Parliament,

A. Bearing in mind the differences in national health care systems,

B. Noting with concern that providing high level technology as well as effective medical infrastructure particularly strains the budgets of Member States who have a Beveridge healthcare system[1],

C. Alarmed by the lack of interaction between Member States concerning medical laboratory services,

D. Aware that due to an uneven population density medical laboratories do not have an even geographic distribution, leading to longer travel and waiting times which can endanger patient safety,

E. Noting with regret the low incentives for private companies to invest in structurally weak areas, due to a low population density and the lack of medical infrastructure,

F. Observing significant disparities in medical treatments' quality in different regions due to unequal medical infrastructure,

G. Fully aware that small hospitals cannot provide advanced laboratory services due to the rapid development of costly technology,

H. Contemplating that a solely profit-oriented health care system can lead to a decrease in the quality of care provided and increase out-of-pocket expenses for patients,

I. Recognising the difficulties in establishing high-level quality control due to a lack of transparency in private for-profit laboratories,

J. Stressing the shortage of a highly skilled medical workforce across all Member States on a regional and national level;

[1] Beveridge healthcare systems provide healthcare services to everybody for free. Their income is generated through taxes.

1. Instructs the European Commission (EC) to establish a European Laboratory Network (ELN) which focuses on:
   a) the exchange of specialists, devices and information between laboratories in all Member States, in order to improve communication and cooperation,
   b) setting up laboratories in structurally weak areas;
2. Urges the European Commission to increase the funding of the Third Health Programme 2020[2] to ensure adequate funding for the ELN;
3. Calls upon the ELN to cooperate with non-governmental organisations such as Médecins sans Frontières in structurally weak areas in order to:
   a) build public laboratories to provide basic health care over the course of the aforementioned 2020 programme,
   b) improve the provision of laboratory services in general;
4. Demands the ELN to support Member States in making use of modern technology to increase the efficiency of diagnosis;
5. Directs the ELN to establish EU-wide quality standards for laboratories in cooperation with Eurolab[3] and the European Federation of Clinical Chemistry and Laboratory Medicine[4];
6. Calls upon the EC to put in place controlled prices for laboratories run by the ELN in structurally weak areas;
7. Appeals to the ELN to establish an expert commission of care providers, patients and economists to seek a balance between publicly and privately run laboratories in structurally weak areas in countries using a Bismarckian healthcare system[5];
8. Welcomes the outsourcing of laboratories in developed areas;
9. Encourages the ELN to support companies and start-ups researching and investing in mobile laboratories;
10. Requests the ELN to deploy mobile laboratories in addition to central laboratories in structurally weak areas that provide fast and efficient basic analytical services;
11. Calls upon the ELN to raise statistics of laboratories concerning their efficiency in order to ensure transparency whilst protecting patients' privacy;
12. Invites the EU to support private investments in laboratories in structurally weak areas.
13. Calls upon the EU to provide internships in structurally weak areas for medicine graduates and scholarships for students in return for them working in medical laboratories in structurally weak areas for two to three years after graduation.

[2] The Third Health programme 2020 has, amongst others, the aims to improve the public health in Member States, to find cost-efficient solutions to new challenges such as the ageing population, as well as to share knowledge and resources between Member States.

[3] Eurolab is a federation of national organisations of laboratories of any kind which is lobbying in favour of quality standards for laboratories in EU laws.

[4] The European Federation of Clinical Chemistry and Laboratory Medicine (ELFM) is a federation of 40 national societies and provides a platform for specialists in laboratory medicine. Their aim is to improve patient care, for example by influencing policy on a regional, but also on a European level and improving the scientific aspect of clinical chemistry and laboratory medicine.

[5] Bismarck healthcare systems are characterised through private care providers and private insurers. Their income is generated through premiums paid by individuals.

MOTION FOR A RESOLUTION BY THE COMMITTEE ON ENVIROMENT, PUBLIC HEALTH AND FOOD SAFETY III

As antimicrobial resistance (AMR) is one of the major threats to public health worldwide, which further steps should the EU prioritise in the field of veterinary medicine and medicated feed, after the expiration of the European Commission's "2011-2016 action plan against the rising threats from AMR"?

