

Forum: World Health Organization(WHO)

Issue: (802) Promoting global health through investing in sustainable universal healthcare

Student Officer: Jerry Lee

Position: Deputy President

## Introduction

Healthcare serves as a key focus within a nation in order to compensate its citizens with safety and proper condition under their administration. It's established as a provision of a sustainable system where the citizens would have the potential to receive medical assistance as part of the governance. Healthcare has its foundation severely lacking within many sovereign states due to monetary and political concerns. Many member states lack the financial capability to establish a functional health system to provide medical expertise and retain proper healthcare for most of its citizens.

The United Nations and supporting agencies have various protocols that help promote the implementation of proper healthcare provision, some of which include the usage of financial support, consultation, and delivery of health services. While several initiatives have been inspired by these protocols, it is not a sustainable practice due to the fact that nations won't be able to perpetually provide each other with medical supplies. The use of financial support for these nations would only be restricted to a temporary support to sustaining the livelihood of the civilians, but will result in the resurgence of the issue of unaffordable healthcare for the civilians. There needs to be feasible solutions supporting the transition of their current healthcare system to sustainable universal healthcare.

The disparity between the level of economic stability and proper healthcare between all sovereign states was most clearly exemplified in the currently Covid-19 pandemic, in which countries with proper financial coverage and healthcare accessibility are able to effectively combat the Covid-19 cases and those without financial resources to recover from the pandemic suffered greatly. Countries with healthcare capacity were able to utilize it to establish a contact-based prevention system that eradicated as many outbreaks as possible. Meanwhile, nations lacking the resources were limited by the lack of resources to provide their citizens with a safe environment. According to the Global Citizen's research on covid-19, the Sub-Saharan region had 28% of their health facilities lose their access to electricity. This lack of funding, along with low capacity of the healthcare sector, led to the region suffering greatly from

the pandemic. Proper financial allocation and sustainable healthcare are needed to provide all populations with the right to live without concerns of health accessibility.

## Definition of Key Terms

### Sustainable Universal Healthcare

Universal Healthcare regards the capability of all citizens, regardless of financial situation or social standings, to receive optimal and affordable health services whenever and wherever they need them. This often ranges from essential health services, health promotion or disease prevention, treatment, and many other services. Moreover, sustainability focuses on creating these same provisions to their citizens over a long period of time and to prevail in a government for perpetuity. A great hindrance to achieving sustainable universal healthcare often resides in the taxation policies needed to sustain this system, as the wealthy typically wouldn't want to be subjected to further taxations to a service they do not benefit greatly from. In addition, some governments like those of the United States who hold little to no ownership of the healthcare system are reluctant to allocate tax money to healthcare, and the elite who hold private ownership of healthcare facilities are against publicizing healthcare.

There are many major advantages of the universal healthcare system with the most obvious of all is the decreased cost of healthcare for every citizen. The lowering of cost for healthcare would decrease the competitiveness of the capitalistic system ingrained in the healthcare systems in places like the United States, and hospitals would pursue technological advancements without overpricing their services. Another advantage that comes alongside universal healthcare would be the cost reduction for disease treatment due to the lowering of infection rate. When healthcare is universal, far more accessible for citizens to receive health check-ups, they can be diagnosed with diseases at earlier, more curable stages which would lower fatalities and costs.

### Accessibility of Healthcare

Accessibility of Healthcare is typically defined as the ease in which healthcare can be received by all citizens with considerations of location, cost, socioeconomic class, etc. The insufficiency of healthcare workers typically stands in the way of accessibility of healthcare for all, especially for those residing in rural areas. The benefits for healthcare workers to work in urban areas extremely outweigh those for working in rural areas. This exacerbates the disparity of healthcare workers allocations across the nations and the restricted access to healthcare for the rural populations. The equitable distribution of healthcare workers with considerations of the

urban-rural populace and the different demographics within the member states is essential to tackling the issue at hand.