Submitted by:

Lea Aldenhoven (DE), Maximilian Bullemer (DE), Fabian König (DE), Janna Koop (DE), Eleonore Locher (FI), Kira Samtleben (DE), Julia Schmöger (DE), Sophia Isabella Späte (DE), Anna Spielberg (DE), Leopold Wieser (DE), Margarita Samouridou (Chairperson, CY)

The European Youth Parliament,

A. Fully alarmed that 75% of antibiotics clinically approved for humans are used in animals,

B. Noting with deep concern that broad-spectrum antibiotics[1] are losing efficacy due to a higher prevalence of AMR[2],

C. Acknowledging the EU Animal Health Law[3], the "2011-2016 Action Plan against the rising threats of AMR"[4] and the World Health Organisation's[5] (WHO) Global Action Plan,

D. Taking into consideration the European Centre for Disease Prevention and Control (ECDC) which coordinates and funds two surveillance networks,

E. Aware that the European Medicines Agency (EMA) evaluates AMR risks to humans and animals and therefore guides pharmaceutical companies,

F. Concerned about the lack of knowledge on the alternative treatments to antibiotics and antibiotic transmission pathways into the environment,

[1] Broad-spectrum antibiotics are antibiotics which act against a wide range of bacteria.

[2] AMR is the resistance of a microorganism, such as bacteria, parasites and fungi, to an antimicrobial drug which was originally effective in treating the infection.

[3] The EU Animal Health Law outlines key principles for improving animal health and monitoring pathogens resistant to antimicrobials. It was developed in March 2016, but will only be applicable in 2021.

[4] Highlights the appropriate use of antimicrobials, promotes research for new antimicrobial agents, the prevention of infection in both animals and humans and international cooperation

[5] Sets out five strategic objectives: improved awareness and understanding of AMR, surveillance and research, sustainable investment, reduced incidence of infections and optimization of the use of antimicrobials

G. Aware of AMR transmission mechanisms to humans through:
   i) meat consumption,
   ii) infected animal manure applied as fertiliser polluting water streams,
   iii) direct contact with animals,

H. Bearing in mind that restricting the use of antibiotics could result in increased costs for the animal product consumers and upfront expenses for farmers,

I. Viewing with appreciation that a 51% decrease in antibiotics use in pork production was achieved by the Danish government, whilst maintaining the largest pork exports globally,

J. Taking into account that 80% of antibiotics in the agricultural sector are prescribed prophylactically[6],

K. Deeply concerned that 70-90% of the antibiotics fed or tested on animals are excreted unmetabolised,

L. Recognising the use of such animal manure containing resistant bacteria or antibiotics as fertiliser,

M. Noting with deep concern the high risk of AMR transmission due to insufficient standards in meat imports;

1. Strongly requests a higher prioritisation of funds for AMR research by Horizon 2020, the World Health Organisation, the World Organisation for Animal Health and the Food and Agriculture Organisation of the United Nation;

2. Suggests these funds to be allocated especially to the fields of transmission, faster and more effective diagnostics and waste water plants;

3. Seeks for a cooperation amongst pharmaceutical and research companies in the development of new antimicrobial agents and alternative treatments such as vaccines and microbivore nanorobotics[7];

4. Calls upon the ECDC and European Food Safety Authority to develop a label on meat packages rewarded for the appropriate use of antimicrobials;

5. Urges the Agricultural Fund for Rural Development[8] to establish an EU-wide system of subsidies, taking into account:
   a) the use of alternative medication treatments on the livestock,
   b) hygiene and infection prevention standards,
   c) safe and sustainable disposal of the livestock's excrements and carcasses;

6. Commends Member States to establish a nation's Animal Daily Dose (ADD) average which, if exceeded, would compel the farm owner to collaborate with a veterinary practitioner to reduce their ADD;

[6] A medication or treatment designed to prevent a disease from occurring

[7] Microbivore nanorobotics act as artificial white cells digesting bacteria, viruses or fungi.