### **Healthcare Inequality/Health Equity**

Healthcare inequality is defined as the difference in access to healthcare between specific population groups. Healthcare inequality tends to occur because of societal prejudices against people of certain socioeconomic statuses, race, and gender. Even though some progress has been made in terms of health equity in the past decades, some disparity widened due to the Covid-19 influence as well as persistence of societal perception especially in regards to transgender people and racial minorities. According to a study conducted by Kaiser Family Foundation, people of color in the United States face significantly worse conditions in comparison to their white counterparts in terms of mortality rate and overall health status of the person. This exemplifies the necessity for measures to be taken to ensure health equity and the inherent problems are caused by, and lie within it.

### **Life expectancy, infant mortality, and other ways to measure public health**

The effectiveness of healthcare systems can have its impact seen in the health conditions of its citizens, and it'll typically have indicators such as life expectancy and infant mortality rate. Major health organizations take these indicators to consideration when discussing the success of the healthcare system and failures of such. Health inequality and accessibility can be clearly portrayed through these measures since they can also take into account the race/gender/socioeconomic class the surveyed people belongs to.

## **History**

Healthcare coverage had its history dates all the way back to the initial German unification attempt in 1883, although significant changes in terms of sustainable universal healthcare were only first initially obtained in the 1940s. In the 1940s, several nations such as the United Kingdom first officially established their universal healthcare system. The establishment of the National Health Service in 1948 by the United Kingdom promised to give its citizens secure improvement in the physical and mental health of the population. They made the implementation of this system completely free of charge, and diverted from federal spending and brought medical personnel into one singular system where they all report to the same governmental department for their administration.

In the United Kingdom, the implementation of universal healthcare led to rapid development in the fields of medicines and improved public health, both of which ultimately

contributed to economic growth and increased development. British health equity was bolstered because of this seeing as the socioeconomic differences played less of a role in excluding several people from receiving proper health care since healthcare was granted to most people equally. Although this system improved the conditions for the British citizens, there still exist major flaws behind the system and the social disparity of healthcare still continues to exist regardless of this (as seen through disparity in gender accessibility to healthcare). In many nations where there's a lack of this system, the disparity is even larger. Nations such as the United States struggle with their population under poverty not being able to receive the necessary healthcare without the financial burden since healthcare is a private sector. The lack of universality further showcases the issues of the historical development of the healthcare system and why it's necessary to make it universal and sustainable.

## Key Issues

### Funding through Taxation

With the implementation of sustainable universal healthcare, it comes with a significant economic burden on the government to create a system that allows citizens to receive this benefit. Currently in nations with successful healthcare systems, taxes are what fulfill the monetary requirements for the implementation of healthcare systems. However this only works when the citizens of a nation are financially capable to pay taxes and sustain this kind of system, which, along with lack of national budget allocation to the healthcare sector, proves to be one of the biggest hindrances to establishing this system. Several countries across the Sub-Saharan region have already tried to initiate this system with very limited success, namely because of a large population living below the poverty line, which makes them unable to contribute financially towards the healthcare system.

### Health Inequity

Currently, health equity in most sovereign states faces the problem of exclusion of minorities and the underprivileged from the healthcare system. Even in nations where universal healthcare is supposedly instituted already and has legal backings to it, discrimination because of ethnicity, gender expression, and socioeconomic status still proceeds to hinder the process of healthcare to minorities or the economically-disadvantaged. This is further exacerbated in countries where healthcare is funded by the constituents themselves since their economic privilege plays a part in the access to proper healthcare. This isn't something that an individual can solve on their own, and instead it's a societal notion that needs to be combatted to make

health equity a possibility. An example can be taken from the racial disparity in physical condition and health welfare in multiple developed nations. A study conducted by Plos One proved that immigrants with Yugoslavian nationals faced 23% to 69% difference in probabilities for poor treatment rates. Besides the racial discrimination, there's also the gender barriers that cause health disparity. Gender norms often contribute to how vulnerabilities and susceptibilities are reacted to by medical professionals, and some symptoms reported by non-men are oftentimes discredited and have issues exacerbated even further. Diagnosis and social stigma all discredit the non-men experience and the professionalism required in a medical environment, thus proving itself to be another major issue.