[8] The European Agricultural Fund for Rural Development (EAFRD) finances the EU's contribution to rural development programmes.

7. Recommends that animal waste to be processed through pyrolysis[9] and then applied as fertiliser or converted into secondary biofuels;
8. Suggests the creation of an expert group developing guides on the appropriate use of antimicrobials and animal waste disposal for both farmers and pet owners;
9. Further recommends the European Commission (EC) to set standards on hygiene monitoring and infection control, establishing a maximum threshold of antimicrobials within fertiliser manure;
10. Requests that Member States set up a certificate, which will be issued by the EMA, qualifying veterinarians for the sustainable prescription of antibiotics;
11. Invites the EC in cooperation with the EFSA and Member States to impose stricter guidelines on the imports of animal products than those outlined by the EU Animal Health Law;
12. Asks for the ECDC to financially support research and monitoring in low- and middle-income Member States and promote the transparent sharing of such data including Member States' farming networks;
13. Calls for the categorisation of antimicrobial agents in respect to the already developed AMR and their use in both animals and humans;
14. Further requests the EC to set stricter regulations on the maximum level of antimicrobials present in meat and feed of livestock by enforcing monetary penalties;
15. Encourages Member States to implement an animal carcasses protection.

[9] Decomposition brought about by high temperatures.

EUROPEAN **YOUTH** PARLIAMENT
DEUTSCHLAND GERMANY

MOTION FOR A RESOLUTION BY THE COMMITTEE ON INTERNAL MARKET AND CONSUMER PROTECTION I

Following on from Jamie Oliver's Sugar Manifesto, the UK recently announced the introduction of a tax on sugary drinks. Should the EU and its Member States increase their efforts to control the markets of sugary drinks and other unhealthy food products in order to combat childhood obesity?

Submitted by:

Kardan Beydas (DE) Catrin Böcher (DE), Lukas Brechten (DE), Vincent Jakubowski (DE), Josef Khomyak (FI), Klara Klothe (DE), Kimberley Kujat (DE), Phillip Weber (DE), Benedikt Weiser (DE), Maria Wolfe (DE), Peter McManus (Chairperson, UK).

The European Youth Parliament,

A. Alarmed that 30% of European citizens are overweight or obese,

B. Further alarmed that 22% of children in the European Union (EU) are overweight or obese,

C. Concerned that the healthcare costs associated with obesity in the EU exceed EUR 59 billion per annum,

D. Deeply disturbed that obesity has a detrimental impact on the economy beyond healthcare,

E. Keeping in mind that childhood obesity has a strong correlation with an excessive Body Mass Index (BMI) in adulthood and associated lifestyle diseases such as:

   i) diabetes,

   ii) high blood pressure,

   iii) cardiovascular disease,

F. Conscious that individuals from low socioeconomic backgrounds are twice as likely to become obese,

G. Noting that 26% of obesity in men and 50% of obesity in women can be attributed to inequalities in educational status,

H. Bearing in mind that available evidence suggests that increased energy intake rather than decreased physical activity is the main driving force behind the obesity epidemic,

I. Concerned that young children have difficulty distinguishing between cartoons and influential advertisements,

J. Deeply concerned that food companies fail to fulfil their responsibility to consumer protection by:

   i) targeting children with influential advertisements,

   ii) adding unnecessary sugar to carbonated drinks,

K. Noting that several countries have attempted to introduce taxation on Foods High in Fat, Sugar and Salt (HFSS) with varying levels of success,[1]

L. Affirming that there is a strong evidence base for introducing taxes sugar sweetened beverages,

M. Concerned that taxation of HFSS could have a variety of undesired economic consequences,

N. Fully aware that taxation is a balancing act between consumer free choice and consumer protection,

O. Recalling that nutrient tables are standardised in the EU,[2]

P. Regretting that consumers ignore the aforementioned nutrient tables,

Q. Aware that children are influenced by the presence of role models in advertisements for unhealthy food,

1. Reaffirms that Member States have a responsibility to protect the health of their citizens with taxation measures as they see fit;

2. Supports the introduction of taxation of HFSS as a means of regulating the market as long as it is complemented by other methods of obesity prevention, such as:

   a) educational initiatives ;

   b) local infrastructure regeneration programmes

3. Recommends that Member States introduce a tax based on the sugar content of carbonated drinks modelled on the similar measure recently introduced in the United Kingdom[3];

4. Requests that Member States use the money raised from such taxation to invest in secondary and tertiary preventative interventions against obesity;

5. Strongly encourages the European Commission to produce educational resources about healthy eating for schools, universities and colleges;

6. Invites Member States to provide fruit and vegetable vouchers to citizens on state benefits that are provided alongside state welfare;

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[1] In 2013 Denmark abolished a fat tax on all foods that contained more than 2.3% saturated fats due to the negative impact on businesses. A sugar tax in Mexico has resulted in a 12% decline in the sale of sugar sweetened beverages.

[2] European Commission Directive 2008/100/EC sets out the nutritional information that must included on all food packing in the EU

[3] In March 2016, the UK announced the introduction of a tax on sugar sweetened beverages. Drinks with total sugar content above 5g per 100 millilitres will be taxed 18 pence per litre drinks with total sugar content above 8g per 100 millilitres will be taxed 24 pence per litre.

7. Appreciates the work of the European Structural Investment Funds (ESIF);[4]
8. Urges the European Commission to further invest in the ESIF to address Healthcare Inequalities;
9. Calls upon the European High Level Group on Nutrition and Physical Activity[5] to create a mandatory standardised rating system for all Member States which defines the healthiness of foods based on available scientific evidence;
10. Invites companies that produce healthy foods to introduce a rewards based system for children according to the aforementioned rating system;
11. Strongly urges Member States to ban the broadcasting of adverts for unhealthy foods:
    a) on children's channels,
    b) before the watershed[6]
12. Encourages advertisements for healthy food to more frequently include public figures such as:
    a) Children's role models,
    b) Entertainment personalities,
    c) Sports figures.

[4] The European Structural Investment Funds (ESIF) provides financial support for public health campaigns and acts as the EU's main investment policy tool. Beneficiaries from ESIF include public bodies, private sector organisations (especially small businesses), universities, NGOs and associations.

[5] The High Level Group on Nutrition and Physical Activity is a group of European government representatives dealing with this issue, led by the European Commission and comprising representatives from all EU member states as well as Switzerland and Norway

[6] The watershed refers to the time after which television programmes aimed at or suitable for a more adult audience is permitted.

MOTION FOR A RESOLUTION BY THE COMMITTEE ON ENVIROMENT, PUBLIC HEALTH AND FOOD SAFETY I

Meeting the ever-increasing shortage of organs worldwide: How can the EU improve cross-border organ exchange while ensuring the efficiency and safety of transplantation systems?

Submitted by: Mona Julie Niederhaus (DE), Charlotte Reihs (DE), Linford Pennaertz (NL), Juliane Miller (DE), Clara Sabel (DE), Gabriel Zigra (DE), Tim Schellhammer (DE), Vivienne Heinzelmann (CH), Teresa Jakovlev (DE), Adrian Gagu (DE), Annie MacConnachie (Chairperson, GB)

The European Youth Parliament,

A. Alarmed by the severe shortage of organs within the European Union (EU) with approximately 65,000 people awaiting transplants in 2014,

B. Emphasising the considerable disparities between the organ donation rates in opt-out and opt-in systems as well as their relevant transplantation protocols,

C. Noting with regret that a limited organ pool restricted by national boundaries significantly increases waiting times for organ recipients,

D. Aware that only eight EU Member States are currently participating in cross-border organ exchanges as part of Eurotransplant[1],

E. Stressing that a lack of adherence to set transplantation protocol results in wastage of viable organs due to inefficiencies in many stages of the donation process including:

   i) donor detection

   ii) communication with the potential donor's family,

F. Taking into account the highly restricted time an organ can remain viable outside the body thus impacting the feasibility of transporting donated organs across great distances,

G. Further noting that people from BAME[2] communities are statistically more likely to require a transplant but less likely to be organ donors as less than 1.5% of all blood and organ donors are non-white,

H. Concerned by the public mistrust and perceived misinformation often associated with the transplantation system;

[1] A non-profit organisation that oversees organ-to-recipient allocation and the cross-border exchange of human organs within its eight member countries.