### **Healthcare Privatization and government role in providing healthcare**

Healthcare privatization has been seen as a measure to reduce the financial burden onto the public sector, effectively allocating more money for the government to divert the funding towards other programs. Although restricted privatization may sometimes prove to be beneficial, many nations that are increasingly moving towards privatization of healthcare are placing the financial burden onto their civilians and making equity to healthcare a privilege instead of right. With the increasing trend in privatization, the systematic issue of cost and efficiency have been exacerbated due to the pursuit of profit instead of proper service. In order to fulfill the government's duty to provide healthcare and remove the heavy financial burden off of struggling citizens, public healthcare needs to be strong. Private healthcare is not inherently a beneficial practice— especially for those who may choose to receive private healthcare— it is just essential that people are given the opportunity to receive universal healthcare.

### **Poverty**

Financial disadvantages play a huge role in determining whether some demographics can afford to receive healthcare or not. Impoverished people in both developed and underdeveloped nations face the danger of not receiving healthcare since the costs for healthcare is too burdensome for them to cover, or because they lack access to a viable healthcare facility. Several governmental assistance programs have usually tried to alleviate this issues across various nations, but the criteria for registering for these programs prioritizes the poorest individuals and neglects the upper-lower class and middle class, disallowing them to receive the aid they need. This results in the continuation of healthcare inequality, which hinders the ability to achieve sustainable universal healthcare.

## **Major Parties Involved and Their Views**

## United Kingdom

The United Kingdom is one of the countries that provided their citizens with universal healthcare. They've allocated approximately 18% of all the income taxes received from their citizens to sustain this system (Chang), and this made it possible for all English residents to be entitled to free public health. Although several geographical locations and inherent prejudice amongst the citizens prevents several demographics from benefiting from the full effects of healthcare, the majority of their populations still are able to prosper under this system.

## United States of America (USA)

The United States of America does not currently have a universal healthcare system where their citizens are all able to cheaply receive healthcare, and this rendered a huge portion of their citizens incapable of receiving proper healthcare. In 2022, approximately 17% of the American population is under the poverty line currently (Center on Poverty & Social Policy at Columbia University), and the lack of proper healthcare only deepens socio-economic inequality. In addition, the competitiveness of the privatization of healthcare in the United States additionally made the healthcare system more profit-oriented. This results in the complete overpricing of healthcare services and lack of efficiency in many hospitals. Even though they currently have the Medicare and Medicaid government assistance programme to alleviate the problems that their healthcare system has, this isn't enough to grant proper provision for all of its constituents—especially for those in the upper-lower class.

## The African Union

The African Union is attempting to solidify each of their member state's stance on public health and is trying to improve the general situation. The establishment of Africa Centres for Disease Control and Prevention was one attempt by the organization to mitigate the current issue of health problems in the African countries, and yet these attempts require much more assistance from foreign institutions in order to succeed. Many of these nations lack the infrastructure and financial capability to properly fund the system of global healthcare, and many are resorting to the privatization of healthcare as an attempt to alleviate these problems. The lack of financial concentration on establishing proper healthcare has been a main reason why healthcare tends to be inaccessible in these regions if one does not have the financial resources to do so.

## Timeline of Relevant Resolutions, Treaties and Events

Date	Description of Event
------	----------------------

April 7, 1948	The World Health Organization was founded on this day as a way to help all countries around the globe with their existing health crises and contribute by providing non-binding health suggestions to all of its member states.
December 16, 1966	International Covenant on Economic, Social, and Cultural Rights ratified by member states in the United Nations as a measure to guarantee the rights of individuals around the globe, including the access to healthcare and right to the highest attainable degree of mental and physical health.
July 11, 1977	The Nursing Personnel Convention was passed as a way to guarantee a better environment and conditions of working for any nursing personnel. It guarantees the professionalism of the nurses and works as a way to improve general healthcare of the citizens.
July 22, 1981	The Occupational Safety and Health Convention was passed on this date as a measure from the international labor organization to provide all workers with optimal health benefits in order to improve the state of occupational worker's health.
June 25-29, 2007	Regional Policy and Strategy for ensuring Quality of Health care, Including Patient Safety was adopted by the WHO as a measure to urge member states to allocate more resources to improve systems of healthcare.