[2] Black, Asian and Other minorities of ethnicity (BAME).

1. Strongly urges all Member States to adopt the opt-out organ donation system;
2. Encourages Member States to enter into formalised multi-national regional agreements concerning cross-border organ exchange by:
   a) coordinating through facilitator platforms such as FOEDUS[3]
   b) receiving regular monitoring through the reintroduction of EFRETOS[4] to maintain high safety standards;
3. Requests the establishment of knowledge-sharing events for representatives of national and multi-national transplantation organisations[5] to exchange information on the coordination and maintenance of safety standards in cross-border collaborations;
4. Calls for Member States to follow the highly successful Spanish donation model and designate specific medically qualified coordinators in hospitals who are responsible for:
   a) donor detection,
   b) evaluation of donor eligibility,
   c) communicating with and gaining permission from the donor's family,
   d) overseeing donor maintenance,
   e) coordinating the transfer of donated organs in strict adherence with the corresponding national protocol;
5. Requests that part of the Horizon 2020 budget be allocated to research specifically in the fields of safe transportation of organs and the bioengineering of human organs;
6. Further supports the revolutionary new "Heart in a Box"[6] transplant transportation method and its increasing use in Europe;
7. Calls for a Europe-wide effort to further educate the public and normalise organ donation by:
   a) increasing publicity of the European Day for Organ Donation and Transplantation (EODD),
   b) promoting the widespread use of the organ donor question on applications for driving licenses and identification cards and a subsequent symbol on the card indicating donor status,
   c) inclusion of organ donation teaching in secondary schools and as part of first aid courses,
   d) introducing informative outreach programmes in the native languages of BAME communities to increase accessibility.

[3] FOEDUS Joint Action, Facilitates the exchange of organs donated within EU Member States.

[4] European Framework for the Evaluation of Organ Transplants.

[5] Such as Eurotransplant, Scandiatransplant and South Alliance for Transplants (SAT).

[6] A new technology called an "Organ Care System" developed by Transmedics that maintains donated hearts, lungs, and livers in a warm functioning state outside the human body via a warm blood perfusion system to optimize the health of the organ while in transit.

Fact Sheet

Opt-out Organ Donation System: Donation system in countries such as Spain and Austria where there is assumed consent to organ donation. If an individual does not want their organs donated, they can formally opt-out. If a child dies, they are not presumed to be consenting and the decision is left with the parents. If a person who has not opted-out (and is therefore assumed to be consenting) dies and their family do not wish for their organs to be donated, this will be respected and their organs will not be donated.

Opt-in Organ Donation System: A system of organ donation in which patients are assumed as non-consenting unless they opt-in to be organ donors. In the event of a death without opt-in status, the family of the deceased is asked if they were aware of the deceased's wishes on organ donation. If the family can confirm that despite not opting in, the deceased was willing to be a donor and the family consents then organs will be donated.

FOEDUS: FOEDUS Joint Action (Action Plan 2009-2015 of the European Commission) aims to improve and facilitate the exchange of organs among Member States.
This will be done by creating a common medical form and setting standards for cross-border exchange, acting as a facilitator for bi/multilateral agreements, giving recommendations on donor maintenance, and coordinating public awareness initiatives.

Stages of Organ Donation:
Potential donor detection: Potential candidate for organ donation is identified in hospital.

Evaluation of donor eligibility: Donor is assessed for eligibility (e.g. diseases like cancer make a donor ineligible).

Authorisation of organ recovery: The potential donor's family is asked for information their lifestyle and medical history and consent is sought.
Donor maintenance: If consent is given, the donor must be maintained in appropriate conditions.

Organ matching to recipients: Blood type, body size and genetic tissue type are used to match the most suitable recipient alongside other factors.

Surgical recovery of organs: Organs are recovered from the donor in theatre.

Transportation of organs: The removed organ is safely and securely transported to the facility where the recipient is.