## Relevant UN Treaties and Events

- Regional Policy and Strategy for ensuring Quality of Health Care, Including Patient Safety, 25-29 June 2007, (CSP27/16)
- International Covenant on Economic, Social, and Cultural Rights, 16 December 1966, (A/RES/2200)
- Occupational Safety and Health Convention, 22 June 1981, No.155
- Constitution of the World Health Organization, 22 July 1946
- The Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, 1 December 1999, (ETS No 164)
- Nursing Personnel Convention, 11 July 1977, (No.149)

## Evaluation of Previous Attempts to Resolve the Issue

The United Nations have currently not ratified any resolutions or treaties on promoting universal sustainable healthcare to its member states, although it has passed various resolutions

on improving the state of healthcare and quality of health. The Regional Policy and Strategy that was passed in 2007 tried to combat the worsening state of healthcare, and it succeeded in improving some state's general healthcare to an extent. This only marks the first step and has an overall very limited impact on inspiring change to the policies of member states in regards to universal healthcare. While the impact of the Regional Policy and Strategy on universal healthcare is arguably insignificant in regards to immediate response to the issue, it is important to note that it has started conversation on universal healthcare in the international community. What must happen now in order to advance towards complete access to healthcare for everyone is the continuation of discussion on the global scale, as well as the spreading of valuable innovative solutions to the issue at hand.

## Possible Solutions

A possible solution to combat the lack of financial capability for many nations would be to provide reformations to the taxation policies that favor greater funding towards a public healthcare system. In the status quo, the upper class are able to avoid many heavy taxations onto their income and are able to remain wealthy due to the loopholes existent in many taxations policies (this occurs less in social democracies like Sweden). In order to avoid this, reforms regarding taxation and the rigidity of tax evasion should be implemented. By reforming taxation policies across all nations, governments would be able to garner more money from these upper class individuals and would be less dependent on the wealth of the lower or middle class. They would, thus, be able to provide to all of its citizens (even the rich) with viable, universal healthcare.

This ambitious solution requires in-depth research on the optimal taxation strategies for each nation, as the economic status and main industrial sectors differ from economy to economy. There needs to be a guarantee that the taxes would target the correct population so that the government would be able to receive proper funding without applying more economic pressure onto those who are suffering financially already and without having to reallocate funds from other sectors.

Another possible solution that the government can implement to properly transition to a system of universal healthcare would be to end the privatization of healthcare (either through the establishment of a national healthcare system or through bringing private healthcare systems under one singular system, then publicizing it) and divert more governmental funding towards providing the necessary fundings. This, in its nature, would be difficult to achieve as creating an effective and sustainable universal healthcare system requires thorough planning and significant investments. In addition, it is very difficult to remove fundings from other state departments,

considering major departments such as the department of state typically can't have their fundings easily diverted without causing internal problems.. Also, a government where to develop an entirely new public healthcare system, it would be heavily contested by private healthcare services. Conflict between governments and large corporations is not favorable for a government as they can face lawsuits and also risk losing influence.

While it is difficult, there could be major financial incentives and governmental provisions for private healthcare providers who decide to immerse themselves into the public healthcare sector and cooperate alongside the government. After the privatization processes are halted , the government can then start to connect all the health systems willing to immerse themselves into one unified system. This would be funded through government fundings from other sectors. This would need to be decided under the jurisdiction of the government to achieve the best possible outcome.

## Bibliography

“3.7 million more children in poverty in Jan 2022 without monthly Child Tax Credit.” Center on Poverty & Social Policy at Columbia University, Feb. 2022,

<https://www.povertycenter.columbia.edu/news-internal/monthly-poverty-january-2022>.

Chang, Josh, Peysakhovich, Felix, Wang, Weimin, Zhu, Jin. “The UK Health Care System” Columbia University, <http://assets.ce.columbia.edu/pdf/actu/actu-uk.pdf>.

“Health.” *United Nations*, United Nations, <https://www.un.org/en/global-issues/health>.