Recipient receives transplant: The recipient undergoes an operation to have the organ transplanted.

MOTION FOR A RESOLUTION BY THE COMMITTEE ON LEGAL AFFAIRS

Shifting structures in the pharmaceutical market: as patents expire and generics enter the market, to what extent should the EU protect pharmaceutical companies' intellectual property while ensuring fair prices for patients?

Submitted by:

Korbinian Franken (DE), Dominik Müller (CH), Marie Kersting (DE), Katharina Schindel (DE), Isabella Servanto (FI), Jonathan Diederichs (DE), Jonas Weider (DE), Sophia Bohlscheid (DE), Marcel Bielówka (PO), Hans Näsman (Chairperson, FI), Sophie Duffield (Vice President, GB)

The European Youth Parliament,

A. Fully alarmed that consumers struggle to afford medication partly due to recent increases in the prices of generic medications[1],

B. Regretting that generics currently do not have a sufficient share in European markets,

C. Noting with concern that relatively few pharmaceutical companies perform the majority of research into new medicines,

D. Taking into account that demographic changes within the EU will lead to an increased demand for medication,

E. Taking into consideration high financial risks faced especially by small and medium sized enterprises (SMEs)[2] developing new medicines caused by high research and development (R&D) costs,

F. Observing the lack of financial motivation for pharmaceutical companies to develop orphan drugs[3],

G. Further noting the especially high costs of orphan drugs for consumers,

H. Concerned by the lack of universal adoption of the Agreement on a Unified Patent Court[4] by all Member States,

I. Keeping in mind that some pharmaceutical companies abuse the current patent system through the practice of 'ever-greening[5];

[1] Generics are medicines which have no brand name, no registered trademarks or patents

[2] SMEs are companies that employ fewer than 250 people and have an annual turnover of less than EUR 50 million and/or an annual balance sheet total not exceeding EUR 43 million.

[3] Orphan drugs treat rare diseases and are therefore not profitable for pharmaceutical companies due to the low number of patients requiring treatment.

[4] The Agreement on a Unified Patent Court creates a patent court common to all Member States which ratify the agreement. It has an exclusive competence in respect to pan-European Patents.

[5] Evergreening is the process of introducing minor changes in the active pharmaceutical ingredient (API) of a medicine in order

1. Requests Member States to introduce a reference pricing system[6];
2. Suggests Member States introduce a trial period of price capping for generic medication at a certain percentage of the original drug's price;
3. Invites Member States to utilise the potential of online pharmacies for the distribution of generics, in order to increase competition;
4. Draws attention to safeguarding safety standards of online pharmacies;
5. Calls for additional financial support through Horizon 2020 for scientific research done by public institutions and SMEs, especially in the field of orphan drugs;
6. Recommends the establishment of the proposed European Innovation Council (EIC)[7];
7. Proposes the continuation of the Horizon 2020 programme's support of medical research and innovation after its expiration;
8. Asks European patent authorities to extend Supplementary Protection Certificates (SPC)[8] for SMEs from five to seven years;
9. Calls for European patent authorities to offer a patent extended by five years for rarely replicated drugs as classified by the European Medicines Agency (EMA)[9];
10. Instructs the EMA to negotiate price regulations in exchange for the extended patents;
11. Invites all Member States to sign and ratify the Agreement on a Unified Patent Court;
12. Urges European patent authorities to reject patents associated with extreme cases of evergreening.

to obtain a new patent upon expiration of the old one.

[6] A reference pricing system is a system which takes into consideration prices in other Member States and the financial situation of the Member State.

[7] The EIC is not yet an established council that will support innovation throughout Europe. The European Commission is currently analysing the replies to a public consultation on the establishment of the EIC.

[8] An SPC is an intellectual property right which extends the duration of certain rights associated with a patent by five years.

[9] The EMA is a decentralised agency of the EU that is responsible for the scientific evaluation, supervision and safety monitoring of developed drugs.

Notes

In Kooperation mit der Vertretung der Europäischen Kommission in Deutschland

Schleswig-Holstein
Der Ministerpräsident

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