“Universal Health Coverage.” *World Health Organization*, World Health Organization, [https://www.who.int/health-topics/universal-health-coverage#tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage#tab=tab_1).

“The Importance of a Sustainable Healthcare System.” *Blog | Trivitron Healthcare Solutions | Medical Device Company*, 7 Aug. 2020, <https://www.trivitron.com/blog/the-importance-of-a-sustainable-healthcare-system/#:~:text=The%20World%20Health%20Organisation%20>.

“Access to Health Care around the World Is Not Equal. Covid-19 Proved That.” *Global Citizen*, <https://www.globalcitizen.org/en/content/unequal-health-care-access-covid19/#:~:text=Globally%20C%20more%20than%20half%20the,to%20access%20a%20health%20facility>.

Zieff, Gabriel, et al. "Universal Healthcare in the United States of America: A Healthy Debate." *Medicina (Kaunas, Lithuania)*, MDPI, 30 Oct. 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7692272/>.

NorthJersey. "Letter: Norway Has Health Care ... and Much Higher Taxes." *North Jersey Media Group*, NorthJersey, 25 Jan. 2018, <https://www.northjersey.com/story/opinion/readers/2018/01/25/norway-health-care-high-taxes-europe-socialist-margaret-thatcher/1063654001/>

Amadeo, Kimberly. "What Is Universal Health Care?" *The Balance*, <https://www.thebalance.com/universal-health-care-4156211#:~:text=Universal%20health%20care%20is%20a,of%20their%20medical%20costs%20directly.>

Author-Kce. "Accessibility of Healthcare." *For a Healthy Belgium*, HealthyBelgium, 23 Dec. 2020, <https://www.healthybelgium.be/en/health-system-performance-assessment/accessibility-of-care#:~:text=Accessibility%20can%20be%20defined%20as,quality%20and%20efficient%20health%20system.>

"What Do We Mean by Availability, Accessibility, Acceptability and Quality (AAAQ) of the Health Workforce?" *World Health Organization*, World Health Organization, 13 Jan. 2014, <https://www.who.int/workforcealliance/media/qa/04/en/>.

Scotland, Public Health. "What Are Health Inequalities?" *Public Health Scotland*, <http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities#:~:text=Health%20inequalities%20are%20the%20unjust,and%20between%20specific%20population%20groups.&text=Health%20inequalities%20go%20against%20the,occur%20randomly%20or%20by%20chance.>

"Disparities in Health and Health Care: 5 Key Questions and Answers." *KFF*, 12 May 2021, <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>.

"Gender and Health." *World Health Organization*, World Health Organization, <https://www.who.int/news-room/questions-and-answers/item/gender-and-health>.

Brzoska, Patrick. "Disparities in Health Care Outcomes between Immigrants and the Majority Population in Germany: A Trend Analysis, 2006–2014." *PLOS ONE*, Public Library of Science, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0191732>.

“A Brief History: Universal Health Care Efforts in the US.” *PNHP*, 3 May 2021,  
<https://pnhp.org/a-brief-history-universal-health-care-efforts-in-the-us/>.

“The Case against Privatization of U. S. Health Care.” *PNHP*, 3 Dec. 2018,  
<https://pnhp.org/2018/12/03/the-case-against-privatization-of-u-s-health-care/>.

Organization, Pan American Health. “Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety.” *IRIS PAHO Home*, PAHO, 1 Oct. 2007,  
<https://iris.paho.org/handle/10665.2/3760>.

*Promoting health & nutrition*. Promoting Health & Nutrition | African Union. (2021, January 29). Retrieved March 14, 2022, from  
<https://au.int/en/promoting-health-nutrition#:~:text=The%20AU%20works%20to%20ensure,disease%20outbreaks%20in%20the%20continent>.

*Health Care Quality in Africa: Uganda, Nigeria, Tanzania, Zambia, Kenya, Zimbabwe and South Africa*. Aetna International. (n.d.). Retrieved March 14, 2022, from  
<https://www.aetnainternational.com/en/about-us/explore/living-abroad/culture-lifestyle/health-care-quality-in-africa.html>